



# Retiree RxCare Formulario Premier Plus 4T 2026 (Lista de Drogas Cubiertas o "Lista de Drogas")

**POR FAVOR, LEE: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE ALGUNOS DE LOS FÁRMACOS  
QUE CUBRIMOS EN ESTE PLAN**

Número de identificación del formulario 26257, Versión 12

Este formulario se actualizó el 5/1/2026. No hemos hecho cambios en este formulario desde 4/22/2026. Para información más reciente u otras preguntas, por favor contacte con el Centro de Atención al Cliente de Retiree RxCare en el 1-855-693-3921 (los usuarios de TTY deben llamar al 711), las 24 horas del día, los 7 días de la semana, o visite <http://retireerxcarepdp.com>.

**Nota para los miembros actuales:** Este Formulario ha cambiado desde el año pasado. Por favor, revisa este documento para asegurarte de que aún contiene los medicamentos que tomas.

Cuando esta Lista de Medicamentos (Formulario) se refiere a "nosotros", "nosotras" o "nuestro", se refiere a MG Insurance Company. Cuando se refiere a "plan" o "nuestro plan", se refiere a Retiree RxCare.

Este documento incluye una lista parcial de medicamentos (formulario) de nuestro plan que está actualizada a 4/22/2026. Para una lista completa y actualizada de medicamentos (formulario), por favor contáctanos. Nuestra información de contacto, junto con la fecha en que actualizamos por última vez la Lista de Medicamentos (formulario), aparece en la portada de este documento.

Generalmente debes utilizar farmacias de red para utilizar tu beneficio de medicamentos con receta. Las prestaciones, el formulario, la red de farmacias y/o los copagos/coseguros pueden cambiar a partir del 1 de enero de 2026 y de vez en cuando durante el año.

## ¿Qué es el formulario abreviado de RxCare para Retiree?

En este documento, utilizamos los términos Lista de Medicamentos y Formulario para significar lo mismo. Un formulario es una lista de medicamentos protegidos seleccionados por Retiree RxCare en consulta con un equipo de profesionales sanitarios, que representa las terapias con receta que se consideran parte necesaria de un programa de tratamiento de calidad. Retiree RxCare generalmente cubrirá los medicamentos listados en nuestro formulario siempre que el medicamento sea médicamente necesario, la receta se dispense en una farmacia de la red de Retiree RxCare y se sigan las demás normas del plan. Para más información sobre cómo surtir tus recetas, por favor revisa tu Prueba de Cobertura.

Este documento es un formulario parcial e incluye solo algunos de los medicamentos cubiertos por Retiree RxCare. Para obtener un listado completo de todos los medicamentos con receta cubiertos por Retiree RxCare, por favor contáctenos.

## ¿Puede cambiar el formulario?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1 de enero, pero nosotros, Retiree RxCare, podemos añadir o eliminar medicamentos del formulario durante el año o añadir nuevas restricciones. Debemos seguir las normas de Medicare al hacer estos cambios. Las actualizaciones del formulario se publican

mensualmente en nuestra página web aquí: <http://retireerxcarepd.com>

**Cambios que pueden afectarte este año:** En los siguientes casos, te verás afectado por cambios en la cobertura durante el año:

- **Sustituciones inmediatas de ciertas nuevas versiones de medicamentos de marca y productos biológicos originales.** Podemos eliminar inmediatamente un medicamento de nuestro formulario si lo reemplazamos por una nueva versión de ese medicamento que aparecerá con las mismas o menos restricciones. Cuando añadimos 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 añadir inmediatamente nuevas restricciones.

Solo podemos hacer estos cambios inmediatos si añadimos una nueva versión genérica de un medicamento comercial o si añadimos ciertas nuevas versiones biosimilares de un producto biológico original que ya estaba en el formulario (por ejemplo, añadir un biosimilar intercambiable que pueda sustituir a un producto biológico original en una farmacia sin una nueva receta).

Si actualmente estás tomando el medicamento de marca o el producto biológico original, puede que no te lo informemos con antelación antes de hacer un cambio inmediato, pero más adelante te proporcionaremos información sobre el(los) cambio(s) específico(s) que hemos realizado.

Si hacemos ese cambio, tú o tu prescriptor podéis pedirnos que hagamos una excepción y que sigamos cubriéndooos el medicamento que se está cambiando. Para más información, consulte la sección siguiente titulada "¿Cómo solicito una excepción al Formulario de Retiree RxCare?"

Algunos de estos tipos de fármacos pueden ser nuevos para ti. Para más información, consulte la sección siguiente titulada "¿Qué son los productos biológicos originales y cómo están relacionados con los biosimilares?"

- **Medicamentos retirados del mercado.** Si un medicamento es retirado de la venta por el fabricante o por la Administración de Alimentos y Medicamentos (FDA) que determina que será retirado por razones de seguridad o eficacia, podemos retirarlo inmediatamente de nuestro formulario y posteriormente notificar a los miembros que lo tomen.
- **Otros cambios.** Podríamos hacer otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podemos añadir un nuevo medicamento genérico para reemplazar un medicamento comercial que ya está en el formulario, o añadir un nuevo biosimilar para sustituir un producto biológico original que ya está en el formulario, o añadir nuevas restricciones después de añadir un fármaco correspondiente. Podemos eliminar un medicamento de marca del formulario al añadir un equivalente genérico o eliminar un producto biológico original al añadir un biosimilar. También podemos aplicar nuevas restricciones al medicamento de marca o al producto biológico original. Podríamos hacer cambios basándonos en nuevas directrices clínicas. Si eliminamos medicamentos de nuestro formulario, añadimos autorización previa, límites de cantidad y/o restricciones de terapia escalonada en un medicamento, debemos notificar a los miembros afectados del cambio al menos 30 días antes de que El cambio se vuelve efectivo. Alternativamente, cuando un miembro solicita la renovación del medicamento, puede recibir un suministro de 30 días del medicamento y un aviso del cambio.

Si hacemos estos otros cambios, tú o tu prescriptor podéis pedirnos que hagamos una excepción para vosotros y que sigamos cubriendo el medicamento que habéis estado tomando. El aviso que te proporcionamos también incluirá información sobre cómo solicitar una excepción, y también puedes encontrar información en la sección siguiente titulada "¿Cómo solicito una excepción al Formulario de Retiree RxCare?"

**Cambios que no te afectarán si estás tomando el medicamento actualmente.** Generalmente, si estás tomando un medicamento de nuestro formulario de 2026 que fue cubierto a principios de año, no descontinuaremos ni

reduciremos la cobertura del medicamento durante el año de cobertura 2026, salvo lo descrito anteriormente. Esto significa que estos medicamentos seguirán disponibles con el mismo coste compartido y sin nuevas restricciones para los miembros que los tomen durante el resto del año de cobertura. Este año no recibirás notificación directa sobre cambios que no te afecten. Sin embargo, el 1 de enero del año siguiente, estos cambios te afectarán, y es importante consultar el formulario del nuevo año de prestación para detectar cualquier cambio en los medicamentos.

El formulario adjunto está actualizado a fecha de 4/22/2026. Para obtener información actualizada sobre los medicamentos cubiertos por Retiree RxCare, por favor contáctanos. Nuestra información de contacto aparece en la portada de este documento. Si hay algún cambio en este formulario a mitad de año, enviaremos a los miembros un aviso de cambio.

## **¿Cómo uso el formulario?**

Hay dos formas de encontrar tu medicamento dentro del formulario:

### **Condición médica**

La lista del formulario se encuentra en este documento. Los medicamentos de este formulario se agrupan en categorías según el tipo de afecciones médicas que se utilicen para tratar. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se listan en la categoría "Cardiovascular, hipertensión / lípidos". Si sabes para qué se usa tu droga, busca el nombre de la categoría dentro de la siguiente lista de medicamentos. Luego busca en la categoría de tu medicamento.

### **Listado alfabético**

Si no tienes claro en qué categoría buscar, deberías buscar tu medicamento en el Índice que comienza en la página 118. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos comerciales como los genéricos están listados en el Índice. Mira en el Índice y encuentra tu medicamento. Junto a tu medicamento, verás el número de página donde puedes encontrar información sobre cobertura. Ve a la página que aparece en el índice y encuentra el nombre de tu medicamento en la primera columna de la lista.

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

Retiree RxCare cubre tanto medicamentos de marca como genéricos. Un medicamento genérico está aprobado por la FDA por tener el mismo principio activo que el medicamento comercial.

Generalmente, los medicamentos genéricos funcionan igual de bien y suelen costar menos que los medicamentos de marca. Existen sustitutos genéricos para muchos medicamentos de marca. Los medicamentos genéricos suelen sustituirse por el medicamento comercial en la farmacia sin necesidad de una nueva receta, dependiendo de las leyes estatales.

## **¿Qué son los productos biológicos originales y cómo están relacionados con los biosimilares?**

En el formulario, cuando nos referimos a medicamentos, esto podría significar un medicamento o un producto biológico. Los productos biológicos son fármacos más complejos que los fármacos típicos. Dado que los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, existen alternativas llamadas biosimilares. En general, los biosimilares funcionan igual de bien que el producto biológico original y pueden costar menos.

Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son intercambiables y, dependiendo de las leyes estatales, pueden sustituirse por el producto biológico original en la farmacia sin necesidad de una nueva receta, igual que los medicamentos genéricos pueden sustituirse por

medicamentos de marca.

Para la discusión sobre tipos de fármacos, consulte la Evidencia de Cobertura, Capítulo 3.1, "La 'Lista de Medicamentos' indica qué fármacos de la Parte D están incluidos.

### ¿Hay alguna restricción en mi cobertura?

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

- **Autorización previa:** Retiree RxCare requiere que tú o tu prescriptor obtengáis autorización previa para ciertos medicamentos. Esto significa que necesitarás obtener la aprobación de Retiree RxCare antes de surtir tus recetas. Si no obtienes la aprobación, puede que Retiree RxCare no cubra el medicamento.
- **Autorización previa B/D:** Este medicamento requiere una autorización previa para determinar si está cubierto por la Parte B o la Parte D de Medicare. Se requiere información adicional de usted o de su médico para tomar una decisión antes de que pueda surtir su receta. Si no obtienes la aprobación, Retiree RxCare puede no cubrir el medicamento y serás responsable del coste total del medicamento, o de enviarlo a tu plan de salud de Medicare.
- **Límites de cantidad:** Para ciertos medicamentos, Retiree RxCare limita la cantidad del medicamento que cubrirá Retiree RxCare. Por ejemplo, Retiree RxCare proporciona 30 por receta de Zolpidem Tartrato 10mg. Esto puede ser adicional a un suministro estándar de uno o tres meses.
- **Terapia por escalones:** En algunos casos, Retiree RxCare requiere que primero pruebes ciertos medicamentos para tratar tu condición médica antes de cubrir otro medicamento para esa condición. Por ejemplo, si tanto el Medicamento A como el Medicamento B tratan tu condición médica, Retiree RxCare puede no cubrir el Medicamento B a menos que pruebes primero el Medicamento A. Si el Medicamento A no te funciona, Retiree RxCare para cubrirá entonces el Medicamento B.

Puedes averiguar si tu medicamento tiene requisitos o límites adicionales consultando la lista del formulario contenida en este documento. También puedes obtener más información sobre las restricciones aplicadas a medicamentos cubiertos específicos visitando nuestra página web.

Hemos publicado documentos en línea que explican nuestra autorización previa y las restricciones de la terapia escalonada. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha en que actualizamos por última vez el formulario, aparece en la portada de este documento.

Puedes pedir a Retiree RxCare que haga una excepción a estas restricciones o límites, o una lista de otros medicamentos similares que puedan tratar tu estado de salud. Consulta la sección "¿Cómo solicito una excepción al formulario de Retiree RxCare?" en la página 5 para información sobre cómo solicitar una excepción.

### ¿Y si mi medicamento no está en el formulario?

Si tu medicamento no está incluido en este formulario (lista de medicamentos cubiertos), primero debes contactar con Servicios al Miembro y preguntar si tu medicamento está cubierto. Este documento incluye solo una lista parcial de los medicamentos cubiertos, por lo que Retiree RxCare puede cubrir tu medicamento. Para más información, por favor contáctanos. Nuestra información de contacto, junto con la fecha en que actualizamos por última vez el formulario, aparece en la portada de este documento.

Si descubres que Retiree RxCare no cubre tu medicamento, tienes dos opciones:

- Puedes pedir a Servicios a Miembros una lista de medicamentos similares que estén cubiertos por Retiree RxCare. Cuando recibas la lista, muéstrasela a tu médico y pídele que te recete un medicamento similar que esté cubierto por Retiree RxCare.

- Puedes pedir a Retiree RxCare que haga una excepción y cubra tu medicamento. Consulta a continuación información sobre cómo solicitar una excepción.

## ¿Cómo solicito una excepción al formulario de Retiree RxCare?

Puedes pedir a Retiree RxCare que haga una excepción a nuestras normas de cobertura. Hay varios tipos de excepciones que puedes pedirnos que hagamos.

- Puedes pedirnos que cubramos un medicamento aunque no esté en nuestro formulario. Si se aprueba, este medicamento estará cubierto a un nivel predeterminado de coste compartido, y no podrá pedirnos que proporcionemos el medicamento a un nivel de coste compartido más bajo.
- Puedes pedirnos que renunciemos a una restricción de cobertura que incluya autorización previa, terapia escalonada o un límite de cantidad de tu medicamento. Por ejemplo, para ciertos medicamentos, Retiree RxCare limita la cantidad del medicamento que cubriremos. Si tu medicamento tiene un límite de cantidad, puedes pedirnos que lo eximamos y cubramos una cantidad mayor.

Generalmente, Retiree RxCare solo aprobará tu solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento de menor coste compartido o la aplicación de la restricción no son tan efectivos para ti y/o te causan efectos adversos.

Tú o tu prescriptor debéis poneros en contacto con nosotros para solicitar una excepción al formulario, incluyendo una excepción a una restricción de cobertura. **Cuando solicites una excepción, tu prescriptor tendrá que explicarte las razones médicas por las que necesitas la excepción.** Por lo general, debemos tomar nuestra decisión en un plazo de 72 horas desde que recibimos la declaración de apoyo de tu prescriptor. Puedes solicitar una decisión rápida (y rápida) si crees, y estamos de acuerdo, en que tu salud podría verse gravemente dañada si esperas hasta 72 horas para una decisión. Si estamos de acuerdo, o si tu prescriptor solicita una decisión rápida, debemos darte una decisión a más tardar 24 horas después de recibir la declaración de respaldo de tu prescriptor.

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

Como miembro nuevo o continuo en nuestro plan, puede que esté tomando medicamentos que no están en nuestro formulario. O puede que estés tomando un medicamento que está en nuestro formulario pero que tiene cobertura restricciones, como la autorización previa. Deberías hablar con tu prescriptor sobre solicitar una decisión de cobertura para demostrar que cumples los criterios de aprobación, cambiando a un medicamento alternativo que cubrimos, o solicitar una excepción al formulario para que cubramos el medicamento que tomas. Mientras tú y tu médico decidís el plan de acción adecuado para ti, podemos cubrir tu medicamento en ciertos casos durante los primeros 90 días que seas miembro de nuestro plan.

Para cada uno de tus medicamentos que no esté en nuestro formulario o tenga restricciones de cobertura, cubriremos un suministro temporal de 30 días. Si tu receta se prescribe por menos días, permitiremos renovaciones para proporcionar hasta un suministro máximo de 30 días de medicación. Si la cobertura no lo es

Aprobado, tras tu primer suministro de 30 días, no pagaremos por estos medicamentos, incluso si llevas menos de 90 días siendo miembro del plan.

Si eres residente de un centro de cuidados a largo plazo y necesitas un medicamento que no está en nuestro formulario o si tu capacidad para obtener tus medicamentos es limitada, pero has superado los 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia de 30 días de ese medicamento mientras solicitas una excepción al formulario.

**Nota:** Si eres residente de un centro de cuidados a largo plazo, te permitiremos renovar tu receta hasta que te proporcionemos un suministro de transición de 30 días, consistente con el incremento de dispensación (a menos que tengas una receta prescrita para menos días). Después de tu primer suministro de 30 días, no pagaremos estos medicamentos, incluso si llevas menos de 90 días siendo miembro del plan. Si necesitas un medicamento

que no está en nuestro formulario o si tu capacidad para obtener tus medicamentos es limitada, pero has pasado los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia de 30 días de ese medicamento (a menos que tengas receta para menos días) mientras solicitas una excepción al formulario.

Para los miembros actuales, que estén en un centro de cuidados a largo plazo o que estén atravesando cambios en su nivel de atención, Retiree RxCare permitirá hasta un suministro de medicación por un mes.

**Ejemplos de cambios en el nivel de atención pueden incluir:**

- Alta de un hospital a un hogar (es decir, residencia asistida, cuidados a largo plazo (LTC) o domicilio privado) acompañada de una lista de medicamentos que no siempre consideran la lista de medicamentos del plan debido a la naturaleza temporal de la visita hospitalaria.
- Terminación de una Parte de Medicare Una estancia en un centro de enfermería especializada (donde los pagos incluyen todos los gastos de farmacia)
- Baja de los cuidados paliativos
- Dejar una estancia en un centro de cuidados a largo plazo y regresar a la comunidad.
- Alta de hospitales psiquiátricos con regímenes farmacológicos altamente individualizados

**Para más información**

Para obtener información más detallada sobre tu cobertura de medicamentos recetados para Retiree RxCare, revisa tu Prueba de Cobertura y otros materiales del plan.

Si tiene preguntas sobre Retiree RxCare, por favor contáctenos. Nuestra información de contacto, junto con la fecha en que actualizamos por última vez el formulario, aparece en la portada de este documento.

Si tiene preguntas generales sobre la cobertura de medicamentos con receta de Medicare, por favor llame a Medicare al 1-800-MEDICARE (1-800-633-4227) las 24 horas del día/7 días de la semana. Los usuarios de TTY deben llamar al 1-877486-2048. O visita <http://www.medicare.gov>

# Formulario Retiree RxCare Premier Plus 4T

El formulario abreviado que comienza en las siguientes páginas proporciona información sobre la cobertura de algunos de los medicamentos cubiertos por Retiree RxCare. Si tienes problemas para encontrar tu medicamento en la lista, consulta el Índice que comienza en la página 118.

Recuerda: Esta es solo una lista parcial de los medicamentos cubiertos por Retiree RxCare. Si tu receta no está en este formulario parcial, por favor contáctanos. Nuestra información de contacto, junto con la fecha en que actualizamos por última vez el formulario, aparece en la portada de este documento. La primera columna del gráfico indica el nombre del medicamento. Los medicamentos de marca se escriben con mayúscula (por ejemplo, SYNTHROID) y los genéricos en cursiva minúscula (por ejemplo, simvastatina).

La información en la columna de Requisitos/Límites te indica si Retiree RxCare tiene algún requisito especial para la cobertura de tu medicamento

## Comprender los requisitos/límites

Nivel de cobertura	Definición
1	Genérico
2	Marca preferida
3	Medicamento no preferido
4	Especialidad

Abreviatura	Nombre del programa	Definición
PA	Autorización previa	Se requiere aprobación antes de que tu plan cubra este medicamento.
PA B/D	Medicare Parte B vs. Parte D	La cobertura puede estar disponible bajo la Parte B o la Parte D de Medicare.
QL	Límite de cantidad	Hay un límite en la cantidad que se puede dispensar por receta o durante un periodo de tiempo.
ST	Terapia escalonada	Debes probar una alternativa de tratamiento preferida antes de que haya cobertura disponible para este medicamento.

Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics</b>		
<b>Analgesics</b>		
JOURNAVX TABLET 50MG	3	QL (30 EA per 90 days)
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
CAMBIA PACKET 50MG	3	
CELEBREX CAPSULE 100MG, 200MG, 400MG, 50MG	3	QL (60 EA per 30 days)
<i>celecoxib capsule 100mg, 200mg, 400mg, 50mg</i>	1	QL (60 EA per 30 days)
COMBOGESIC TABLET 325MG; 97.5MG	3	
COXANTO CAPSULE 300MG	4	PA
DICLOFENAC EPOLAMINE PATCH 1.3%	1	QL (60 EA per 30 days) PA
<i>diclofenac potassium capsule 25mg</i>	1	
<i>diclofenac potassium packet 50mg</i>	1	
<i>diclofenac potassium tablet 50mg</i>	1	
<i>diclofenac potassium tablet 25mg</i>	4	
<i>diclofenac sodium dr tablet delayed release 25mg, 50mg, 75mg</i>	1	
<i>diclofenac sodium er tablet extended release 24 hour 100mg</i>	1	
<i>diclofenac sodium gel 1%</i>	1	QL (1000 GM per 30 days)
<i>diclofenac sodium external solution 1.5%</i>	1	PA
<i>diclofenac sodium external solution 2%</i>	4	PA
DICLONA GEL 1%; 4.5%	4	
<i>diflunisal tablet 500mg</i>	1	
DOLOBID TABLET 375MG	4	
DUEXIS TABLET 26.6MG; 800MG	4	QL (90 EA per 30 days) PA
<i>ec-naproxen tablet delayed release 500mg</i>	1	
ELYXYB SOLUTION 120MG/4.8ML	3	QL (144 ML per 30 days) PA
<i>etodolac capsule 200mg, 300mg</i>	1	
<i>etodolac tablet 400mg, 500mg</i>	1	
FLECTOR PATCH 1.3%	3	QL (60 EA per 30 days) PA
<i>flurbiprofen tablet 100mg, 50mg</i>	1	
<i>ibuprofen lysine injection 10mg/ml</i>	4	
<i>ibuprofen/famotidine tablet 26.6mg; 800mg</i>	1	QL (90 EA per 30 days) PA
<i>ibuprofen suspension 100mg/5ml</i>	1	
<i>ibuprofen tablet 300mg, 400mg, 600mg, 800mg</i>	1	
<i>ibu tablet 400mg, 600mg, 800mg</i>	1	
INDOCIN SUPPOSITORY 50MG	4	
INDOCIN SUSPENSION 25MG/5ML	3	
<i>indomethacin er capsule extended release 75mg</i>	1	
<i>indomethacin capsule 25mg, 50mg</i>	1	
<i>indomethacin suppository 50mg</i>	4	
<i>ketoprofen capsule 25mg</i>	1	
<i>ketorolac tromethamine tablet 10mg</i>	1	QL (20 EA per 30 days)
LICART PATCH 24 HOUR 1.3%	3	QL (30 EA per 30 days) PA
LODINE TABLET 400MG	3	
LOFENA TABLET 25MG	4	
LURBIPR TABLET 100MG	2	
<i>meloxicam tablet 15mg, 7.5mg</i>	1	
<i>nabumetone tablet 500mg, 750mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 375MG	3	
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 500MG	4	
NAPROSYN SUSPENSION 125MG/5ML	4	PA
<i>naproxen dr tablet delayed release 375mg, 500mg</i>	1	
<i>naproxen sodium cr tablet extended release 24 hour 375mg</i>	1	
<i>naproxen sodium er tablet extended release 24 hour 375mg</i>	1	
<i>naproxen sodium tablet 275mg, 550mg</i>	1	
<i>naproxen/esomeprazole magnesium tablet delayed release 20mg; 375mg, 20mg; 500mg</i>	4	QL (60 EA per 30 days) PA
<i>naproxen suspension 125mg/5ml</i>	1	PA
<i>naproxen tablet delayed release 500mg</i>	1	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	
NEOPROFEN INJECTION 10MG/ML	4	
OXAPROZIN CAPSULE 300MG	4	PA
<i>oxaprozin tablet 600mg</i>	1	
PENNSAID SOLUTION 2%	4	PA
<i>piroxicam capsule 10mg, 20mg</i>	1	
RELAFEN DS TABLET 1000MG	4	
SPRIX SOLUTION 15.75MG/SPRAY	4	QL (5 EA per 30 days)
<i>sulindac tablet 150mg, 200mg</i>	1	
TOLECTIN 600 TABLET 600MG	3	ST
<i>tolmetin sodium capsule 400mg</i>	1	
<i>tolmetin sodium tablet 600mg</i>	1	
VIMOVO TABLET DELAYED RELEASE 20MG; 375MG, 20MG; 500MG	4	QL (60 EA per 30 days) PA
VYSCOXA SUSPENSION 10MG/ML	4	QL (946 ML per 23 days) PA
ZIPSOR CAPSULE 25MG	4	
<b>Opioid Analgesics, Long-acting</b>		
BELBUCA FILM 150MCG, 300MCG, 450MCG, 600MCG, 75MCG	3	QL (60 EA per 30 days)
BELBUCA FILM 750MCG, 900MCG	4	QL (60 EA per 30 days)
<i>buprenorphine patch weekly 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr, 7.5mcg/hr</i>	1	QL (4 EA per 28 days)
BUTRANS PATCH WEEKLY 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR	3	QL (4 EA per 28 days)
CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 200MG, 300MG	3	PA
<i>fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr</i>	1	
<i>fentanyl patch 72 hour 87.5mcg/hr</i>	4	
<i>hydrocodone bitartrate er capsule extended release 12 hour 10mg, 15mg, 20mg, 30mg, 40mg, 50mg</i>	1	
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 20mg, 30mg, 40mg, 60mg, 80mg</i>	3	ST
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 100mg, 120mg</i>	4	ST
<i>hydromorphone hcl er tablet extended release 24 hour 12mg, 16mg, 8mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hydrochloride er tablet extended release 24 hour 32mg</i>	1	
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 20MG, 30MG, 40MG, 60MG	3	ST
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 100MG, 120MG, 80MG	4	ST
INFUMORPH 200 INJECTION 10MG/ML	3	B/D
INFUMORPH 500 INJECTION 25MG/ML	3	B/D
<i>levorphanol tartrate tablet 2mg, 3mg</i>	4	
<i>methadone hcl injection 10mg/ml</i>	4	
<i>methadone hcl oral solution 5mg/5ml</i>	1	
<i>methadone hcl tablet 10mg, 5mg</i>	1	
<i>methadone hydrochloride intensol concentrate 10mg/ml</i>	1	
<i>methadone hydrochloride concentrate 10mg/ml</i>	1	
<i>methadone hydrochloride solution 10mg/5ml</i>	1	
METHADOSE SUGAR-FREE CONCENTRATE 10MG/ML	1	
METHADOSE CONCENTRATE 10MG/ML	1	
<i>mitigo injection 10mg/ml, 25mg/ml</i>	1	B/D
<i>morphine sulfate er capsule extended release 24 hour 100mg, 10mg, 120mg, 20mg, 30mg, 45mg, 50mg, 60mg, 75mg, 80mg, 90mg</i>	1	
<i>morphine sulfate er tablet extended release 100mg, 15mg, 200mg, 30mg, 60mg</i>	1	
MS CONTIN TABLET EXTENDED RELEASE 15MG, 30MG	3	
MS CONTIN TABLET EXTENDED RELEASE 100MG, 200MG, 60MG	4	
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 100MG, 150MG, 50MG	2	
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 200MG, 250MG	4	
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 40MG	3	ST
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 80MG	4	ST
OXYCODONE HYDROCHLORIDE ER TABLET ER 12 HOUR ABUSE-DETERRENT 10MG, 20MG, 40MG	3	ST
OXYCODONE HYDROCHLORIDE ER TABLET ER 12 HOUR ABUSE-DETERRENT 80MG	4	ST
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 10MG, 15MG, 20MG, 30MG, 40MG, 60MG	3	ST
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 80MG	4	ST
<i>oxymorphone hydrochloride er tablet extended release 12 hour 10mg, 15mg, 20mg, 30mg, 5mg, 7.5mg</i>	1	
<i>oxymorphone hydrochlorideer tablet extended release 12 hour 40mg</i>	1	
<i>tapentadol hydrochloride er tablet extended release 12 hour 50mg</i>	3	
<i>tapentadol hydrochloride er tablet extended release 12 hour 100mg, 150mg, 200mg, 250mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
TRAMADOL HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 200MG, 300MG	3	PA
<i>tramadol hcl er tablet extended release 24 hour 100mg, 200mg, 300mg</i>	1	
<i>tramadol hydrochloride er tablet extended release 24 hour 100mg, 200mg, 300mg</i>	1	
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5MG, 18MG, 27MG, 36MG, 9MG	2	
XYVONA TABLET 3MG	4	
<i>xyvona tablet 2mg</i>	4	
<b>Opioid Analgesics, Short-acting</b>		
<i>acetaminophen/caffeine/dihydrocodeine capsule 320.5mg; 30mg; 16mg</i>	1	QL (300 EA per 30 days)
<i>acetaminophen/codeine phosphate tablet 300mg; 60mg</i>	1	
<i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>	1	
<i>acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg, 300mg; 60mg</i>	1	
APADAZ TABLET 325MG; 4.08MG, 325MG; 6.12MG, 325MG; 8.16MG	3	
<i>ascomp/codeine capsule 325mg; 50mg; 40mg; 30mg</i>	1	
BENZHYDROCODONE/ACETAMINOPHEN TABLET 325MG; 4.08MG, 325MG; 6.12MG, 325MG; 8.16MG	3	
<i>butalbital/acetaminophen/caffeine/codeine capsule 300mg; 50mg; 40mg; 30mg, 325mg; 50mg; 40mg; 30mg</i>	1	
<i>butalbital/aspirin/caffeine/codeine capsule 325mg; 50mg; 40mg; 30mg</i>	1	
<i>butorphanol tartrate injection 1mg/ml, 2mg/ml</i>	1	
<i>butorphanol tartrate nasal solution 10mg/ml</i>	1	
<i>codeine sulfate tablet 15mg, 30mg, 60mg</i>	1	
DEMEROL INJECTION 100MG/ML, 25MG/ML, 50MG/ML, 75MG/ML	3	PA
DILAUDID INJECTION 0.2MG/ML, 1MG/ML, 2MG/ML	3	
DILAUDID LIQUID 1MG/ML	3	
DILAUDID TABLET 2MG, 4MG, 8MG	3	
DURAMORPH INJECTION 0.5MG/ML, 1MG/ML	1	
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	1	PA
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	4	PA
<i>fentanyl citrate injection 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 250mcg/5ml, 25mcg/0.5ml, 500mcg/10ml, 50mcg/ml</i>	1	B/D
FENTANYL CITRATE TABLET 100MCG, 200MCG	4	PA
FENTORA TABLET 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	4	PA
FIORICET/CODEINE CAPSULE 300MG; 50MG; 40MG; 30MG	3	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitartrate/acetaminophen solution 300mg/15ml; 10mg/15ml, 325mg/15ml; 10mg/15ml, 325mg/15ml; 7.5mg/15ml</i>	1	
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg</i>	1	
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	1	
<i>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	1	
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml</i>	1	
<i>hydromorphone hcl liquid 1mg/ml</i>	1	
<i>hydromorphone hcl suppository 3mg</i>	1	
<i>hydromorphone hcl tablet 2mg, 4mg, 8mg</i>	1	
HYDROMORPHONE HYDROCHLORIDE INJECTION 0.2MG/ML	1	
<i>hydromorphone hydrochloride injection 0.2mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	1	
<i>meperidine hcl injection 100mg/ml, 25mg/ml, 50mg/ml</i>	1	PA
<i>meperidine hcl oral solution 50mg/5ml</i>	1	
<i>meperidine hydrochloride tablet 50mg</i>	1	
<i>morphine sulfate/sodium chloride injection 1mg/ml</i>	1	
MORPHINE SULFATE INJECTION 1MG/ML	1	B/D
<i>morphine sulfate injection 10mg/ml, 4mg/ml, 5mg/ml, 8mg/ml</i>	1	B/D
<i>morphine sulfate injection 0.5mg/ml, 10mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 50mg/ml, 8mg/ml</i>	1	
<i>morphine sulfate oral solution 100mg/5ml, 10mg/5ml, 20mg/5ml</i>	1	
<i>morphine sulfate suppository 10mg, 20mg, 30mg, 5mg</i>	1	
<i>morphine sulfate tablet 15mg, 30mg</i>	1	
<i>nalbuphine hydrochloride injection 10mg/ml, 20mg/ml</i>	1	
NALOCET TABLET 300MG; 2.5MG	4	
NUCYNTA TABLET 50MG, 75MG	3	
NUCYNTA TABLET 100MG	4	
OXAYDO TABLET 5MG, 7.5MG	4	
OXYCODONE AND ACETAMINOPHEN TABLET 300MG; 7.5MG	4	
<i>oxycodone hcl capsule 5mg</i>	1	
OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN SOLUTION 325MG/5ML; 5MG/5ML	1	
OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN SOLUTION 300MG/5ML; 10MG/5ML	4	
<i>oxycodone hydrochloride capsule 5mg</i>	1	
<i>oxycodone hydrochloride concentrate 100mg/5ml</i>	1	
<i>oxycodone hydrochloride solution 5mg/5ml</i>	1	
OXYCODONE HYDROCHLORIDE TABLET ABUSE-DETERRENT 10MG, 15MG, 30MG, 5MG	3	
<i>oxycodone hydrochloride tablet 10mg, 15mg, 20mg, 30mg, 5mg</i>	1	
OXYCODONE/ACETAMINOPHEN TABLET 300MG; 10MG, 300MG; 2.5MG, 300MG; 5MG	4	

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	
<i>oxymorphone hydrochloride tablet 10mg, 5mg</i>	1	
<i>pentazocine/naloxone hcl tablet 0.5mg; 50mg</i>	1	
PERCOCET TABLET 325MG; 2.5MG	3	
PERCOCET TABLET 325MG; 10MG, 325MG; 5MG, 325MG; 7.5MG	4	
PROLATE SOLUTION 300MG/5ML; 10MG/5ML	4	
PROLATE TABLET 300MG; 10MG, 300MG; 5MG, 300MG; 7.5MG	4	
QDOLO SOLUTION 5MG/ML	4	
ROXICODONE TABLET 15MG	3	
ROXICODONE TABLET 30MG	4	
SEGLENTIS TABLET 56MG; 44MG	3	QL (120 EA per 30 days) ST
<i>tramadol hydrochloride/acetaminophen tablet 325mg; 37.5mg</i>	1	
TRAMADOL HYDROCHLORIDE SOLUTION 5MG/ML	3	
<i>tramadol hydrochloride tablet 100mg, 25mg, 50mg, 75mg</i>	1	
TREXIS CAPSULE 320.5MG; 30MG; 16MG	3	QL (300 EA per 30 days)
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
DERMACINRX LIDOCAINE GEL 5%	3	PA
<i>glydo prefilled syringe 2%</i>	1	QL (30 ML per 30 days) PA
<i>lidocaine hcl jelly prefilled syringe 2%</i>	1	QL (30 ML per 30 days) PA
<i>lidocaine hcl prefilled syringe 2%</i>	1	QL (30 ML per 30 days) PA
<i>lidocaine hydrochloride jelly gel 2%</i>	1	QL (30 ML per 30 days) PA
<i>lidocaine hydrochloride solution 4%</i>	1	QL (250 ML per 30 days) PA
<i>lidocaine/prilocaine cream 2.5%; 2.5%</i>	1	QL (30 GM per 30 days) PA
<i>lidocaine ointment 5%</i>	1	QL (150 GM per 30 days) PA
<i>lidocaine patch 5%</i>	1	PA
LIDOCAN PATCH 5%	3	PA
LIDODERM PATCH 5%	3	PA
LIDOTRAL GEL 5%	3	PA
LIDOTRAL SOLUTION 5%	3	PA
LYDEXA CREAM 4.12%	4	
PLIAGLIS CREAM 7%; 7%	3	QL (30 GM per 30 days) PA
<i>premium lidocaine ointment 5%</i>	1	QL (150 GM per 30 days) PA
QUTENZA (2 PATCH) KIT 0; 8%; 0	4	QL (4 EA per 90 days) PA
QUTENZA (4 PATCH) KIT 0; 8%; 0	4	QL (4 EA per 90 days) PA
QUTENZA KIT 0; 8%; 0	4	QL (4 EA per 90 days) PA
TOPICAINE GEL 2%	4	QL (85 GM per 30 days) PA
TRIDACAINE III PATCH 5%	3	PA
TRIDACAINE II PATCH 5%	3	PA
TRIDACAINE PATCH 5%	3	PA
ZTLIDO PATCH 1.8%	3	QL (90 EA per 30 days) PA
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/Anti-craving</b>		
<i>acamprosate calcium dr tablet delayed release 333mg</i>	1	
<i>disulfiram tablet 250mg, 500mg</i>	1	
<i>naltrexone hydrochloride tablet 50mg</i>	1	
VIVITROL INJECTION 380MG	4	

Drug Name	Drug Tier	Requirements/Limits
<b>Opioid Dependence</b>		
BRIXADI INJECTION 128MG/0.36ML, 16MG/0.32ML, 24MG/0.48ML, 32MG/0.64ML, 64MG/0.18ML, 8MG/0.16ML, 96MG/0.27ML	4	
BUPRENEX INJECTION 0.3MG/ML	4	
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg, 8mg; 2mg</i>	1	
<i>buprenorphine hcl tablet sublingual 2mg, 8mg</i>	1	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	1	
<i>lofexidine hydrochloride tablet 0.18mg</i>	4	QL (224 EA per 14 days)
LUCEMYRA TABLET 0.18MG	4	QL (224 EA per 14 days)
SUBLOCADE INJECTION 100MG/0.5ML, 300MG/1.5ML	4	
SUBOXONE FILM 12MG; 3MG, 2MG; 0.5MG, 4MG; 1MG, 8MG; 2MG	2	
ZUBSOLV TABLET SUBLINGUAL 0.7MG; 0.18MG, 1.4MG; 0.36MG, 11.4MG; 2.9MG, 2.9MG; 0.71MG, 5.7MG; 1.4MG, 8.6MG; 2.1MG	3	
<b>Opioid Reversal Agents</b>		
KLOXXADO LIQUID 8MG/0.1ML	3	
<i>naloxone hcl injection 4mg/10ml</i>	1	
<i>naloxone hydrochloride injection 0.4mg/ml, 2mg/2ml, 4mg/10ml</i>	1	
<i>naloxone hydrochloride liquid 4mg/0.1ml</i>	1	
OPVEE SOLUTION 2.7MG/0.1ML	3	
ZIMHI INJECTION 5MG/0.5ML	3	ST
ZURNAI INJECTION 1.5MG/0.5ML	3	ST
<b>Smoking Cessation Agents</b>		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	1	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK TABLET 1MG	3	QL (504 EA per 365 days)
CHANTIX STARTING MONTH PAK TABLET THERAPY PACK 0	3	QL (504 EA per 365 days)
CHANTIX TABLET 0.5MG, 1MG	3	QL (504 EA per 365 days)
NICOTROL INHALER INHALER 10MG	3	QL (2688 EA per 365 days)
NICOTROL NS SOLUTION 10MG/ML	2	QL (360 ML per 365 days)
TYRVAYA SOLUTION 0.03MG/ACT	3	QL (8.4 ML per 30 days)
<i>varenicline starting month tablet therapy pack 0</i>	1	QL (504 EA per 365 days)
<i>varenicline tartrate tablet 0.5mg, 1mg</i>	1	QL (504 EA per 365 days)
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	1	
ARIKAYCE SUSPENSION 590MG/8.4ML	4	PA
<i>gentamicin sulfate pediatric injection 10mg/ml</i>	1	
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate injection 40mg/ml</i>	1	
<i>gentamicin sulfate ointment 0.1%</i>	1	
HUMATIN CAPSULE 250MG	4	
<i>neomycin sulfate tablet 500mg</i>	1	
<i>streptomycin sulfate injection 1gm</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate injection 1.2gm/30ml, 1.2gm, 10mg/ml, 40mg/ml, 80mg/2ml</i>	1	
ZEMDRI INJECTION 500MG/10ML	4	
<b>Antibacterials, Other</b>		
AEMCOLO TABLET DELAYED RELEASE 194MG	3	PA
<i>aztreonam injection 1gm, 2gm</i>	1	
BLUJEP A TABLET 750MG	4	PA
<i>clindacin etz pledgets swab 1%</i>	1	
<i>clindamycin hcl capsule 300mg</i>	1	
<i>clindamycin hydrochloride capsule 150mg, 300mg, 75mg</i>	1	
<i>clindamycin palmitate hydrochloride solution reconstituted 75mg/5ml</i>	1	
<i>clindamycin phosphate cream 2%</i>	1	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>colistimethate sodium injection 150mg</i>	1	
COLY-MYCIN M INJECTION 150MG	4	
CONTEPO INJECTION 6GM	4	
CUBICIN RF INJECTION 500MG	4	
<i>dalbavancin hydrochloride injection 500mg</i>	4	
DALVANCE INJECTION 500MG	4	
DAPTOMYCIN/SODIUM CHLORIDE INJECTION 1000MG/100ML; 0.9%, 350MG/50ML; 0.9%, 500MG/50ML; 0.9%, 700MG/100ML; 0.9%	3	
<i>daptomycin injection 350mg, 500mg</i>	1	
EMBLAVEO INJECTION 0.5GM; 1.5GM	4	
<i>fosfomycin tromethamine packet 3gm</i>	1	
IMPAVIDO CAPSULE 50MG	4	
KIMYRSA INJECTION 1200MG	4	
LIKMEZ SUSPENSION 500MG/5ML	3	PA
<i>lincomycin hydrochloride injection 300mg/ml</i>	1	
<i>linezolid injection 600mg/300ml</i>	1	
<i>linezolid injection 600mg/300ml; 0.9%</i>	4	
<i>linezolid suspension reconstituted 100mg/5ml</i>	4	QL (1800 ML per 28 days)
<i>linezolid tablet 600mg</i>	1	QL (56 EA per 28 days)
<i>methenamine hippurate tablet 1gm</i>	1	
<i>methenamine mandelate tablet 0.5gm, 1gm</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>metronidazole injection 500mg/100ml</i>	1	
<i>metronidazole tablet 125mg, 250mg, 500mg</i>	1	
<i>nitrofurantoin macrocrystals capsule 100mg, 25mg, 50mg</i>	1	
<i>nitrofurantoin monohydrate/macrocrystals capsule 100mg</i>	1	
<i>nitrofurantoin monohydrate capsule 100mg</i>	1	
NITROFURANTOIN SUSPENSION 50MG/5ML	4	
<i>nitrofurantoin suspension 25mg/5ml</i>	4	
ORBACTIV INJECTION 400MG	4	
ORLYNVAH TABLET 500MG; 500MG	4	PA
SIVEXTRO INJECTION 200MG	4	QL (6 EA per 30 days)
SIVEXTRO TABLET 200MG	4	QL (6 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>tigecycline injection 50mg</i>	1	
<i>tinidazole tablet 250mg, 500mg</i>	1	
<i>trimethoprim tablet 100mg</i>	1	
TYGACIL INJECTION 50MG	4	
VANCOCIN CAPSULE 125MG	4	QL (120 EA per 30 days)
VANCOCIN CAPSULE 250MG	4	QL (240 EA per 30 days)
<i>vancomycin hcl injection 10gm</i>	1	
<i>vancomycin hydrochloride capsule 125mg</i>	1	QL (120 EA per 30 days)
<i>vancomycin hydrochloride capsule 250mg</i>	1	QL (240 EA per 30 days)
<i>vancomycin hydrochloride injection 1.75gm, 1gm, 2gm, 500mg, 750mg</i>	1	
<i>vancomycin hydrochloride oral solution reconstituted 250mg/5ml, 25mg/ml</i>	1	
VIBATIV INJECTION 750MG	4	
VOQUEZNA DUAL PAK THERAPY PACK 500MG; 20MG	3	PA
VOQUEZNA TRIPLE PAK THERAPY PACK 500MG; 500MG; 3 20MG	3	PA
XACDURO INJECTION 1GM; 1GM	4	
ZYVOX INJECTION 200MG/100ML	4	
ZYVOX SUSPENSION RECONSTITUTED 100MG/5ML	3	QL (1800 ML per 28 days)
ZYVOX TABLET 600MG	4	QL (56 EA per 28 days)
<b>Beta-lactam, Cephalosporins</b>		
AVYCAZ INJECTION 0.5GM; 2GM	4	
<i>cefaclor capsule 250mg, 500mg</i>	1	
<i>cefaclor suspension reconstituted 250mg/5ml</i>	3	
<i>cefadroxil capsule 500mg</i>	1	
<i>cefadroxil suspension reconstituted 250mg/5ml, 500mg/5ml</i>	1	
<i>cefazolin sodium/dextrose injection 3gm; 2%</i>	1	
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	1	
<i>cefazolin injection 2gm, 3gm</i>	1	
<i>cefdinir capsule 300mg</i>	1	
<i>cefdinir suspension reconstituted 125mg/5ml, 250mg/5ml</i>	1	
<i>cefepime hydrochloride injection 100gm, 2gm</i>	1	
<i>cefepime/dextrose injection 2gm/50ml; 5%</i>	1	
<i>cefepime injection 1gm/50ml, 1gm, 2gm/100ml, 2gm</i>	1	
<i>cefixime capsule 400mg</i>	1	
CEFOTAXIME SODIUM INJECTION 1GM, 2GM	1	
<i>cefotetan injection 1gm, 2gm</i>	1	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	1	
<i>cefpodoxime proxetil suspension reconstituted 100mg/5ml, 50mg/5ml</i>	1	
<i>cefpodoxime proxetil tablet 100mg, 200mg</i>	1	
<i>cefprozil suspension reconstituted 125mg/5ml, 250mg/5ml</i>	1	
<i>cefprozil tablet 250mg, 500mg</i>	1	
<i>ceftaroline fosamil injection 400mg, 600mg</i>	4	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	1	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	1	
<i>cefuroxime axetil tablet 250mg, 500mg</i>	1	
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	1	
<i>cephalexin capsule 250mg, 500mg, 750mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin suspension reconstituted 125mg/5ml, 250mg/5ml</i>	1	
FETROJA INJECTION 1GM	4	
<i>tazicef injection 1gm, 2gm, 6gm</i>	1	
TEFLARO INJECTION 400MG, 600MG	4	
ZERBAXA INJECTION 1GM; 0.5GM	4	
ZEVTERA INJECTION 667MG	4	
<b>Beta-lactam, Penicillins</b>		
<i>amoxicillin/clavulanate potassium er tablet extended release 12 hour 1000mg; 62.5mg</i>	1	
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 250mg/5ml; 62.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	1	
<i>amoxicillin/clavulanate potassium tablet chewable 200mg; 28.5mg, 400mg; 57mg</i>	1	
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg, 500mg; 125mg, 875mg; 125mg</i>	1	
<i>amoxicillin capsule 250mg, 500mg</i>	1	
<i>amoxicillin suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml</i>	1	
<i>amoxicillin tablet chewable 125mg, 250mg</i>	1	
<i>amoxicillin tablet 500mg, 875mg</i>	1	
<i>ampicillin sodium injection 10gm, 125mg, 1gm, 2gm, 500mg</i>	1	
<i>ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm, 2gm; 1gm</i>	1	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	1	
<i>ampicillin capsule 500mg</i>	1	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	3	
AUGMENTIN TABLET 500MG; 125MG	3	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	
<i>dicloxacillin sodium capsule 250mg, 500mg</i>	1	
<i>nafcillin sodium injection 10gm, 1gm, 2gm</i>	1	
NAFCILLIN INJECTION 5%; 1GM/50ML, 5%; 2GM/100ML	4	
OXACILLIN SODIUM INJECTION 300MG/50ML; 2GM/50ML	3	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	1	
<i>penicillin g sodium injection 5000000unit</i>	4	
<i>penicillin v potassium solution reconstituted 125mg/5ml, 250mg/5ml</i>	1	
<i>penicillin v potassium tablet 250mg, 500mg</i>	1	
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM/NACL INJECTION 2GM/50ML; 0.45%; 0.25GM/50ML, 4GM/100ML; 0.45%; 0.5GM/100ML	3	
<i>piperacillin sodium/tazobactam sodium/nacl injection 3gm/50ml; 0.3%; 0.375gm/50ml</i>	3	
<i>piperacillin sodium/tazobactam sodium injection 12gm; 1.5gm, 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	1	
PIVYA TABLET 185MG	3	PA
<b>Carbapenems</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>ertapenem sodium injection 1gm</i>	1	
<i>imipenem/cilastatin injection 250mg; 250mg, 500mg; 500mg</i>	1	
MEROPENEM/SODIUM CHLORIDE INJECTION 1GM/50ML; 3 0.9%, 500MG; 0.9%	3	
<i>meropenem injection 1gm, 2gm, 500mg</i>	1	
RECARBRIO INJECTION 500MG; 500MG; 250MG	4	
VABOMERE INJECTION 1GM; 1GM	3	
<b>Macrolides</b>		
<i>azithromycin injection 500mg</i>	1	
<i>azithromycin packet 1gm</i>	1	
<i>azithromycin suspension reconstituted 100mg/5ml, 200mg/5ml</i>	1	
<i>azithromycin tablet 250mg, 500mg, 600mg</i>	1	
<i>clarithromycin er tablet extended release 24 hour 500mg</i>	1	
<i>clarithromycin suspension reconstituted 125mg/5ml, 250mg/5ml</i>	1	
<i>clarithromycin tablet 250mg, 500mg</i>	1	
DIFICID SUSPENSION RECONSTITUTED 40MG/ML	4	
DIFICID TABLET 200MG	4	
ERYPED 400 SUSPENSION RECONSTITUTED 400MG/5ML	4	
<i>erythromycin dr tablet delayed release 250mg, 333mg, 500mg</i>	1	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml, 400mg/5ml</i>	1	
<i>fidaxomicin tablet 200mg</i>	4	
<b>Quinolones</b>		
BAXDELA INJECTION 300MG	4	
BAXDELA TABLET 450MG	4	
<i>ciprofloxacin hcl tablet 750mg</i>	1	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%, 400mg/200ml; 5%</i>	1	
<i>levofloxacin in d5w injection 5%; 250mg/50ml, 5%; 500mg/100ml, 5%; 750mg/150ml</i>	1	
<i>levofloxacin injection 25mg/ml</i>	1	
<i>levofloxacin oral solution 25mg/ml</i>	1	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	1	
<i>moxifloxacin hydrochloride/sodium hydrochloride injection 400mg/250ml; 0.8%</i>	1	
<i>moxifloxacin hydrochloride tablet 400mg</i>	1	
<i>ofloxacin tablet 300mg, 400mg</i>	1	
<b>Sulfonamides</b>		
<i>sulfadiazine tablet 500mg</i>	4	
<i>sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg</i>	1	
<i>sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml</i>	1	
<i>sulfamethoxazole/trimethoprim tablet 400mg; 80mg</i>	1	
<i>sulfatrim pediatric suspension 200mg/5ml; 40mg/5ml</i>	1	
<b>Tetracyclines</b>		
<i>demeclocycline hcl tablet 150mg, 300mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
DORYX MPC TABLET DELAYED RELEASE 60MG	4	
<i>doxy 100 injection 100mg</i>	1	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	1	
<i>doxycycline hyclate injection 100mg</i>	1	
<i>doxycycline hyclate tablet 100mg, 150mg, 50mg, 75mg</i>	1	
<i>doxycycline monohydrate capsule 100mg, 150mg, 50mg, 75mg</i>	1	
<i>doxycycline monohydrate tablet 100mg, 150mg, 50mg, 75mg</i>	1	
<i>doxycycline suspension reconstituted 25mg/5ml</i>	1	
MINOCIN INJECTION 100MG	4	
<i>minocycline hcl capsule 75mg</i>	1	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	1	
NUZYRA INJECTION 100MG	4	
NUZYRA TABLET 150MG	4	QL (30 EA per 14 days)
SEYSARA TABLET 100MG, 150MG, 60MG	4	
<i>tetracycline hydrochloride capsule 250mg, 500mg</i>	1	
XERAVA INJECTION 100MG, 50MG	4	
<b>Anticonvulsants</b>		
<b><i>Anticonvulsants, Other</i></b>		
BRIVIACT INJECTION 50MG/5ML	4	PA
BRIVIACT ORAL SOLUTION 10MG/ML	4	PA
BRIVIACT TABLET 100MG, 10MG, 25MG, 50MG, 75MG	4	PA
ELEPSIA XR TABLET EXTENDED RELEASE 24 HOUR 1000MG, 1500MG	4	
EPIDIOLEX SOLUTION 100MG/ML	4	PA
EPRONTIA SOLUTION 25MG/ML	3	
<i>felbamate suspension 600mg/5ml</i>	1	
<i>felbamate tablet 400mg, 600mg</i>	1	
FELBATOL TABLET 400MG, 600MG	4	
FINTEPLA SOLUTION 2.2MG/ML	4	PA
FYCOMPA SUSPENSION 0.5MG/ML	4	
FYCOMPA TABLET 2MG	3	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	4	
KEPPRA XR TABLET EXTENDED RELEASE 24 HOUR 500MG	3	
KEPPRA XR TABLET EXTENDED RELEASE 24 HOUR 750MG	4	
KEPPRA INJECTION 500MG/5ML	4	
KEPPRA ORAL SOLUTION 100MG/ML	4	
KEPPRA TABLET 500MG	3	
KEPPRA TABLET 1000MG, 750MG	4	
LAMICTAL CHEWABLE DISPERSIBLE TABLET CHEWABLE 5MG	3	
LAMICTAL CHEWABLE DISPERSIBLE TABLET CHEWABLE 25MG	4	
LAMICTAL ODT KIT 0	4	
LAMICTAL ODT TABLET DISINTEGRATING 100MG, 200MG, 25MG, 50MG	3	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT 0	4	

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 100MG, 200MG, 250MG, 300MG, 50MG	4	
LAMICTAL TABLET 100MG, 150MG, 200MG, 25MG	4	
<i>lamotrigine er tablet extended release 24 hour 100mg, 200mg, 250mg, 25mg, 300mg, 50mg</i>	1	
<i>lamotrigine odt tablet disintegrating 100mg, 200mg, 25mg, 50mg</i>	1	
<i>lamotrigine starter kit/blue kit 25mg</i>	1	
<i>lamotrigine starter kit/green kit 0</i>	1	
<i>lamotrigine starter kit/orange kit 0</i>	1	
<i>lamotrigine titration kit 0</i>	1	
<i>lamotrigine tablet chewable 25mg, 5mg</i>	1	
<i>lamotrigine tablet 100mg, 150mg, 200mg, 25mg</i>	1	
<i>levetiracetam er tablet extended release 24 hour 500mg, 750mg</i>	1	
<i>levetiracetam/sodium chloride injection 1000mg/100ml; 750mg/100ml, 1500mg/100ml; 540mg/100ml, 500mg/100ml; 820mg/100ml</i>	1	
<i>levetiracetam injection 500mg/5ml</i>	1	
<i>levetiracetam oral solution 100mg/ml</i>	1	
LEVETIRACETAM TABLET DISINTEGRATING SOLUBLE 250MG	3	
<i>levetiracetam tablet disintegrating soluble 500mg</i>	3	
<i>levetiracetam tablet 1000mg, 250mg, 500mg, 750mg</i>	1	
<i>midazolam hydrochloride injection 10mg/0.7ml</i>	1	
NAYZILAM SOLUTION 5MG/0.1ML	3	QL (10 EA per 30 days)
<i>perampanel suspension 0.5mg/ml</i>	4	
<i>perampanel tablet 2mg</i>	3	
<i>perampanel tablet 10mg, 12mg, 4mg, 6mg, 8mg</i>	4	
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 200MG	3	
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 150MG	4	
<i>roovepra tablet 500mg</i>	1	
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG, 250MG, 500MG, 750MG	3	
<i>subvenite starter kit/blue kit 25mg</i>	1	
<i>subvenite starter kit/green kit 0</i>	1	
<i>subvenite starter kit/orange kit 0</i>	1	
SUBVENITE SUSPENSION 10MG/ML	3	
<i>subvenite tablet 100mg, 150mg, 200mg, 25mg</i>	1	
TOPAMAX SPRINKLE CAPSULE SPRINKLE 25MG	3	
TOPAMAX TABLET 50MG	3	
TOPAMAX TABLET 100MG, 200MG	4	
<i>topiramate er capsule er 24 hour sprinkle 100mg, 150mg, 200mg, 25mg, 50mg</i>	1	
<i>topiramate er capsule extended release 24 hour 100mg, 25mg, 50mg</i>	1	
<i>topiramate er capsule extended release 24 hour 200mg</i>	4	
<i>topiramate capsule sprinkle 15mg, 25mg, 50mg</i>	1	
<i>topiramate solution 25mg/ml</i>	1	
<i>topiramate tablet 100mg, 200mg, 25mg, 50mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 100MG	3	
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 200MG	4	
<i>valproic acid capsule 250mg</i>	1	
<i>valproic acid solution 250mg/5ml</i>	1	
<b>Calcium Channel Modifying Agents</b>		
CELONTIN CAPSULE 300MG	3	
<i>ethosuximide capsule 250mg</i>	1	
<i>ethosuximide solution 250mg/5ml</i>	1	
<i>methsuximide capsule 300mg</i>	1	
<b>Gamma-aminobutyric Acid (GABA) Modulating Agents</b>		
<i>clobazam suspension 2.5mg/ml</i>	1	
<i>clobazam tablet 10mg, 20mg</i>	1	
<i>clonazepam odt tablet disintegrating 2mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam tablet 2mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam tablet 0.5mg, 1mg</i>	1	QL (90 EA per 30 days)
DIACOMIT CAPSULE 250MG, 500MG	4	PA
DIACOMIT PACKET 250MG, 500MG	4	PA
<i>diazepam gel 10mg, 2.5mg, 20mg</i>	1	
<i>divalproex sodium dr capsule delayed release sprinkle 125mg</i>	1	
<i>divalproex sodium dr tablet delayed release 125mg, 250mg, 500mg</i>	1	
<i>divalproex sodium er tablet extended release 24 hour 250mg, 500mg</i>	1	
<i>gabapentin capsule 400mg</i>	1	QL (270 EA per 30 days)
<i>gabapentin capsule 100mg, 300mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin solution 250mg/5ml</i>	1	QL (2160 ML per 30 days)
<i>gabapentin tablet 800mg</i>	1	QL (150 EA per 30 days)
<i>gabapentin tablet 600mg</i>	1	QL (180 EA per 30 days)
GABARONE TABLET 400MG	4	QL (270 EA per 30 days) ST
GABARONE TABLET 100MG	4	QL (540 EA per 30 days) ST
KLONOPIN TABLET 2MG	3	QL (300 EA per 30 days)
KLONOPIN TABLET 0.5MG, 1MG	3	QL (90 EA per 30 days)
LIBERVANT FILM 10MG, 12.5MG, 15MG, 5MG, 7.5MG	3	QL (10 EA per 30 days)
LYRICA CAPSULE 300MG	3	QL (60 EA per 30 days)
LYRICA CAPSULE 100MG, 150MG, 200MG, 225MG, 25MG, 50MG, 75MG	3	QL (90 EA per 30 days)
LYRICA SOLUTION 20MG/ML	3	QL (900 ML per 30 days)
MYSOLINE TABLET 250MG, 50MG	4	
NEURONTIN CAPSULE 400MG	3	QL (270 EA per 30 days)
NEURONTIN CAPSULE 100MG, 300MG	3	QL (360 EA per 30 days)
NEURONTIN SOLUTION 250MG/5ML	3	QL (2160 ML per 30 days)
NEURONTIN TABLET 800MG	4	QL (150 EA per 30 days)
NEURONTIN TABLET 600MG	4	QL (180 EA per 30 days)
ONFI SUSPENSION 2.5MG/ML	4	
ONFI TABLET 10MG, 20MG	4	
<i>phenobarbital sodium injection 130mg/ml, 65mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital elixir 20mg/5ml</i>	1	
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	1	
<i>pregabalin capsule 300mg</i>	1	QL (60 EA per 30 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	1	QL (90 EA per 30 days)
<i>pregabalin solution 20mg/ml</i>	1	QL (900 ML per 30 days)
<i>primidone tablet 125mg, 250mg, 50mg</i>	1	
SABRIL PACKET 500MG	4	PA
SABRIL TABLET 500MG	4	PA
SYMPAZAN FILM 10MG, 5MG	3	
SYMPAZAN FILM 20MG	4	
<i>tiagabine hydrochloride tablet 12mg, 16mg, 2mg, 4mg</i>	1	
VALTOCO 10 MG DOSE LIQUID 10MG/0.1ML	4	QL (10 EA per 30 days)
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5MG/0.1ML	4	QL (10 EA per 30 days)
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10MG/0.1ML	4	QL (10 EA per 30 days)
VALTOCO 5 MG DOSE LIQUID 5MG/0.1ML	4	QL (10 EA per 30 days)
<i>vigabatrin packet 500mg</i>	4	PA
<i>vigabatrin tablet 500mg</i>	4	PA
VIGADRONE PACKET 500MG	4	PA
VIGADRONE TABLET 500MG	4	PA
VIGAFYDE SOLUTION 100MG/ML	4	PA
<i>vigpoder packet 500mg</i>	4	PA
ZTALMY SUSPENSION 50MG/ML	4	PA
<b>Sodium Channel Agents</b>		
APTIOM TABLET 200MG, 400MG, 600MG, 800MG	4	
BANZEL SUSPENSION 40MG/ML	4	
BANZEL TABLET 200MG, 400MG	4	
<i>carbamazepine er capsule extended release 12 hour 100mg, 200mg, 300mg</i>	1	
<i>carbamazepine er tablet extended release 12 hour 100mg, 200mg, 400mg</i>	1	
<i>carbamazepine suspension 100mg/5ml</i>	1	
<i>carbamazepine tablet chewable 100mg, 200mg</i>	1	
<i>carbamazepine tablet 200mg</i>	1	
DILANTIN CAPSULE 30MG	3	
<i>epitol tablet 200mg</i>	1	
<i>eslicarbazepine acetate tablet 200mg, 400mg, 600mg, 800mg</i>	1	
<i>lacosamide injection 200mg/20ml</i>	1	
<i>lacosamide oral solution 10mg/ml</i>	3	
<i>lacosamide tablet 100mg, 150mg, 200mg, 50mg</i>	1	
<i>oxcarbazepine er tablet extended release 24 hour 150mg, 300mg</i>	1	
<i>oxcarbazepine er tablet extended release 24 hour 600mg</i>	4	
<i>oxcarbazepine suspension 300mg/5ml</i>	1	
<i>oxcarbazepine tablet 150mg, 300mg, 600mg</i>	1	
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 600MG	4	

Drug Name	Drug Tier	Requirements/Limits
<i>phenytek capsule 200mg, 300mg</i>	1	
<i>phenytoin infatabs tablet chewable 50mg</i>	1	
<i>phenytoin sodium extended capsule 100mg, 200mg, 300mg</i>	1	
<i>phenytoin suspension 125mg/5ml</i>	1	
<i>phenytoin tablet chewable 50mg</i>	1	
<i>rufinamide suspension 40mg/ml</i>	4	
<i>rufinamide tablet 200mg</i>	1	
<i>rufinamide tablet 400mg</i>	4	
TRILEPTAL SUSPENSION 300MG/5ML	3	
TRILEPTAL TABLET 300MG	3	
TRILEPTAL TABLET 600MG	4	
VIMPAT INJECTION 200MG/20ML	3	
VIMPAT ORAL SOLUTION 10MG/ML	4	
VIMPAT TABLET 100MG, 150MG, 200MG	4	
XCOPRI TABLET THERAPY PACK 0	3	PA; (12.5mg-25mg)
XCOPRI TABLET THERAPY PACK 0	4	PA
XCOPRI TABLET THERAPY PACK 0	4	PA ; (100mg-150mg)
XCOPRI TABLET 100MG, 150MG, 200MG, 25MG, 50MG	4	PA
ZONEGRAN CAPSULE 100MG, 25MG	4	
ZONISADE SUSPENSION 100MG/5ML	3	ST
<i>zonisamide capsule 100mg, 25mg, 50mg</i>	1	
<b>Antidementia Agents</b>		
<b><i>Antidementia Agents, Other</i></b>		
<i>ergoloid mesylates tablet 1mg</i>	3	
LEQEMBI IQLIK INJECTION 360MG/1.8ML	4	QL (7.2 ML per 28 days) PA
<i>memantine/donepezil hydrochloride er capsule extended release 24 hour 10mg; 14mg, 10mg; 21mg, 10mg; 28mg</i>	1	QL (30 EA per 30 days)
NAMZARIC CAPSULE ER 24 HOUR THERAPY PACK 10MG; 0	2	QL (56 EA per 365 days)
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 14MG, 10MG; 21MG, 10MG; 28MG, 10MG; 7MG	2	QL (30 EA per 30 days)
<b><i>Cholinesterase Inhibitors</i></b>		
ADLARITY PATCH WEEKLY 10MG/DAY, 5MG/DAY	3	ST
<i>donepezil hcl tablet disintegrating 10mg, 5mg</i>	1	
<i>donepezil hcl tablet 10mg, 23mg</i>	1	
<i>donepezil hydrochloride odt tablet disintegrating 10mg, 5mg</i>	1	
<i>donepezil hydrochloride tablet 5mg</i>	1	
<i>galantamine hydrobromide er capsule extended release 24 hour 16mg, 24mg, 8mg</i>	1	
<i>galantamine hydrobromide solution 4mg/ml</i>	1	
<i>galantamine hydrobromide tablet 12mg, 4mg, 8mg</i>	1	
<i>rivastigmine tartrate capsule 1.5mg, 3mg, 4.5mg, 6mg</i>	1	
<i>rivastigmine transdermal system patch 24 hour 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr</i>	1	
ZUNVEYL TABLET DELAYED RELEASE 10MG	3	QL (120 EA per 30 days) ST
ZUNVEYL TABLET DELAYED RELEASE 15MG, 5MG	3	QL (60 EA per 30 days) ST
<b><i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i></b>		
<i>memantine hcl titration pak tablet 0</i>	1	
<i>memantine hydrochloride er capsule extended release 24 hour 14mg, 21mg, 28mg, 7mg</i>	1	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hydrochloride tablet 10mg, 5mg</i>	1	
NAMENDA XR CAPSULE EXTENDED RELEASE 24 HOUR 14MG, 21MG, 28MG	3	QL (30 EA per 30 days)
<b>Antidepressants</b>		
<b><i>Antidepressants, Other</i></b>		
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 174MG, 348MG, 522MG	4	QL (30 EA per 30 days) ST
AUVELITY TABLET EXTENDED RELEASE 105MG; 45MG	4	QL (60 EA per 30 days) ST
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg</i>	1	QL (90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	1	QL (30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	1	QL (90 EA per 30 days)
<i>bupropion hydrochloride tablet 100mg, 75mg</i>	1	
<i>chlordiazepoxide/amitriptyline tablet 12.5mg; 5mg, 25mg; 10mg</i>	1	
EXXUA TITRATION PACK TABLET EXTENDED RELEASE 24 HOUR 18.2MG	4	ST
EXXUA TABLET EXTENDED RELEASE 24 HOUR 36.3MG, 54.5MG, 72.6MG	4	QL (30 EA per 30 days) ST
EXXUA TABLET EXTENDED RELEASE 24 HOUR 18.2MG	4	ST
<i>mirtazapine odt tablet disintegrating 15mg, 30mg, 45mg</i>	1	
<i>mirtazapine tablet 15mg, 30mg, 45mg, 7.5mg</i>	1	
<i>olanzapine/fluoxetine capsule 25mg; 12mg, 50mg; 12mg, 50mg; 6mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine/fluoxetine capsule 25mg; 3mg, 25mg; 6mg</i>	1	QL (90 EA per 30 days)
<i>perphenazine/amitriptyline tablet 10mg; 2mg, 10mg; 4mg, 25mg; 2mg, 25mg; 4mg, 50mg; 4mg</i>	1	
SPRAVATO 56MG DOSE SOLUTION THERAPY PACK 0	4	PA
SPRAVATO 84MG DOSE SOLUTION THERAPY PACK 0	4	PA
SYMBYAX CAPSULE 25MG; 3MG, 25MG; 6MG	3	QL (90 EA per 30 days)
WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 150MG, 200MG	3	QL (60 EA per 30 days)
WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 100MG	3	QL (90 EA per 30 days)
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 300MG	4	QL (30 EA per 30 days)
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150MG	4	QL (90 EA per 30 days)
ZURZUVAE CAPSULE 30MG	4	QL (14 EA per 14 days) PA
ZURZUVAE CAPSULE 20MG, 25MG	4	QL (28 EA per 14 days) PA
<b><i>Monoamine Oxidase Inhibitors</i></b>		
EMSAM PATCH 24 HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR	4	QL (30 EA per 30 days) ST
MARPLAN TABLET 10MG	3	
PARNATE TABLET 10MG	3	
<i>phenelzine sulfate tablet 15mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tranylcypromine sulfate tablet 10mg</i>	1	
<b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</b>		
<i>citalopram hydrobromide capsule 30mg</i>	1	
<i>citalopram hydrobromide solution 10mg/5ml</i>	1	
<i>citalopram hydrobromide tablet 10mg, 20mg, 40mg</i>	1	
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 20MG, 60MG	3	QL (60 EA per 30 days)
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 30MG	3	QL (90 EA per 30 days)
DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 100MG	3	QL (120 EA per 30 days) ST
DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 50MG	3	QL (30 EA per 30 days) ST
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	1	QL (120 EA per 30 days); Generic Pristiq
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	1	QL (30 EA per 30 days); Generic Pristiq
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	3	QL (60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	3	QL (90 EA per 30 days)
<i>duloxetine hydrochloride dr capsule delayed release particles 20mg, 60mg</i>	1	QL (60 EA per 30 days)
<i>duloxetine hydrochloride dr capsule delayed release particles 30mg, 40mg</i>	1	QL (90 EA per 30 days)
<i>escitalopram oxalate capsule 15mg</i>	1	
<i>escitalopram oxalate solution 5mg/5ml</i>	1	
<i>escitalopram oxalate tablet 10mg, 20mg, 5mg</i>	1	
FETZIMA TITRATION PACK CAPSULE ER 24 HOUR THERAPY PACK 0	3	QL (56 EA per 365 days) ST
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 20MG, 40MG, 80MG	3	QL (30 EA per 30 days) ST
<i>fluoxetine dr capsule delayed release 90mg</i>	1	QL (4 EA per 28 days)
<i>fluoxetine hydrochloride capsule 10mg, 20mg, 40mg</i>	1	
<i>fluoxetine hydrochloride solution 20mg/5ml</i>	1	
<i>fluoxetine hydrochloride tablet 10mg, 20mg, 60mg</i>	1	
<i>fluvoxamine maleate er capsule extended release 24 hour 100mg, 150mg</i>	1	QL (60 EA per 30 days)
<i>fluvoxamine maleate tablet 100mg, 25mg, 50mg</i>	1	
<i>nefazodone hydrochloride tablet 100mg, 150mg, 200mg, 250mg, 50mg</i>	3	
<i>paroxetine hcl er tablet extended release 24 hour 12.5mg, 25mg, 37.5mg</i>	1	
<i>paroxetine hcl tablet 30mg, 40mg</i>	1	
<i>paroxetine hydrochloride suspension 10mg/5ml</i>	1	
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	1	
<i>paroxetine capsule 7.5mg</i>	1	QL (30 EA per 30 days)
PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 12.5MG, 25MG, 37.5MG	3	

Drug Name	Drug Tier	Requirements/Limits
PAXIL SUSPENSION 10MG/5ML	3	
PAXIL TABLET 10MG, 20MG, 30MG, 40MG	3	
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 100MG	3	QL (120 EA per 30 days)
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 25MG, 50MG	3	QL (30 EA per 30 days)
PROZAC CAPSULE 20MG	3	
PROZAC CAPSULE 40MG	4	
RALDESY SOLUTION 10MG/ML	4	
<i>sertraline hcl concentrate 20mg/ml</i>	1	
<i>sertraline hcl tablet 50mg</i>	1	
<i>sertraline hydrochloride capsule 150mg, 200mg</i>	1	
<i>sertraline hydrochloride concentrate 20mg/ml</i>	1	
<i>sertraline hydrochloride tablet 100mg, 25mg</i>	1	
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	1	
TRINTELLIX TABLET 10MG, 20MG, 5MG	3	QL (30 EA per 30 days)
VENLAFAXINE BESYLATE ER TABLET EXTENDED RELEASE 24 HOUR 112.5MG	3	ST
<i>venlafaxine hcl tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	1	
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg, 37.5mg, 75mg</i>	1	
<i>venlafaxine hydrochloride er tablet extended release 24 hour 150mg, 225mg, 37.5mg, 75mg</i>	1	
<i>venlafaxine hydrochloride tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	1	
VIIBRYD TABLET 10MG, 20MG, 40MG	3	QL (30 EA per 30 days)
<i>vilazodone hydrochloride tablet 10mg, 20mg, 40mg</i>	1	QL (30 EA per 30 days)
<b>Tricyclics</b>		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	1	
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 25mg, 50mg, 75mg</i>	1	
<i>amoxapine tablet 100mg, 150mg, 25mg, 50mg</i>	1	
ANAFRANIL CAPSULE 25MG, 50MG, 75MG	4	
<i>clomipramine hcl capsule 25mg, 50mg, 75mg</i>	1	
<i>clomipramine hydrochloride capsule 25mg, 50mg, 75mg</i>	1	
<i>desipramine hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i>	1	
<i>doxepin hcl capsule 75mg</i>	1	
<i>doxepin hcl concentrate 10mg/ml</i>	1	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	1	
<i>imipramine hcl tablet 25mg, 50mg</i>	1	
<i>imipramine hydrochloride tablet 10mg</i>	1	
<i>imipramine pamoate capsule 100mg, 125mg, 150mg, 75mg</i>	1	
NORPRAMIN TABLET 10MG, 25MG	3	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	1	
<i>nortriptyline hcl solution 10mg/5ml</i>	1	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	1	
PAMELOR CAPSULE 10MG, 25MG, 50MG, 75MG	4	
<i>protriptyline hcl tablet 10mg, 5mg</i>	1	
<i>trimipramine maleate capsule 100mg, 25mg, 50mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
ANTIVERT TABLET CHEWABLE 25MG	3	
ANTIVERT TABLET 50MG	3	
BARHEMSYS INJECTION 10MG/4ML, 5MG/2ML	3	B/D
BONJESTA TABLET EXTENDED RELEASE 20MG; 20MG	3	QL (60 EA per 30 days)
COMPRO SUPPOSITORY 25MG	1	
DICLEGIS TABLET DELAYED RELEASE 10MG; 10MG	3	QL (120 EA per 30 days)
<i>doxylamine succinate/pyridoxine hydrochloride tablet delayed release 10mg; 10mg</i>	1	QL (120 EA per 30 days)
<i>meclizine hcl tablet 12.5mg, 25mg</i>	1	
<i>meclizine hydrochloride tablet chewable 25mg</i>	1	
<i>meclizine hydrochloride tablet 25mg, 50mg</i>	1	
<i>prochlorperazine edisylate injection 10mg/2ml</i>	1	
<i>prochlorperazine maleate tablet 10mg, 5mg</i>	1	
<i>prochlorperazine suppository 25mg</i>	1	
<i>promethazine hcl suppository 12.5mg</i>	1	
<i>promethazine hydrochloride suppository 25mg</i>	1	
<i>promethazine hydrochloride tablet 12.5mg, 25mg, 50mg</i>	1	
PROMETHEGAN SUPPOSITORY 12.5MG, 25MG, 50MG	1	
<i>scopolamine patch 72 hour 1mg/3days</i>	1	
TRANSDERM-SCOP PATCH 72 HOUR 1MG/3DAYS	3	
<i>trimethobenzamide hydrochloride capsule 300mg</i>	1	B/D
<b>Emetogenic Therapy Adjuncts</b>		
AKYNZEO CAPSULE 300MG; 0.5MG	3	QL (2 EA per 30 days) B/D
AKYNZEO INJECTION 235MG/20ML; 0.25MG/20ML, 235MG; 0.25MG	3	
ANZEMET TABLET 50MG	3	QL (5 EA per 30 days) B/D
APONVIE INJECTION 32MG/4.4ML	3	
<i>aprepitant capsule therapy pack 0</i>	1	QL (6 EA per 30 days) B/D
<i>aprepitant capsule 40mg</i>	1	QL (1 EA per 30 days) B/D
<i>aprepitant capsule 80mg</i>	1	QL (8 EA per 30 days) B/D
<i>aprepitant capsule 125mg</i>	4	QL (2 EA per 30 days) B/D
<i>dronabinol capsule 10mg, 2.5mg, 5mg</i>	1	QL (60 EA per 30 days) PA
EMEND BIPACK CAPSULE 80MG	3	QL (8 EA per 30 days) B/D
EMEND TRIPACK CAPSULE THERAPY PACK 0	3	QL (6 EA per 30 days) B/D
EMEND SUSPENSION RECONSTITUTED 125MG/5ML	3	QL (6 EA per 30 days) B/D
<i>granisetron hydrochloride tablet 1mg</i>	1	QL (30 EA per 30 days) B/D
MARINOL CAPSULE 2.5MG	3	QL (60 EA per 30 days) PA
MARINOL CAPSULE 10MG, 5MG	4	QL (60 EA per 30 days) PA
NEREUS CAPSULE 85MG	3	PA
<i>ondansetron hcl solution 4mg/5ml</i>	1	QL (450 ML per 30 days) B/D
<i>ondansetron hcl tablet 24mg</i>	1	QL (14 EA per 28 days) B/D
<i>ondansetron hydrochloride injection 4mg/2ml</i>	1	
<i>ondansetron hydrochloride tablet 4mg, 8mg</i>	1	B/D
<i>ondansetron odt tablet disintegrating 16mg, 4mg, 8mg</i>	1	B/D
<i>palonosetron hydrochloride injection 0.25mg/5ml</i>	1	
SANCUSO PATCH 3.1MG/24HR	4	QL (2 EA per 30 days)
SUSTOL INJECTION 10MG/0.4ML	4	QL (1.2 ML per 30 days)
SYNDROS SOLUTION 5MG/ML	4	QL (120 ML per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
VARUBI TABLET THERAPY PACK 90MG	3	QL (4 EA per 28 days) B/D
<b>Antifungals</b>		
<i>Antifungals</i>		
ABELCET INJECTION 5MG/ML	3	B/D
AMBISOME INJECTION 50MG	4	B/D
<i>amphotericin b liposome injection 50mg</i>	4	B/D
<i>amphotericin b injection 50mg</i>	1	B/D
ANCOBON CAPSULE 250MG, 500MG	4	
CANCIDAS INJECTION 50MG, 70MG	4	
<i>caspofungin acetate injection 50mg, 70mg</i>	1	
<i>clotrimazole cream 1%</i>	1	QL (90 GM per 30 days)
<i>clotrimazole solution 1%</i>	1	QL (60 ML per 30 days)
<i>clotrimazole troche 10mg</i>	1	
CRESEMBA CAPSULE 186MG, 74.5MG	4	PA
CRESEMBA INJECTION 372MG	4	
DIFLUCAN TABLET 200MG	4	
<i>econazole nitrate cream 1%</i>	1	
ERAXIS INJECTION 50MG	3	
ERAXIS INJECTION 100MG	4	
ERTACZO CREAM 2%	4	
<i>fluconazole in sodium chloride injection 200mg/100ml; 0.9%, 400mg/200ml; 0.9%</i>	1	
<i>fluconazole suspension reconstituted 10mg/ml, 40mg/ml</i>	1	
<i>fluconazole tablet 100mg, 150mg, 200mg, 50mg</i>	1	
<i>flucytosine capsule 250mg, 500mg</i>	4	
FULVICIN P/G 165 TABLET 165MG	4	
<i>griseofulvin microsize suspension 125mg/5ml</i>	1	
<i>griseofulvin microsize tablet 500mg</i>	1	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	1	
<i>griseofulvin ultramicrosize tablet 165mg</i>	4	
<i>itraconazole capsule 100mg</i>	1	PA
<i>itraconazole solution 10mg/ml</i>	4	PA
JUBLIA SOLUTION 10%	4	
KERYDIN SOLUTION 5%	3	PA
<i>ketoconazole cream 2%</i>	1	QL (90 GM per 30 days)
<i>ketoconazole shampoo 2%</i>	1	
<i>ketoconazole tablet 200mg</i>	1	
<i>klayesta powder 100000unit/gm</i>	1	QL (120 GM per 30 days)
MICAFUNGIN SODIUM/SODIUM CHLORIDE INJECTION 150MG/150ML; 0.9%	3	
MICAFUNGIN/SODIUM CHLORIDE INJECTION 100MG/100ML; 0.9%, 50MG/50ML; 0.9%	3	
<i>micafungin injection 100mg, 50mg</i>	1	
MYCAMINE INJECTION 50MG	3	
MYCAMINE INJECTION 100MG	4	
NOXAFIL INJECTION 300MG/16.7ML	4	
NOXAFIL PACKET 300MG	4	PA
NOXAFIL SUSPENSION 40MG/ML	4	PA
NOXAFIL TABLET DELAYED RELEASE 100MG	4	PA
<i>nyamyc powder 100000unit/gm</i>	1	QL (120 GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin cream 100000unit/gm</i>	1	
<i>nystatin ointment 100000unit/gm</i>	1	
<i>nystatin powder 100000unit/gm</i>	1	QL (120 GM per 30 days)
<i>nystatin suspension 100000unit/ml</i>	1	
<i>nystatin tablet 500000unit</i>	1	
<i>nystop powder 100000unit/gm</i>	1	QL (120 GM per 30 days)
ORAVIG TABLET 50MG	4	
<i>oxiconazole nitrate cream 1%</i>	1	QL (90 GM per 30 days)
OXISTAT CREAM 1%	3	QL (90 GM per 30 days)
<i>posaconazole dr tablet delayed release 100mg</i>	4	PA
<i>posaconazole injection 300mg/16.7ml</i>	4	
<i>posaconazole suspension 40mg/ml</i>	4	PA
REZZAYO INJECTION 200MG	4	
SPORANOX CAPSULE 100MG	4	PA
SPORANOX SOLUTION 10MG/ML	4	PA
SULCONAZOLE NITRATE SOLUTION 1%	1	
<i>tavaborole solution 5%</i>	1	PA
<i>terbinafine hcl tablet 250mg</i>	1	QL (84 EA per 180 days)
<i>terconazole cream 0.4%, 0.8%</i>	1	
TOLSURA CAPSULE 65MG	4	PA
VFEND IV INJECTION 200MG	4	PA
VFEND SUSPENSION RECONSTITUTED 40MG/ML	4	
VIVJOA CAPSULE THERAPY PACK 150MG	3	PA
<i>voriconazole injection 200mg</i>	4	PA
<i>voriconazole suspension reconstituted 40mg/ml</i>	4	
<i>voriconazole tablet 200mg, 50mg</i>	1	
<b>Antigout Agents</b>		
<b>Antigout Agents</b>		
<i>allopurinol tablet 100mg, 200mg, 300mg</i>	1	
<i>colchicine capsule 0.6mg</i>	2	
<i>colchicine tablet 0.6mg</i>	1	
<i>febuxostat tablet 40mg, 80mg</i>	1	
GLOPERBA SOLUTION 0.6MG/5ML	3	ST
KRYSTEXXA INJECTION 8MG/50ML, 8MG/ML	4	PA
<i>probenecid/colchicine tablet 0.5mg; 500mg</i>	1	
<i>probenecid tablet 500mg</i>	1	
<b>Antimigraine Agents</b>		
<b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</b>		
AIMOVIG INJECTION 140MG/ML	2	QL (1 ML per 28 days) PA
AIMOVIG INJECTION 70MG/ML	2	QL (2 ML per 28 days) PA
AJOVY INJECTION 225MG/1.5ML	3	QL (4.5 ML per 84 days) PA
EMGALITY INJECTION 120MG/ML	2	QL (2 ML per 28 days) PA
EMGALITY INJECTION 100MG/ML	2	QL (3 ML per 28 days) PA
NURTEC TABLET DISINTEGRATING 75MG	4	QL (18 EA per 30 days) PA
QULIPTA TABLET 10MG, 30MG, 60MG	4	QL (30 EA per 30 days) PA
UBRELVY TABLET 100MG, 50MG	4	QL (16 EA per 30 days) PA
<b>Ergot Alkaloids</b>		
BREKIYA INJECTION 1MG/ML	3	QL (24 ML per 28 days) PA
CAFERGOT TABLET 100MG; 1MG	3	QL (24 EA per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dihydroergotamine mesylate injection 1mg/ml</i>	4	QL (24 ML per 28 days) PA
<i>dihydroergotamine mesylate nasal solution 4mg/ml</i>	4	QL (8 ML per 30 days) PA
ERGOMAR TABLET SUBLINGUAL 2MG	4	
<i>ergotamine tartrate/caffeine tablet 100mg; 1mg</i>	1	QL (24 EA per 28 days)
MIGERGOT SUPPOSITORY 100MG; 2MG	4	QL (20 EA per 28 days)
MIGRANAL SOLUTION 4MG/ML	4	QL (8 ML per 30 days) PA
TRUDHESA AEROSOL SOLUTION 0.725MG/ACT	3	QL (12 ML per 28 days) PA
<b>Prophylactic</b>		
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	1	
VYEPTI INJECTION 100MG/ML	3	QL (3 ML per 84 days) PA
<b>Serotonin (5-HT) Receptor Agonist</b>		
<i>almotriptan malate tablet 12.5mg</i>	1	QL (12 EA per 30 days)
<i>almotriptan tablet 12.5mg, 6.25mg</i>	1	QL (12 EA per 30 days)
<i>eletriptan hydrobromide tablet 20mg, 40mg</i>	1	QL (12 EA per 30 days)
FROVA TABLET 2.5MG	3	QL (12 EA per 30 days)
<i>frovatriptan succinate tablet 2.5mg</i>	1	QL (12 EA per 30 days)
IMITREX STATDOSE REFILL INJECTION 4MG/0.5ML, 6MG/0.5ML	4	QL (5 ML per 30 days)
IMITREX STATDOSE SYSTEM INJECTION 4MG/0.5ML	3	QL (5 ML per 30 days)
IMITREX STATDOSE SYSTEM INJECTION 6MG/0.5ML	4	QL (5 ML per 30 days)
IMITREX SOLUTION 20MG/ACT, 5MG/ACT	3	QL (12 EA per 30 days)
IMITREX TABLET 100MG, 25MG, 50MG	3	QL (9 EA per 30 days)
MAXALT-MLT TABLET DISINTEGRATING 10MG	3	QL (18 EA per 30 days)
MAXALT TABLET 10MG	3	QL (18 EA per 30 days)
<i>naratriptan hcl tablet 1mg, 2.5mg</i>	1	QL (9 EA per 30 days)
ONZETRA XSAIL EXHALER POWDER 11MG/NOSEPC	3	QL (16 EA per 30 days)
RELPAK TABLET 20MG, 40MG	3	QL (12 EA per 30 days)
REYVOW TABLET 50MG	3	QL (4 EA per 30 days) PA
REYVOW TABLET 100MG	3	QL (8 EA per 30 days) PA
<i>rizatriptan benzoate odt tablet disintegrating 10mg, 5mg</i>	1	QL (18 EA per 30 days)
<i>rizatriptan benzoate tablet 10mg, 5mg</i>	1	QL (18 EA per 30 days)
<i>sumatriptan succinate refill injection 4mg/0.5ml, 6mg/0.5ml</i>	1	QL (5 ML per 30 days)
<i>sumatriptan succinate injection 4mg/0.5ml, 6mg/0.5ml</i>	1	QL (5 ML per 30 days)
<i>sumatriptan succinate tablet 100mg, 25mg, 50mg</i>	1	QL (9 EA per 30 days)
<i>sumatriptan/naproxen sodium tablet 500mg; 85mg</i>	1	QL (9 EA per 30 days)
<i>sumatriptan solution 20mg/act, 5mg/act</i>	1	QL (12 EA per 30 days)
SYMBRAVO TABLET 20MG; 10MG	3	QL (9 EA per 28 days) ST
TOSYMRA SOLUTION 10MG/ACT	3	QL (12 EA per 30 days)
TREXIMET TABLET 500MG; 85MG	4	QL (9 EA per 30 days)
ZEMBRACE SYMTOUCH INJECTION 3MG/0.5ML	4	QL (8 ML per 30 days)
<i>zolmitriptan odt tablet disintegrating 2.5mg</i>	1	QL (12 EA per 30 days)
<i>zolmitriptan odt tablet disintegrating 5mg</i>	1	QL (9 EA per 30 days)
<i>zolmitriptan solution 5mg</i>	1	QL (12 EA per 30 days)
<i>zolmitriptan tablet 2.5mg, 5mg</i>	1	QL (12 EA per 30 days)
ZOMIG SOLUTION 5MG	3	QL (12 EA per 30 days)
ZOMIG TABLET 2.5MG, 5MG	4	QL (12 EA per 30 days)
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		
MESTINON TIMESPAN TABLET EXTENDED RELEASE 180MG	4	

Drug Name	Drug Tier	Requirements/Limits
MESTINON SOLUTION 60MG/5ML	4	
MESTINON TABLET 60MG	4	
<i>pyridostigmine bromide er tablet extended release 24 hour 105mg</i>	1	
<i>pyridostigmine bromide solution 60mg/5ml</i>	3	
<i>pyridostigmine bromide tablet 60mg</i>	1	
VYVGART HYTRULO INJECTION 180MG/ML; 2000UNIT/ML	4	PA
<b>Antimycobacterials</b>		
<b><i>Antimycobacterials, Other</i></b>		
<i>dapsone tablet 100mg, 25mg</i>	1	
EMROSI CAPSULE EXTENDED RELEASE 24 HOUR 40MG	4	
MYCOBUTIN CAPSULE 150MG	3	
<i>rifabutin capsule 150mg</i>	1	
<b><i>Antituberculars</i></b>		
<i>cycloserine capsule 250mg</i>	4	
<i>ethambutol hydrochloride tablet 100mg, 400mg</i>	1	
<i>isoniazid injection 100mg/ml</i>	3	
<i>isoniazid syrup 50mg/5ml</i>	1	
<i>isoniazid tablet 100mg, 300mg</i>	1	
PRIFTIN TABLET 150MG	3	
<i>pyrazinamide tablet 500mg</i>	1	
RIFADIN INJECTION 600MG	4	
<i>rifampin capsule 150mg, 300mg</i>	1	
<i>rifampin injection 600mg</i>	1	
SIRTURO TABLET 100MG, 20MG	4	
TRECTOR TABLET 250MG	3	
<b>Antineoplastics</b>		
<b><i>Alkylating Agents</i></b>		
BELRAPZO INJECTION 100MG/4ML	4	
BENDAMUSTINE HYDROCHLORIDE INJECTION 100MG/4ML	4	
<i>bendamustine hydrochloride injection 100mg, 25mg</i>	4	
BENDEKA INJECTION 100MG/4ML	4	
<i>busulfan injection 6mg/ml</i>	4	
BUSULFEX INJECTION 6MG/ML	4	
<i>carboplatin injection 450mg/45ml, 600mg/60ml</i>	1	
<i>carmustine injection 100mg, 300mg, 50mg</i>	4	
CISPLATIN INJECTION 50MG	4	
<i>cisplatin injection 100mg/100ml</i>	1	
CYCLOPHOSPHAMIDE MONOHYDRATE INJECTION 2GM/10ML	4	
<i>cyclophosphamide capsule 25mg, 50mg</i>	1	B/D
CYCLOPHOSPHAMIDE INJECTION 1000MG/10ML, 1GM/2ML, 1GM, 2000MG/20ML, 2GM/10ML, 2GM/4ML, 500MG/5ML, 500MG/ML	4	
<i>cyclophosphamide injection 1gm/5ml, 500mg/2.5ml, 500mg</i>	1	
<i>cyclophosphamide injection 1gm, 2gm</i>	4	
CYCLOPHOSPHAMIDE TABLET 25MG, 50MG	1	B/D
EVOMELA INJECTION 50MG	4	
FRINDOVYX INJECTION 1GM/2ML, 2GM/4ML, 500MG/ML	4	

Drug Name	Drug Tier	Requirements/Limits
GLEOSTINE CAPSULE 10MG, 40MG	3	
GLEOSTINE CAPSULE 100MG	4	
GRAFAPEX INJECTION 1GM, 5GM	4	
<i>ifosfamide injection 3gm</i>	1	
IVRA INJECTION 90MG/ML	4	
KYXATA INJECTION 500MG/50ML, 80MG/8ML	4	
LEUKERAN TABLET 2MG	4	
LOMUSTINE CAPSULE 100MG	4	
<i>lomustine capsule 10mg, 40mg</i>	1	
MATULANE CAPSULE 50MG	4	
OPDIVO QVANTIG INJECTION 10000UNIT/5ML; 600MG/5ML, 5000UNIT/2.5ML; 300MG/2.5ML	4	PA
<i>oxaliplatin injection 50mg/10ml</i>	1	
<i>oxaliplatin injection 100mg/20ml, 100mg, 200mg/40ml, 50mg</i>	4	
TEMODAR INJECTION 100MG	4	
TEPADINA INJECTION 0.9%; 200MG/200ML, 100MG, 15MG	4	
TEPYLUTE INJECTION 100MG/10ML, 15MG/1.5ML	4	
<i>thiotepa injection 100mg, 15mg</i>	4	
TREANDA INJECTION 100MG, 25MG	4	
VALCHLOR GEL 0.016%	4	PA
VIVIMUSTA INJECTION 100MG/4ML	4	
YONDELIS INJECTION 1MG	4	
ZANOSAR INJECTION 1GM	4	
ZEPZELCA INJECTION 4MG	4	PA
<b>Antiandrogens</b>		
<i>abiraterone acetate tablet 250mg</i>	1	PA
<i>abiraterone acetate tablet 500mg</i>	4	PA
<i>abirtega tablet 250mg</i>	1	PA
<i>bicalutamide tablet 50mg</i>	1	
CASODEX TABLET 50MG	3	
ERLEADA TABLET 240MG, 60MG	4	PA
EULEXIN CAPSULE 125MG	3	
NILANDRON TABLET 150MG	4	
<i>nilutamide tablet 150mg</i>	4	
NUBEQA TABLET 300MG	4	PA
XTANDI CAPSULE 40MG	4	PA
XTANDI TABLET 40MG, 80MG	4	PA
YONSA TABLET 125MG	4	PA
ZYTIGA TABLET 250MG, 500MG	4	PA
<b>Antiangiogenic Agents</b>		
<i>lenalidomide capsule 10mg, 15mg, 2.5mg, 20mg, 25mg, 5mg</i>	4	PA
POMALYST CAPSULE 3MG, 4MG	4	PA
POMALYST CAPSULE 1MG, 2MG	4	QL (30 EA per 30 days) PA
REVLIMID CAPSULE 10MG, 15MG, 2.5MG, 20MG, 25MG, 5MG	4	PA
THALOMID CAPSULE 100MG, 150MG, 200MG, 50MG	4	PA
<b>Antiestrogens/Modifiers</b>		
EMCYT CAPSULE 140MG	4	
FARESTON TABLET 60MG	4	
FASLODEX INJECTION 250MG/5ML	4	

Drug Name	Drug Tier	Requirements/Limits
FULVESTRANT INJECTION 250MG/5ML	4	
<i>fulvestrant injection 250mg/5ml</i>	4	
INLURIYO TABLET 200MG	4	PA
ORSERDU TABLET 345MG, 86MG	4	PA
SOLTAMOX SOLUTION 10MG/5ML	4	
<i>tamoxifen citrate tablet 10mg, 20mg</i>	1	
<i>toremifene citrate tablet 60mg</i>	1	
<b>Antimetabolites</b>		
ALIMTA INJECTION 100MG, 500MG	4	
ARRANON INJECTION 5MG/ML	4	
AXTLE INJECTION 100MG, 500MG	4	
<i>cladribine injection 10mg/10ml</i>	4	B/D
<i>clofarabine injection 1mg/ml</i>	4	
CLOLAR INJECTION 1MG/ML	4	
<i>cytarabine aqueous injection 20mg/ml</i>	1	B/D
<i>cytarabine injection 100mg/ml, 20mg/ml</i>	1	B/D
DROXIA CAPSULE 200MG, 300MG, 400MG	3	
FAVLYXA INJECTION 250MG/10ML	4	B/D
<i>floxuridine injection 0.5gm</i>	4	B/D
<i>fluorouracil injection 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	1	B/D
FOLOTYN INJECTION 20MG/ML, 40MG/2ML	4	PA
<i>gemcitabine hydrochloride injection 200mg/2ml, 200mg/5.26ml</i>	1	
<i>gemcitabine hydrochloride injection 1.5gm/15ml, 1gm/10ml, 1gm/26.3ml, 2gm/20ml, 2gm/52.6ml</i>	4	
<i>hydroxyurea capsule 500mg</i>	1	
INLEXZO INJECTION 225MG	4	PA
<i>mercaptopurine suspension 2000mg/100ml</i>	4	
<i>mercaptopurine tablet 50mg</i>	1	
<i>nelarabine injection 5mg/ml</i>	4	
NIPENT INJECTION 10MG	4	
<i>pemetrexed disodium injection 100mg, 500mg</i>	4	
PEMETREXED INJECTION 1GM/40ML	3	
PEMETREXED INJECTION 100MG/4ML, 100MG, 1GM/40ML, 500MG/20ML, 500MG, 850MG/34ML	4	
<i>pemetrexed injection 1000mg, 100mg, 500mg, 750mg</i>	4	
PEMFEXY INJECTION 500MG/20ML	4	
PEMRYDI RTU INJECTION 100MG/10ML, 500MG/50ML	4	
PRALATREXATE INJECTION 20MG/ML, 40MG/2ML	4	PA
PURIXAN SUSPENSION 2000MG/100ML	4	
SIKLOS TABLET 100MG	3	PA
SIKLOS TABLET 1000MG	4	PA
TABLOID TABLET 40MG	4	
VYXEOS INJECTION 100MG; 44MG	4	PA
XROMI SOLUTION 100MG/ML	4	PA
<b>Antineoplastics, Other</b>		
ABRAXANE INJECTION 900MG; 100MG	4	
<i>adriamycin injection 50mg</i>	1	B/D
ADSTILADRIN INJECTION 0	4	PA

Drug Name	Drug Tier	Requirements/Limits
AKEEGA TABLET 500MG; 100MG, 500MG; 50MG	4	PA
ANKTIVA INJECTION 400MCG/0.4ML	4	PA
<i>arsenic trioxide injection 10mg/10ml, 12mg/6ml</i>	4	
ASPARLAS INJECTION 3750UNIT/5ML	4	
<i>azacitidine injection 100mg</i>	4	
BEIZRAY INJECTION 20MG/ML, 25%; 80MG/4ML	4	
<i>bleomycin sulfate injection 15unit, 30unit</i>	1	B/D
BORTEZOMIB INJECTION 3.5MG	4	PA
<i>bortezomib injection 1mg, 2.5mg</i>	1	PA
<i>bortezomib injection 3.5mg/1.4ml</i>	3	PA
<i>bortezomib injection 3.5mg</i>	4	PA
BORUZU INJECTION 3.5MG/1.4ML	4	PA
COLUMVI INJECTION 10MG/10ML, 2.5MG/2.5ML	4	PA
<i>dactinomycin injection 0.5mg</i>	4	
<i>daunorubicin hydrochloride injection 20mg/4ml</i>	1	
<i>decitabine injection 50mg</i>	4	
<i>docetaxel injection 160mg/16ml, 80mg/8ml</i>	1	
<i>docetaxel injection 160mg/8ml, 20mg/2ml</i>	4	
DOXIL INJECTION 2MG/ML	4	
<i>doxorubicin hcl injection 2mg/ml, 50mg</i>	1	B/D
<i>doxorubicin hydrochloride liposomal injection 2mg/ml</i>	4	
<i>doxorubicin hydrochloride injection 10mg</i>	1	B/D
<i>doxorubicin hydrochloride injection 2mg/ml</i>	4	
ELLECE INJECTION 50MG/25ML	3	
ELREXFIO INJECTION 44MG/1.1ML, 76MG/1.9ML	4	PA
ELZONRIS INJECTION 1000MCG/ML	4	PA
EPKINLY INJECTION 48MG/0.8ML, 4MG/0.8ML	4	PA
<i>eribulin mesylate injection 1mg/2ml</i>	4	PA
ETHYOL INJECTION 500MG	4	
HALAVEN INJECTION 1MG/2ML	4	PA
IBRANCE TABLET 100MG, 125MG, 75MG	4	PA
IDAMYCIN PFS INJECTION 10MG/10ML, 20MG/20ML, 5MG/5ML	4	
<i>idarubicin hcl injection 10mg/10ml, 20mg/20ml, 5mg/5ml</i>	1	
<i>idarubicin hydrochloride injection 10mg/10ml, 20mg/20ml, 5mg/5ml</i>	1	
IMDELLTRA INJECTION 10MG, 1MG	4	PA
INREBIC CAPSULE 100MG	4	PA
ISTODAX INJECTION 10MG	4	PA
ITOVEBI TABLET 9MG	4	PA
ITOVEBI TABLET 3MG	4	QL (60 EA per 30 days) PA
IWILFIN TABLET 192MG	4	PA
IXEMPRA KIT INJECTION 15MG, 45MG	4	
JEVTANA INJECTION 60MG/1.5ML	4	PA
KIMMTRAK INJECTION 100MCG/0.5ML	4	PA
KISQALI FEMARA 200 DOSE TABLET THERAPY PACK 2.5MG; 200MG	4	PA
KISQALI FEMARA 400 DOSE TABLET THERAPY PACK 2.5MG; 200MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA 600 DOSE TABLET THERAPY PACK 2.5MG; 200MG	4	PA
KOMZIFTI CAPSULE 200MG	4	PA
LAZCLUZE TABLET 240MG	4	PA
LAZCLUZE TABLET 80MG	4	QL (60 EA per 30 days) PA
<i>leucovorin calcium injection 350mg, 500mg</i>	1	
<i>leucovorin calcium tablet 10mg, 15mg, 25mg, 5mg</i>	1	
<i>levoleucovorin injection 50mg</i>	4	
LONSURF TABLET 6.14MG; 15MG, 8.19MG; 20MG	4	PA
LYMPHIR INJECTION 300MCG	4	PA
LYNOZYFIC INJECTION 200MG/10ML, 5MG/2.5ML	4	PA
LYSODREN TABLET 500MG	4	
<i>mitomycin injection 20mg, 40mg, 5mg</i>	4	
MODEYSO CAPSULE 125MG	4	PA
MUTAMYCIN INJECTION 20MG, 40MG, 5MG	4	
OGSIVEO TABLET 100MG, 150MG, 50MG	4	PA
OJEMDA SUSPENSION RECONSTITUTED 25MG/ML	4	PA
OJEMDA TABLET 100MG	4	PA
ONCASPAR INJECTION 750UNIT/ML	4	
ONUREG TABLET 200MG, 300MG	4	PA
PACLITAXEL PROTEIN-BOUND PARTICLES INJECTION 900MG; 100MG	4	
<i>paclitaxel protein-bound particles injection 0; 100mg, 900mg; 100mg</i>	4	
<i>paclitaxel injection 300mg/50ml</i>	1	
PEMETREXED INJECTION 100MG/4ML	4	
PHEGO INJECTION 2000UNIT/ML; 60MG/ML; 60MG/ML, 2000UNIT/ML; 80MG/ML; 40MG/ML	4	PA
PHOTOFRIN INJECTION 75MG	4	
PROLEUKIN INJECTION 22000000UNIT	4	
REVUFORJ TABLET 110MG, 160MG, 25MG	4	PA
<i>romidepsin injection 10mg</i>	4	PA
RYLAZE INJECTION 10MG/0.5ML	4	
RYTELO INJECTION 188MG, 47MG	4	PA
TALVEY INJECTION 3MG/1.5ML, 40MG/ML	4	PA
TECVAYLI INJECTION 153MG/1.7ML, 30MG/3ML	4	PA
TICE BCG INJECTION 50MG	3	
TRISENOX INJECTION 12MG/6ML	4	
<i>valrubicin injection 40mg/ml</i>	4	
VALSTAR INJECTION 40MG/ML	4	
VELCADE INJECTION 3.5MG	4	PA
VIDAZA INJECTION 100MG	4	
<i>vinblastine sulfate injection 1mg/ml</i>	1	B/D
<i>vincristine sulfate injection 1mg/ml</i>	1	B/D
VONJO CAPSULE 100MG	4	PA
ZALTRAP INJECTION 100MG/4ML, 200MG/8ML	4	PA
ZOLINZA CAPSULE 100MG	4	PA
<b>Antineoplastics</b>		
OPDUALAG INJECTION 240MG/20ML; 80MG/20ML	4	PA
<b>Aromatase Inhibitors, 3rd Generation</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>anastrozole tablet 1mg</i>	1	
ARIMIDEX TABLET 1MG	3	
AROMASIN TABLET 25MG	4	
<i>exemestane tablet 25mg</i>	1	
<i>letrozole tablet 2.5mg</i>	1	
<b>Enzyme Inhibitors</b>		
AVMAPKI FAKZYNJA CO-PACK THERAPY PACK 0.8MG; 200MG	4	PA
AVOPEF INJECTION 100MG/5ML	4	
CAMPTOSAR INJECTION 100MG/5ML, 300MG/15ML, 40MG/2ML	4	
ETOPOPHOS INJECTION 100MG	4	
<i>etoposide injection 1gm/50ml, 500mg/25ml</i>	1	
HYCAMTIN INJECTION 4MG	4	
<i>irinotecan hydrochloride injection 100mg/5ml, 300mg/15ml, 40mg/2ml</i>	4	
<i>irinotecan injection 500mg/25ml</i>	4	
KYPROLIS INJECTION 10MG, 30MG, 60MG	4	PA
ONIVYDE INJECTION 43MG/10ML	4	
<i>topotecan hcl injection 4mg</i>	4	
<i>topotecan hydrochloride injection 4mg/4ml</i>	4	
<b>Molecular Target Inhibitors</b>		
AFINITOR DISPERZ TABLET SOLUBLE 2MG, 3MG, 5MG	4	PA
AFINITOR TABLET 10MG, 2.5MG, 5MG, 7.5MG	4	QL (30 EA per 30 days) PA
ALECENSA CAPSULE 150MG	4	PA
ALIQOPA INJECTION 60MG	4	PA
ALUNBRIG TABLET THERAPY PACK 0	4	QL (60 EA per 365 days) PA
ALUNBRIG TABLET 30MG	4	QL (120 EA per 30 days) PA
ALUNBRIG TABLET 180MG, 90MG	4	QL (30 EA per 30 days) PA
AUGTYRO CAPSULE 160MG, 40MG	4	PA
AYVAKIT TABLET 100MG, 200MG, 25MG, 300MG, 50MG	4	QL (30 EA per 30 days) PA
BALVERSA TABLET 3MG, 4MG, 5MG	4	PA
BELEODAQ INJECTION 500MG	4	PA
BOSULIF CAPSULE 100MG, 50MG	4	PA
BOSULIF TABLET 100MG, 400MG, 500MG	4	PA
BRAFTOVI CAPSULE 75MG	4	PA
BRUKINSA CAPSULE 80MG	4	PA
BRUKINSA TABLET 160MG	4	PA
CABOMETYX TABLET 40MG, 60MG	4	PA
CABOMETYX TABLET 20MG	4	QL (30 EA per 30 days) PA
CALQUENCE CAPSULE 100MG	4	PA
CALQUENCE TABLET 100MG	4	PA
CAPRELSA TABLET 300MG	4	PA
CAPRELSA TABLET 100MG	4	QL (60 EA per 30 days) PA
COMETRIQ KIT 0, 20MG	4	PA
COPIKTRA CAPSULE 15MG, 25MG	4	PA
COTELLIC TABLET 20MG	4	PA
DANZITEN TABLET 71MG, 95MG	4	PA
<i>dasatinib tablet 100mg, 140mg, 20mg, 50mg, 70mg, 80mg</i>	4	PA
DAURISMO TABLET 100MG, 25MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
ENSACOVE CAPSULE 100MG, 25MG	4	PA
ERIVEDGE CAPSULE 150MG	4	PA
<i>erlotinib hydrochloride tablet 100mg, 150mg, 25mg</i>	1	PA
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	4	PA
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	4	QL (30 EA per 30 days) PA
EXKIVITY CAPSULE 40MG	4	
<i>fludarabine phosphate injection 50mg/2ml, 50mg</i>	4	
FOTIVDA CAPSULE 0.89MG, 1.34MG	4	PA
FRUZAQLA CAPSULE 1MG, 5MG	4	PA
FYARRO INJECTION 100MG	4	PA
GAVRETO CAPSULE 100MG	4	PA
<i>gefitinib tablet 250mg</i>	4	PA
GILOTRIF TABLET 20MG, 30MG, 40MG	4	QL (30 EA per 30 days) PA
GLEEVEC TABLET 100MG, 400MG	4	PA
GOMEKLI CAPSULE 1MG, 2MG	4	PA
GOMEKLI TABLET SOLUBLE 1MG	4	PA
HERNEXEOS TABLET 60MG	4	PA
HYRNUO TABLET 10MG	4	PA
IBRANCE CAPSULE 100MG, 125MG, 75MG	4	PA
IBTROZI CAPSULE 200MG	4	PA
ICLUSIG TABLET 30MG, 45MG	4	PA
ICLUSIG TABLET 10MG, 15MG	4	QL (30 EA per 30 days) PA
IDHIFA TABLET 100MG, 50MG	4	QL (30 EA per 30 days) PA
<i>imatinib mesylate tablet 100mg, 400mg</i>	1	PA
IMBRUVICA CAPSULE 140MG	4	QL (120 EA per 30 days) PA
IMBRUVICA CAPSULE 70MG	4	QL (28 EA per 28 days) PA
IMBRUVICA SUSPENSION 70MG/ML	4	PA
IMBRUVICA TABLET 420MG, 560MG	4	PA
IMBRUVICA TABLET 140MG, 280MG	4	QL (28 EA per 28 days) PA
IMKELDI SOLUTION 80MG/ML	4	PA
INLYTA TABLET 1MG, 5MG	4	PA
INQOVI TABLET 100MG; 35MG	4	PA
IRESSA TABLET 250MG	4	PA
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	4	PA
JAKAFI TABLET 10MG	4	QL (60 EA per 30 days) PA
JAYPIRCA TABLET 100MG	4	PA
JAYPIRCA TABLET 50MG	4	QL (30 EA per 30 days) PA
KISQALI TABLET THERAPY PACK 200MG	4	PA
KOSELUGO CAPSULE SPRINKLE 5MG, 7.5MG	4	PA
KOSELUGO CAPSULE 10MG, 25MG	4	PA
KRAZATI TABLET 200MG	4	PA
<i>lapatinib ditosylate tablet 250mg</i>	4	PA
LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	4	PA
LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	4	PA
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK 0	4	PA
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK 0	4	PA

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	4	PA
LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK 0	4	PA
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	4	PA
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	4	PA
LIFYORLI CAPSULE THERAPY PACK 0	4	PA
LORBRENA TABLET 100MG, 25MG	4	PA
LUMAKRAS TABLET 120MG, 240MG, 320MG	4	PA
LYNPARZA TABLET 100MG, 150MG	4	PA
LYTGOBI TABLET THERAPY PACK 4MG	4	PA
MEKINIST SOLUTION RECONSTITUTED 0.05MG/ML	4	PA
MEKINIST TABLET 0.5MG, 2MG	4	PA
MEKTOVI TABLET 15MG	4	PA
NERLYNX TABLET 40MG	4	QL (180 EA per 30 days) PA
NEXAVAR TABLET 200MG	4	PA
NILOTINIB D-TARTRATE CAPSULE 150MG, 200MG, 50MG	4	PA
<i>nilotinib hydrochloride capsule 150mg, 200mg, 50mg</i>	4	PA
NINLARO CAPSULE 2.3MG, 3MG, 4MG	4	PA
ODOMZO CAPSULE 200MG	4	PA
OJJAARA TABLET 100MG, 200MG	4	PA
OJJAARA TABLET 150MG	4	QL (30 EA per 30 days) PA
PAZOPANIB HYDROCHLORIDE TABLET 400MG	4	PA
<i>pazopanib hydrochloride tablet 200mg</i>	4	PA
PEMAZYRE TABLET 13.5MG, 4.5MG, 9MG	4	QL (30 EA per 30 days) PA
PHYRAGO TABLET 100MG, 140MG, 20MG, 50MG, 70MG, 80MG	4	PA
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	4	PA
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK 0	4	PA
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	4	PA
QINLOCK TABLET 50MG	4	PA
RETEVMO CAPSULE 40MG, 80MG	4	PA
RETEVMO TABLET 120MG, 160MG	4	PA
RETEVMO TABLET 80MG	4	QL (60 EA per 30 days) PA
RETEVMO TABLET 40MG	4	QL (90 EA per 30 days) PA
REZLIDHIA CAPSULE 150MG	4	PA
ROMVIMZA CAPSULE 14MG, 20MG, 30MG	4	PA
ROZLYTREK CAPSULE 100MG, 200MG	4	PA
ROZLYTREK PACKET 50MG	4	PA
RUBRACA TABLET 250MG, 300MG	4	PA
RUBRACA TABLET 200MG	4	QL (120 EA per 30 days) PA
RYDAPT CAPSULE 25MG	4	PA
SCSEMBLIX TABLET 100MG	4	QL (120 EA per 30 days) PA
SCSEMBLIX TABLET 40MG	4	QL (240 EA per 30 days) PA
SCSEMBLIX TABLET 20MG	4	QL (60 EA per 30 days) PA
<i>sorafenib tosylate tablet 200mg</i>	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>sorafenib tablet 200mg</i>	4	PA
SPRYCEL TABLET 100MG, 140MG, 20MG, 50MG, 70MG, 80MG	4	PA
STIVARGA TABLET 40MG	4	PA
<i>sunitinib malate capsule 12.5mg, 25mg, 37.5mg, 50mg</i>	4	PA
SUTENT CAPSULE 12.5MG, 25MG, 37.5MG, 50MG	4	PA
TABRECTA TABLET 150MG, 200MG	4	QL (120 EA per 30 days) PA
TAFINLAR CAPSULE 50MG, 75MG	4	PA
TAFINLAR TABLET SOLUBLE 10MG	4	PA
TAGRISSE TABLET 80MG	4	PA
TAGRISSE TABLET 40MG	4	QL (30 EA per 30 days) PA
TALZENNA CAPSULE 0.1MG, 0.25MG, 0.35MG, 0.5MG, 0.75MG, 1MG	4	PA
TARCEVA TABLET 100MG	4	PA
TASIGNA CAPSULE 150MG, 200MG, 50MG	4	PA
TAZVERIK TABLET 200MG	4	PA
<i>temsirolimus injection 25mg/ml</i>	4	
TEPMETKO TABLET 225MG	4	PA
TIBSOVO TABLET 250MG	4	PA
TORISEL INJECTION 25MG/ML	4	
<i>torpenz tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	4	QL (30 EA per 30 days) PA
TRUQAP TABLET THERAPY PACK 160MG, 200MG	4	PA
TRUQAP TABLET 160MG, 200MG	4	PA
TUKYSA TABLET 150MG, 50MG	4	PA
TURALIO CAPSULE 125MG	4	PA
TYKERB TABLET 250MG	4	PA
VANFLYTA TABLET 17.7MG, 26.5MG	4	PA
VENCLEXTA STARTING PACK TABLET THERAPY PACK 0	4	PA
VENCLEXTA TABLET 10MG	2	PA
VENCLEXTA TABLET 100MG, 50MG	4	PA
VERZENIO TABLET 100MG, 150MG, 200MG, 50MG	4	PA
VIJOICE PACKET 50MG	4	QL (28 EA per 28 days) PA
VIJOICE TABLET THERAPY PACK 125MG, 50MG	4	QL (28 EA per 28 days) PA
VIJOICE TABLET THERAPY PACK 0	4	QL (56 EA per 28 days) PA
VITRAKVI CAPSULE 100MG, 25MG	4	PA
VITRAKVI SOLUTION 20MG/ML	4	PA
VIZIMPRO TABLET 15MG, 30MG, 45MG	4	PA
VOTRIENT TABLET 200MG	4	PA
XALKORI CAPSULE SPRINKLE 150MG, 20MG, 50MG	4	PA
XALKORI CAPSULE 200MG, 250MG	4	PA
XOSPATA TABLET 40MG	4	PA
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	4	PA
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	4	PA
XPOVIO TABLET THERAPY PACK 10MG, 40MG, 50MG, 60MG, 80MG	4	PA
ZEJULA TABLET 200MG, 300MG	4	PA
ZEJULA TABLET 100MG	4	QL (30 EA per 30 days) PA
ZELBORAF TABLET 240MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
ZYDELIG TABLET 100MG, 150MG	4	PA
ZYKADIA TABLET 150MG	4	PA
<b>Monoclonal Antibodies/Antibody-Drug Conjugates</b>		
ADCETRIS INJECTION 50MG	4	PA
ALYMSYS INJECTION 100MG/4ML, 400MG/16ML	4	PA
ARZERRA INJECTION 1000MG/50ML, 100MG/5ML	4	PA
AVASTIN INJECTION 100MG/4ML, 400MG/16ML	4	PA
BAVENCIO INJECTION 200MG/10ML	4	PA
BESPONSA INJECTION 0.9MG	4	PA
BIZENGRI INJECTION 375MG/18.75ML	4	PA
BLENREP INJECTION 70MG	4	PA
BLINCYTO INJECTION 35MCG	4	PA
CYRAMZA INJECTION 100MG/10ML, 500MG/50ML	4	PA
DANYELZA INJECTION 40MG/10ML	4	PA
DARZALEX FASPRO INJECTION 1800MG/15ML; 30000UNIT/15ML	4	PA
DARZALEX INJECTION 100MG/5ML, 400MG/20ML	4	PA
DATROWAY INJECTION 100MG	4	PA
ELAHERE INJECTION 100MG/20ML	4	PA
EMPLICITI INJECTION 300MG, 400MG	4	PA
EMRELIS INJECTION 100MG, 20MG	4	PA
ENHERTU INJECTION 100MG	4	PA
ERBITUX INJECTION 100MG/50ML, 200MG/100ML	4	PA
GAZYVA INJECTION 1000MG/40ML	4	PA
HERCEPTIN HYLECTA INJECTION 10000UNIT/5ML; 600MG/5ML	4	PA
HERCEPTIN INJECTION 150MG	4	PA
HERCESSI INJECTION 150MG, 420MG	4	PA
HERZUMA INJECTION 150MG, 420MG	4	PA
IMFINZI INJECTION 120MG/2.4ML, 500MG/10ML	4	PA
IMJUDO INJECTION 25MG/1.25ML, 300MG/15ML	4	PA
JEMPERLI INJECTION 500MG/10ML	4	PA
JOBEVNE INJECTION 100MG/4ML, 400MG/16ML	4	PA
KADCYLA INJECTION 100MG, 160MG	4	PA
KANJINTI INJECTION 150MG, 420MG	4	PA
KEYTRUDA QLEX INJECTION 4800UNIT/2.4ML; 395MG/2.4ML, 9600UNIT/4.8ML; 790MG/4.8ML	4	PA
KEYTRUDA INJECTION 100MG/4ML	4	PA
LIBTAYO INJECTION 350MG/7ML	4	PA
LOQTORZI INJECTION 240MG/6ML	4	PA
LUNSUMIO VELO INJECTION 45MG/ML, 5MG/0.5ML	4	PA
LUNSUMIO INJECTION 1MG/ML, 30MG/30ML	4	PA
MARGENZA INJECTION 250MG/10ML	4	PA
MONJUVI INJECTION 200MG	4	PA
MVASI INJECTION 100MG/4ML, 400MG/16ML	4	PA
MYLOTARG INJECTION 4.5MG	4	PA
OGIVRI INJECTION 150MG, 420MG	4	PA
ONTRUZANT INJECTION 150MG, 420MG	4	PA
OPDIVO INJECTION 100MG/10ML, 120MG/12ML, 240MG/24ML, 40MG/4ML	4	PA

Drug Name	Drug Tier	Requirements/Limits
PADCEV INJECTION 20MG, 30MG	4	PA
PERJETA INJECTION 420MG/14ML	4	PA
POLIVY INJECTION 140MG, 30MG	4	PA
PORTRAZZA INJECTION 800MG/50ML	4	PA
POTELIGEO INJECTION 20MG/5ML	4	PA
RIABNI INJECTION 100MG/10ML, 500MG/50ML	4	PA
RITUXAN HYCELA INJECTION 23400UNT/11.7ML; 1400MG/11.7ML, 26800UNT/13.4ML; 1600MG/13.4ML	4	PA
RITUXAN INJECTION 100MG/10ML, 500MG/50ML	4	PA
RUXIENCE INJECTION 100MG/10ML, 500MG/50ML	4	PA
RYBREVANT FASPRO INJECTION 1600MG/10ML; 20000UNIT/10ML, 2240MG/14ML; 28000UNIT/14ML, 2400MG/15ML; 30000UNIT/15ML, 3520MG/22ML; 44000UNIT/22ML	4	PA
RYBREVANT INJECTION 350MG/7ML	4	PA
SARCLISA INJECTION 100MG/5ML, 500MG/25ML	4	PA
TECENTRIQ HYBREZA INJECTION 1875MG/15ML; 30000UNIT/15ML	4	PA
TECENTRIQ INJECTION 1200MG/20ML, 840MG/14ML	4	PA
TEVIMBRA INJECTION 100MG/10ML	4	PA
TIVDAK INJECTION 40MG	4	PA
TRAZIMERA INJECTION 150MG, 420MG	4	PA
TRODELVY INJECTION 180MG	4	PA
TRUXIMA INJECTION 100MG/10ML, 500MG/50ML	4	PA
UNITUXIN INJECTION 17.5MG/5ML	4	PA
UNLOXCYT INJECTION 300MG/5ML	4	PA
VECTIBIX INJECTION 100MG/5ML, 400MG/20ML	4	
VEGZELMA INJECTION 100MG/4ML, 400MG/16ML	4	PA
VYLOY INJECTION 100MG, 300MG	4	PA
YERVOY INJECTION 200MG/40ML, 50MG/10ML	4	PA
ZEVALIN Y-90 INJECTION 3.2MG/2ML	4	
ZIIHERA INJECTION 300MG	4	PA
ZIRABEV INJECTION 100MG/4ML, 400MG/16ML	4	PA
ZYNLONTA INJECTION 10MG	4	PA
ZYNYZ INJECTION 500MG/20ML	4	PA
<b>Retinoids</b>		
<i>bexarotene capsule 75mg</i>	4	PA
<i>bexarotene gel 1%</i>	4	PA
PANRETIN GEL 0.1%	4	
TARGRETIN CAPSULE 75MG	4	PA
TARGRETIN GEL 1%	4	PA
<i>tretinoin capsule 10mg</i>	4	
<b>Treatment Adjuncts</b>		
<i>dexrazoxane hydrochloride injection 250mg, 500mg</i>	4	
<i>dexrazoxane injection 250mg, 500mg</i>	4	
ELITEK INJECTION 1.5MG, 7.5MG	4	
KHAPZORY INJECTION 175MG	4	
<i>mesna tablet 400mg</i>	4	
MESNEX TABLET 400MG	4	
VORANIGO TABLET 40MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
VORANIGO TABLET 10MG	4	QL (60 EA per 30 days) PA
VORAXAZE INJECTION 1000UNIT	4	
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
<i>albendazole tablet 200mg</i>	1	
EMVERM TABLET CHEWABLE 100MG	3	
<i>ivermectin tablet 3mg, 6mg</i>	1	PA
<i>praziquantel tablet 600mg</i>	1	
STROMECTOL TABLET 3MG	3	PA
<b>Antiprotozoals</b>		
ALINIA SUSPENSION RECONSTITUTED 100MG/5ML	4	
ALINIA TABLET 500MG	4	
ARTESUNATE INJECTION 110MG	4	
<i>atovaquone/proguanil hcl tablet 62.5mg; 25mg</i>	1	
<i>atovaquone/proguanil hydrochloride tablet 250mg; 100mg</i>	1	
<i>atovaquone suspension 750mg/5ml</i>	1	
BENZNIDAZOLE TABLET 100MG, 12.5MG	2	
<i>chloroquine phosphate tablet 250mg, 500mg</i>	1	
COARTEM TABLET 20MG; 120MG	3	
DARAPRIM TABLET 25MG	4	PA
<i>hydroxychloroquine sulfate tablet 100mg, 200mg, 300mg, 400mg</i>	1	
<i>mefloquine hydrochloride tablet 250mg</i>	1	
MEPRON SUSPENSION 750MG/5ML	4	
NEBUPENT SOLUTION RECONSTITUTED 300MG	3	B/D
<i>nitazoxanide tablet 500mg</i>	4	
<i>pentamidine isethionate injection 300mg</i>	1	
<i>pentamidine isethionate inhalation solution reconstituted 300mg</i>	1	B/D
PLAQUENIL TABLET 200MG	3	
<i>primaquine phosphate tablet 26.3mg</i>	1	
<i>pyrimethamine tablet 25mg</i>	4	PA
QUALAQUIN CAPSULE 324MG	3	PA
<i>quinine sulfate capsule 324mg</i>	1	PA
SOVUNA TABLET 200MG, 300MG	3	ST
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
<i>benztropine mesylate tablet 0.5mg, 1mg, 2mg</i>	1	
<i>trihexyphenidyl hcl solution 0.4mg/ml</i>	1	
<i>trihexyphenidyl hydrochloride tablet 2mg, 5mg</i>	1	
<b>Antiparkinson Agents, Other</b>		
<i>carbidopa/levodopa/entacapone tablet 12.5mg; 200mg; 50mg, 18.75mg; 200mg; 75mg, 25mg; 200mg; 100mg, 31.25mg; 200mg; 125mg, 37.5mg; 200mg; 150mg, 50mg; 200mg; 200mg</i>	1	
COMTAN TABLET 200MG	3	
<i>entacapone tablet 200mg</i>	1	
GOCOVRI CAPSULE EXTENDED RELEASE 24 HOUR 137MG, 68.5MG	4	PA
NOURIANZ TABLET 20MG, 40MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
ONGENTYS CAPSULE 25MG, 50MG	3	ST
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 129MG, 193MG	3	
STALEVO 100 TABLET 25MG; 200MG; 100MG	4	
STALEVO 125 TABLET 31.25MG; 200MG; 125MG	4	
STALEVO 150 TABLET 37.5MG; 200MG; 150MG	4	
STALEVO 200 TABLET 50MG; 200MG; 200MG	4	
TASMAR TABLET 100MG	4	QL (180 EA per 30 days)
<i>tolcapone tablet 100mg</i>	4	QL (180 EA per 30 days)
<b>Dopamine Agonists</b>		
APOKYN INJECTION 30MG/3ML	4	QL (90 ML per 30 days) PA
<i>apomorphine hydrochloride injection 30mg/3ml</i>	4	QL (90 ML per 30 days) PA
<i>bromocriptine mesylate capsule 5mg</i>	3	
<i>bromocriptine mesylate tablet 2.5mg</i>	3	
NEUPRO PATCH 24 HOUR 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR	3	
<i>pramipexole dihydrochloride er tablet extended release 24 hour 0.375mg, 0.75mg, 1.5mg, 2.25mg, 3.75mg, 3mg, 4.5mg</i>	1	
<i>pramipexole dihydrochloride tablet 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1.5mg, 1mg</i>	1	
<i>ropinirole er tablet extended release 24 hour 12mg, 2mg, 4mg, 6mg, 8mg</i>	1	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	1	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	1	
<b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b>		
CARBIDOPA/LEVODOPA ER CAPSULE EXTENDED RELEASE 23.75MG; 95MG, 36.25MG; 145MG, 48.75MG; 195MG, 61.25MG; 245MG	3	ST
<i>carbidopa/levodopa er tablet extended release 25mg; 100mg, 50mg; 200mg</i>	1	
<i>carbidopa/levodopa odt tablet disintegrating 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	1	
<i>carbidopa/levodopa tablet 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	1	
<i>carbidopa tablet 25mg</i>	1	
DHIVY TABLET 25MG; 100MG	3	ST
DUOPA SUSPENSION 4.63MG/ML; 20MG/ML	4	PA
INBRIJA CAPSULE 42MG	4	PA
LODOSYN TABLET 25MG	4	
RYTARY CAPSULE EXTENDED RELEASE 23.75MG; 95MG, 36.25MG; 145MG, 48.75MG; 195MG, 61.25MG; 245MG	3	ST
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
AZILECT TABLET 0.5MG, 1MG	3	
<i>rasagiline mesylate tablet 0.5mg, 1mg</i>	1	
<i>selegiline hcl capsule 5mg</i>	1	
<i>selegiline hcl tablet 5mg</i>	1	
XADAGO TABLET 100MG, 50MG	4	QL (30 EA per 30 days) ST
ZELAPAR TABLET DISINTEGRATING 1.25MG	4	

Drug Name	Drug Tier	Requirements/Limits
<b>Antipsychotics</b>		
<b>1st Generation/Typical</b>		
<i>chlorpromazine hcl tablet 100mg, 10mg, 200mg, 25mg, 50mg</i>	1	
<i>chlorpromazine hydrochloride concentrate 100mg/ml, 30mg/ml</i>	1	
<i>chlorpromazine hydrochloride injection 50mg/2ml</i>	1	
<i>chlorpromazine hydrochloride tablet 100mg, 10mg, 200mg, 25mg, 50mg</i>	1	
<i>fluphenazine decanoate injection 25mg/ml</i>	1	
<i>fluphenazine hcl concentrate 5mg/ml</i>	1	
<i>fluphenazine hydrochloride elixir 2.5mg/5ml</i>	1	
<i>fluphenazine hydrochloride injection 2.5mg/ml</i>	1	
<i>fluphenazine hydrochloride tablet 10mg, 1mg, 2.5mg, 5mg</i>	1	
<i>haloperidol decanoate injection 100mg/ml, 50mg/ml</i>	1	
<i>haloperidol lactate injection 5mg/ml</i>	1	
<i>haloperidol concentrate 2mg/ml</i>	1	
<i>haloperidol tablet 0.5mg, 10mg, 1mg, 20mg, 2mg, 5mg</i>	1	
<i>loxapine succinate capsule 25mg, 50mg, 5mg</i>	1	
<i>loxapine capsule 10mg, 25mg, 50mg, 5mg</i>	1	
<i>molindone hydrochloride tablet 10mg, 25mg, 5mg</i>	1	
<i>perphenazine tablet 16mg, 2mg, 4mg, 8mg</i>	1	
<i>thioridazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	1	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	1	
<i>trifluoperazine hcl tablet 10mg, 1mg, 2mg, 5mg</i>	1	
<i>trifluoperazine hydrochloride tablet 1mg</i>	1	
<b>2nd Generation/Atypical</b>		
ABILIFY ASIMTUFII INJECTION 720MG/2.4ML, 960MG/3.2ML	4	
ABILIFY MAINTENA INJECTION 300MG, 400MG	4	
ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 10MG, 15MG, 20MG, 2MG, 30MG, 5MG	4	QL (30 EA per 30 days) ST
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 15MG, 20MG, 2MG, 30MG, 5MG	4	QL (60 EA per 365 days) ST
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 10MG	4	ST
ABILIFY TABLET 10MG, 15MG, 20MG, 2MG, 30MG, 5MG	4	QL (30 EA per 30 days)
<i>aripiprazole odt tablet disintegrating 10mg, 15mg</i>	1	QL (60 EA per 30 days)
<i>aripiprazole solution 1mg/ml</i>	1	QL (750 ML per 30 days)
<i>aripiprazole tablet 10mg, 15mg, 20mg, 2mg, 30mg, 5mg</i>	1	QL (30 EA per 30 days)
ARISTADA INITIO INJECTION 675MG/2.4ML	4	
ARISTADA INJECTION 1064MG/3.9ML, 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML	4	
<i>asenapine maleate sl tablet sublingual 10mg, 2.5mg, 5mg</i>	1	QL (60 EA per 30 days)
CAPLYTA CAPSULE 10.5MG, 21MG, 42MG	4	QL (30 EA per 30 days) PA
FANAPT TITRATION PACK A TABLET 0	3	QL (16 EA per 365 days) ST
FANAPT TITRATION PACK B TABLET 0	3	QL (24 EA per 365 days) ST
FANAPT TITRATION PACK C TABLET 0	3	QL (16 EA per 365 days) ST
FANAPT TABLET 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	4	QL (60 EA per 30 days) ST
GEODON CAPSULE 20MG	3	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
GEODON CAPSULE 40MG, 60MG, 80MG	4	QL (60 EA per 30 days)
GEODON INJECTION 20MG	3	QL (60 EA per 30 days)
INVEGA HAFYERA INJECTION 1092MG/3.5ML, 1560MG/5ML	4	ST
INVEGA SUSTENNA INJECTION 39MG/0.25ML	3	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	4	
INVEGA TRINZA INJECTION 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML	4	
INVEGA TABLET EXTENDED RELEASE 24 HOUR 3MG, 9MG	3	QL (30 EA per 30 days)
INVEGA TABLET EXTENDED RELEASE 24 HOUR 6MG	3	QL (60 EA per 30 days)
LATUDA TABLET 120MG, 20MG, 40MG, 60MG	4	QL (30 EA per 30 days)
LATUDA TABLET 80MG	4	QL (60 EA per 30 days)
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	1	QL (30 EA per 30 days)
<i>lurasidone hydrochloride tablet 80mg</i>	1	QL (60 EA per 30 days)
LYBALVI TABLET 10MG; 10MG, 15MG; 10MG, 20MG; 10MG, 5MG; 10MG	4	QL (30 EA per 30 days) ST
NUPLAZID CAPSULE 34MG	4	PA
NUPLAZID TABLET 10MG	4	PA
<i>olanzapine odt tablet disintegrating 10mg, 15mg, 20mg, 5mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine injection 10mg</i>	1	
<i>olanzapine tablet 10mg, 15mg, 2.5mg, 20mg, 5mg, 7.5mg</i>	1	QL (30 EA per 30 days)
OPIPZA FILM 2MG	4	QL (30 EA per 30 days) PA
OPIPZA FILM 10MG, 5MG	4	QL (90 EA per 30 days) PA
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	1	QL (30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	1	QL (60 EA per 30 days)
PERSERIS INJECTION 120MG, 90MG	4	
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	1	QL (90 EA per 30 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate tablet 100mg, 150mg, 200mg, 25mg, 50mg</i>	1	QL (90 EA per 30 days)
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG	4	QL (30 EA per 30 days)
RISPERDAL CONSTA INJECTION 12.5MG, 25MG	3	
RISPERDAL CONSTA INJECTION 37.5MG, 50MG	4	
RISPERDAL SOLUTION 1MG/ML	4	QL (240 ML per 30 days)
RISPERDAL TABLET 0.5MG, 1MG, 4MG	3	QL (60 EA per 30 days)
RISPERDAL TABLET 2MG, 3MG	4	QL (60 EA per 30 days)
<i>risperidone er injection 12.5mg, 25mg</i>	3	
<i>risperidone er injection 37.5mg, 50mg</i>	4	
<i>risperidone odt tablet disintegrating 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	1	QL (60 EA per 30 days)
<i>risperidone solution 1mg/ml</i>	1	QL (240 ML per 30 days)
<i>risperidone tablet 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	1	QL (60 EA per 30 days)
SAPHRIS TABLET SUBLINGUAL 10MG, 2.5MG, 5MG	3	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SECUADO PATCH 24 HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	4	QL (30 EA per 30 days) ST
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 150MG, 300MG, 400MG, 50MG	3	QL (60 EA per 30 days)
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 200MG	3	QL (90 EA per 30 days)
SEROQUEL TABLET 300MG, 400MG	3	QL (60 EA per 30 days)
SEROQUEL TABLET 100MG, 200MG, 25MG, 50MG	3	QL (90 EA per 30 days)
UZEDY INJECTION 100MG/0.28ML, 125MG/0.35ML, 150MG/0.42ML, 200MG/0.56ML, 250MG/0.7ML, 50MG/0.14ML, 75MG/0.21ML	4	ST
VRAYLAR CAPSULE 0.5MG, 0.75MG, 1.5MG, 3MG, 4.5MG, 6MG	4	QL (30 EA per 30 days)
<i>ziprasidone hcl capsule 20mg, 40mg, 60mg, 80mg</i>	1	QL (60 EA per 30 days)
<i>ziprasidone mesylate injection 20mg</i>	1	QL (60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	3	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	4	
ZYPREXA ZYDIS TABLET DISINTEGRATING 10MG, 5MG	3	QL (30 EA per 30 days)
ZYPREXA ZYDIS TABLET DISINTEGRATING 15MG, 20MG	4	QL (30 EA per 30 days)
ZYPREXA TABLET 10MG, 2.5MG, 5MG, 7.5MG	3	QL (30 EA per 30 days)
ZYPREXA TABLET 15MG, 20MG	4	QL (30 EA per 30 days)
<b>Treatment-Resistant</b>		
<i>clozapine odt tablet disintegrating 200mg</i>	1	QL (120 EA per 30 days)
<i>clozapine odt tablet disintegrating 150mg</i>	1	QL (180 EA per 30 days)
<i>clozapine odt tablet disintegrating 100mg, 25mg</i>	1	QL (270 EA per 30 days)
<i>clozapine odt tablet disintegrating 12.5mg</i>	1	QL (90 EA per 30 days)
<i>clozapine tablet 200mg</i>	1	QL (120 EA per 30 days)
<i>clozapine tablet 50mg</i>	1	QL (180 EA per 30 days)
<i>clozapine tablet 100mg, 25mg</i>	1	QL (270 EA per 30 days)
CLOZARIL TABLET 200MG	3	QL (120 EA per 30 days)
CLOZARIL TABLET 50MG	3	QL (180 EA per 30 days)
CLOZARIL TABLET 25MG	3	QL (270 EA per 30 days)
CLOZARIL TABLET 100MG	4	QL (270 EA per 30 days)
VERSACLOZ SUSPENSION 50MG/ML	4	QL (540 ML per 30 days)
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen injection 20000mcg/20ml, 500mcg/ml</i>	1	B/D
<i>baclofen injection 40mg/20ml, 50mcg/ml</i>	4	B/D
BACLOFEN ORAL SOLUTION 10MG/5ML	3	ST
<i>baclofen oral solution 5mg/5ml</i>	4	ST
<i>baclofen suspension 25mg/5ml</i>	4	ST
<i>baclofen tablet 10mg, 15mg, 20mg, 5mg</i>	1	
BOTOX INJECTION 100UNIT, 200UNIT	3	PA
DANTRIUM IV INJECTION 20MG	4	
<i>dantrolene sodium capsule 100mg, 25mg, 50mg</i>	1	
<i>dantrolene sodium injection 20mg</i>	4	
DYSPORT INJECTION 300UNIT, 500UNIT	3	PA
FLEQSUVY SUSPENSION 25MG/5ML	4	ST
GABLOFEN INJECTION 10000MCG/20ML, 20000MCG/20ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
GABLOFEN INJECTION 20000MCG/20ML, 40000MCG/20ML, 50MCG/ML	4	B/D
LIORESAL INTRATHECAL INJECTION 0.05MG/ML, 10MG/20ML	3	B/D
LIORESAL INTRATHECAL INJECTION 10MG/5ML, 40MG/20ML	4	B/D
LYVISPAN PACKET 20MG	3	QL (120 EA per 30 days) ST
LYVISPAN PACKET 5MG	3	QL (270 EA per 30 days) ST
LYVISPAN PACKET 10MG	3	QL (90 EA per 30 days) ST
MYOBLOC INJECTION 10000UNIT/2ML, 2500UNIT/0.5ML, 5000UNIT/ML	3	PA
OZOBAX DS SOLUTION 10MG/5ML	4	ST
OZOBAX SOLUTION 5MG/5ML	4	ST
<i>revonto injection 20mg</i>	4	
SOHONOS CAPSULE 5MG	4	QL (112 EA per 28 days) PA
SOHONOS CAPSULE 2.5MG	4	QL (224 EA per 28 days) PA
SOHONOS CAPSULE 1.5MG	4	QL (364 EA per 28 days) PA
SOHONOS CAPSULE 10MG	4	QL (56 EA per 28 days) PA
SOHONOS CAPSULE 1MG	4	QL (560 EA per 28 days) PA
<i>tizanidine hcl tablet 2mg</i>	1	
TIZANIDINE HYDROCHLORIDE CAPSULE 8MG	4	
<i>tizanidine hydrochloride tablet 4mg</i>	1	
XEOMIN INJECTION 100UNIT, 50UNIT	3	PA
XEOMIN INJECTION 200UNIT	4	PA
ZANAFLEX CAPSULE 8MG	4	
<b>Antivirals</b>		
<b>Anti-cytomegalovirus (CMV) Agents</b>		
<i>cidofovir injection 75mg/ml</i>	4	
<i>foscarnet sodium injection 6000mg/250ml</i>	4	B/D
FOSCAVIR INJECTION 6000MG/250ML	4	B/D
<i>ganciclovir injection 500mg/10ml, 500mg</i>	1	B/D
LIVTENCITY TABLET 200MG	4	
PREVYMIS INJECTION 240MG/12ML, 480MG/24ML	4	
PREVYMIS PACKET 120MG, 20MG	4	
PREVYMIS TABLET 240MG, 480MG	4	
VALCYTE SOLUTION RECONSTITUTED 50MG/ML	4	
VALCYTE TABLET 450MG	4	
<i>valganciclovir hydrochloride solution reconstituted 50mg/ml</i>	4	
<i>valganciclovir tablet 450mg</i>	1	
<b>Anti-hepatitis B (HBV) Agents</b>		
<i>adefovir dipivoxil tablet 10mg</i>	1	
BARACLUDGE SOLUTION 0.05MG/ML	4	QL (600 ML per 30 days)
BARACLUDGE TABLET 0.5MG, 1MG	4	QL (30 EA per 30 days)
<i>entecavir tablet 0.5mg, 1mg</i>	1	QL (30 EA per 30 days)
<i>lamivudine tablet 100mg</i>	1	
VEMLIDY TABLET 25MG	4	
<b>Anti-hepatitis C (HCV) Agents</b>		
EPCLUSA PACKET 200MG; 50MG	4	QL (168 EA per 365 days) PA
EPCLUSA PACKET 150MG; 37.5MG	4	QL (84 EA per 365 days) PA

Drug Name	Drug Tier	Requirements/Limits
EPCLUSA TABLET 200MG; 50MG	4	QL (168 EA per 365 days) PA
EPCLUSA TABLET 400MG; 100MG	4	QL (84 EA per 365 days) PA
HARVONI PACKET 33.75MG; 150MG	4	QL (168 EA per 365 days) PA
HARVONI PACKET 45MG; 200MG	4	QL (336 EA per 365 days) PA
HARVONI TABLET 90MG; 400MG	4	QL (168 EA per 365 days) PA
HARVONI TABLET 45MG; 200MG	4	QL (336 EA per 365 days) PA
LEDIPASVIR/SOFOSBUVIR TABLET 90MG; 400MG	4	QL (168 EA per 365 days) PA
MAVYRET PACKET 50MG; 20MG	4	QL (560 EA per 365 days) PA
MAVYRET TABLET 100MG; 40MG	4	QL (336 EA per 365 days) PA
<i>ribavirin tablet 200mg</i>	1	
SOFOSBUVIR/VELPATASVIR TABLET 400MG; 100MG	4	QL (84 EA per 365 days) PA
SOVALDI PACKET 150MG	4	QL (168 EA per 365 days) PA
SOVALDI PACKET 200MG	4	QL (336 EA per 365 days) PA
SOVALDI TABLET 200MG, 400MG	4	QL (336 EA per 365 days) PA
VOSEVI TABLET 400MG; 100MG; 100MG	4	QL (84 EA per 365 days) PA
ZEPATIER TABLET 50MG; 100MG	4	QL (112 EA per 365 days) PA
<b><i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i></b>		
BIKTARVY TABLET 30MG; 120MG; 15MG, 50MG; 200MG; 25MG	4	QL (30 EA per 30 days)
CABENUVA INJECTION 400MG/2ML; 600MG/2ML, 600MG/3ML; 900MG/3ML	4	
DOVATO TABLET 50MG; 300MG	4	QL (30 EA per 30 days)
GENVOYA TABLET 150MG; 150MG; 200MG; 10MG	4	QL (30 EA per 30 days)
ISENTRESS HD TABLET 600MG	4	QL (60 EA per 30 days)
ISENTRESS PACKET 100MG	4	QL (60 EA per 30 days)
ISENTRESS TABLET CHEWABLE 25MG	2	QL (180 EA per 30 days)
ISENTRESS TABLET CHEWABLE 100MG	4	QL (180 EA per 30 days)
ISENTRESS TABLET 400MG	4	QL (60 EA per 30 days)
JULUCA TABLET 50MG; 25MG	4	QL (30 EA per 30 days)
STRIBILD TABLET 150MG; 150MG; 200MG; 300MG	4	QL (30 EA per 30 days)
TIVICAY PD TABLET SOLUBLE 5MG	3	QL (180 EA per 30 days)
TIVICAY TABLET 10MG	3	QL (30 EA per 30 days)
TIVICAY TABLET 25MG	4	QL (30 EA per 30 days)
TIVICAY TABLET 50MG	4	QL (60 EA per 30 days)
VOCABRIA TABLET 30MG	4	
<b><i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i></b>		
COMPLERA TABLET 200MG; 25MG; 300MG	4	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
DELSTRIGO TABLET 100MG; 300MG; 300MG	4	QL (30 EA per 30 days)
EDURANT PED TABLET SOLUBLE 2.5MG	4	QL (180 EA per 30 days)
EDURANT TABLET 25MG	4	QL (30 EA per 30 days)
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg</i>	1	QL (30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg, 600mg; 300mg; 300mg</i>	4	QL (30 EA per 30 days)
<i>efavirenz capsule 200mg, 50mg</i>	1	QL (90 EA per 30 days)
<i>efavirenz tablet 600mg</i>	1	QL (30 EA per 30 days)
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate tablet 200mg; 25mg; 300mg</i>	4	QL (30 EA per 30 days)
<i>etravirine tablet 100mg, 200mg</i>	4	QL (60 EA per 30 days)
INTELENCE TABLET 25MG	3	QL (120 EA per 30 days)
INTELENCE TABLET 100MG	3	QL (60 EA per 30 days)
INTELENCE TABLET 200MG	4	QL (60 EA per 30 days)
<i>nevirapine er tablet extended release 24 hour 400mg</i>	1	QL (30 EA per 30 days)
<i>nevirapine suspension 50mg/5ml</i>	1	QL (1200 ML per 30 days)
<i>nevirapine tablet 200mg</i>	1	QL (60 EA per 30 days)
PIFELTRO TABLET 100MG	4	QL (30 EA per 30 days)
<i>rilpivirine hydrochloride tablet 25mg</i>	4	QL (30 EA per 30 days)
SYMFI LO TABLET 400MG; 300MG; 300MG	4	QL (30 EA per 30 days)
SYMFI TABLET 600MG; 300MG; 300MG	4	QL (30 EA per 30 days)
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>		
<i>abacavir sulfate/lamivudine tablet 600mg; 300mg</i>	1	QL (30 EA per 30 days)
<i>abacavir sulfate tablet 300mg</i>	1	QL (60 EA per 30 days)
<i>abacavir solution 20mg/ml</i>	1	QL (960 ML per 30 days)
<i>abacavir tablet 300mg</i>	1	QL (60 EA per 30 days)
CIMDUO TABLET 300MG; 300MG	4	QL (30 EA per 30 days)
COMBIVIR TABLET 150MG; 300MG	4	QL (60 EA per 30 days)
DESCOVY TABLET 120MG; 15MG, 200MG; 25MG	4	QL (30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 200mg; 300mg</i>	1	QL (30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	4	QL (30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	1	QL (30 EA per 30 days)
<i>emtricitabine capsule 200mg</i>	1	QL (30 EA per 30 days)
EMTRIVA CAPSULE 200MG	3	QL (30 EA per 30 days)
EMTRIVA SOLUTION 10MG/ML	3	QL (850 ML per 30 days)
EPIVIR SOLUTION 10MG/ML	3	QL (960 ML per 30 days)
EPIVIR TABLET 300MG	3	QL (30 EA per 30 days)
EPIVIR TABLET 150MG	3	QL (60 EA per 30 days)
EPZICOM TABLET 600MG; 300MG	4	QL (30 EA per 30 days)
<i>lamivudine/zidovudine tablet 150mg; 300mg</i>	1	QL (60 EA per 30 days)
<i>lamivudine solution 10mg/ml</i>	1	QL (960 ML per 30 days)
<i>lamivudine tablet 300mg</i>	1	QL (30 EA per 30 days)
<i>lamivudine tablet 150mg</i>	1	QL (60 EA per 30 days)
ODEFSEY TABLET 200MG; 25MG; 25MG	4	QL (30 EA per 30 days)
RETROVIR IV INFUSION INJECTION 10MG/ML	3	
RETROVIR CAPSULE 100MG	3	QL (180 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
RETROVIR SYRUP 50MG/5ML	3	QL (1920 ML per 30 days)
<i>tenofovir disoproxil fumarate tablet 300mg</i>	1	QL (30 EA per 30 days)
TRIUMEQ PD TABLET SOLUBLE 60MG; 5MG; 30MG	3	QL (180 EA per 30 days)
TRIUMEQ TABLET 600MG; 50MG; 300MG	4	QL (30 EA per 30 days)
TRUVADA TABLET 100MG; 150MG, 133MG; 200MG, 167MG; 250MG, 200MG; 300MG	4	QL (30 EA per 30 days)
VIREAD POWDER 40MG/GM	4	QL (240 GM per 30 days)
VIREAD TABLET 150MG, 200MG, 250MG, 300MG	4	QL (30 EA per 30 days)
ZIAGEN SOLUTION 20MG/ML	3	QL (960 ML per 30 days)
<i>zidovudine capsule 100mg</i>	1	QL (180 EA per 30 days)
<i>zidovudine syrup 50mg/5ml</i>	1	QL (1920 ML per 30 days)
<i>zidovudine tablet 300mg</i>	1	QL (60 EA per 30 days)
<b>Anti-HIV Agents, Other</b>		
FUZEON INJECTION 90MG	4	
<i>maraviroc tablet 300mg</i>	4	QL (120 EA per 30 days)
<i>maraviroc tablet 150mg</i>	4	QL (60 EA per 30 days)
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG	4	QL (60 EA per 30 days)
SELZENTRY SOLUTION 20MG/ML	4	
SELZENTRY TABLET 25MG	3	QL (480 EA per 30 days)
SELZENTRY TABLET 300MG	4	QL (120 EA per 30 days)
SELZENTRY TABLET 150MG, 75MG	4	QL (60 EA per 30 days)
SUNLENCA INJECTION 463.5MG/1.5ML	4	
SUNLENCA TABLET THERAPY PACK 300MG	4	QL (10 EA per 365 days) ; (5 X 300 MG Pack)
SUNLENCA TABLET THERAPY PACK 300MG	4	QL (8 EA per 365 days) ; (4 X 300 MG Pack)
SUNLENCA TABLET 300MG	4	QL (24 EA per 168 days)
TROGARZO INJECTION 200MG/1.33ML	4	
TYBOST TABLET 150MG	2	QL (30 EA per 30 days)
<b>Anti-HIV Agents, Protease Inhibitors (PI)</b>		
APTIVUS CAPSULE 250MG	4	QL (120 EA per 30 days)
<i>atazanavir sulfate capsule 300mg</i>	1	QL (30 EA per 30 days)
<i>atazanavir capsule 150mg</i>	1	
<i>atazanavir capsule 200mg</i>	1	QL (60 EA per 30 days)
<i>darunavir tablet 800mg</i>	1	QL (30 EA per 30 days)
<i>darunavir tablet 600mg</i>	1	QL (60 EA per 30 days)
EVOTAZ TABLET 300MG; 150MG	4	QL (30 EA per 30 days)
<i>fosamprenavir calcium tablet 700mg</i>	4	QL (120 EA per 30 days)
KALETRA SOLUTION 400MG/5ML; 100MG/5ML	3	
KALETRA TABLET 200MG; 50MG	4	
LEXIVA SUSPENSION 50MG/ML	3	QL (1800 ML per 30 days)
LEXIVA TABLET 700MG	4	QL (120 EA per 30 days)
<i>lopinavir/ritonavir solution 400mg/5ml; 100mg/5ml</i>	1	
<i>lopinavir/ritonavir tablet 100mg; 25mg, 200mg; 50mg</i>	1	
NORVIR PACKET 100MG	3	QL (360 EA per 30 days)
NORVIR TABLET 100MG	3	QL (360 EA per 30 days)
PREZCOBIX TABLET 150MG; 675MG, 150MG; 800MG	4	QL (30 EA per 30 days)
PREZISTA SUSPENSION 100MG/ML	4	QL (400 ML per 30 days)
PREZISTA TABLET 75MG	3	QL (300 EA per 30 days)
PREZISTA TABLET 150MG	4	QL (180 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
PREZISTA TABLET 800MG	4	QL (30 EA per 30 days)
PREZISTA TABLET 600MG	4	QL (60 EA per 30 days)
REYATAZ CAPSULE 300MG	4	QL (30 EA per 30 days)
REYATAZ CAPSULE 200MG	4	QL (60 EA per 30 days)
REYATAZ PACKET 50MG	4	QL (180 EA per 30 days)
<i>ritonavir tablet 100mg</i>	1	QL (360 EA per 30 days)
SYMTUZA TABLET 150MG; 800MG; 200MG; 10MG	4	QL (30 EA per 30 days)
VIRACEPT TABLET 625MG	4	QL (120 EA per 30 days)
VIRACEPT TABLET 250MG	4	QL (300 EA per 30 days)
<b>Anti-influenza Agents</b>		
<i>amantadine hcl capsule 100mg</i>	1	
<i>amantadine hcl solution 50mg/5ml</i>	1	
<i>oseltamivir phosphate capsule 75mg</i>	1	QL (110 EA per 365 days)
<i>oseltamivir phosphate capsule 30mg</i>	1	QL (168 EA per 365 days)
<i>oseltamivir phosphate capsule 45mg</i>	1	QL (84 EA per 365 days)
<i>oseltamivir phosphate suspension reconstituted 6mg/ml</i>	1	QL (1080 ML per 365 days)
RAPIVAB INJECTION 200MG/20ML	4	
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5MG/BLISTER	3	QL (240 EA per 365 days)
<i>rimantadine hydrochloride tablet 100mg</i>	1	
TAMIFLU CAPSULE 75MG	3	QL (110 EA per 365 days)
TAMIFLU CAPSULE 30MG	3	QL (168 EA per 365 days)
TAMIFLU CAPSULE 45MG	3	QL (84 EA per 365 days)
TAMIFLU SUSPENSION RECONSTITUTED 6MG/ML	3	QL (1080 ML per 365 days)
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	2	
<b>Antiherpetic Agents</b>		
<i>acyclovir sodium injection 50mg/ml</i>	1	B/D
<i>acyclovir capsule 200mg</i>	1	
<i>acyclovir suspension 200mg/5ml</i>	1	
<i>acyclovir tablet 400mg, 800mg</i>	1	
<i>famciclovir tablet 125mg, 250mg, 500mg</i>	1	
SITAVIG TABLET 50MG	3	QL (2 EA per 30 days)
<i>valacyclovir hydrochloride tablet 1gm, 500mg</i>	1	QL (120 EA per 30 days)
VALTREX TABLET 1GM, 500MG	3	QL (120 EA per 30 days)
VYJUVEK GEL 0	4	PA
<b>Antiviral, Coronavirus Agents</b>		
LAGEVRIO CAPSULE 200MG	2	QL (40 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	2	QL (11 EA per 5 days); (300mg-100mg Day 1; 150mg-100mg Days 2-5 Pak)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	2	QL (20 EA per 5 days); (150mg-100mg Pak)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	2	QL (30 EA per 5 days); (300mg-100mg Pak)
VEKLURY INJECTION 100MG	4	QL (4 EA per 3 days)
<b>Anxiolytics</b>		
<b><i>Anxiolytics, Other</i></b>		
BUCAPSOL CAPSULE 10MG, 15MG, 7.5MG	4	
<i>buspirone hcl tablet 15mg</i>	1	
<i>buspirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>Benzodiazepines</b>		
<i>alprazolam er tablet extended release 24 hour 2mg</i>	1	QL (150 EA per 30 days)
<i>alprazolam er tablet extended release 24 hour 0.5mg, 1mg</i>	1	QL (30 EA per 30 days)
<i>alprazolam er tablet extended release 24 hour 3mg</i>	1	QL (90 EA per 30 days)
<i>alprazolam odt tablet disintegrating 0.25mg, 0.5mg, 1mg</i>	1	QL (120 EA per 30 days)
<i>alprazolam odt tablet disintegrating 2mg</i>	1	QL (150 EA per 30 days)
<i>alprazolam xr tablet extended release 24 hour 2mg</i>	1	QL (150 EA per 30 days)
<i>alprazolam xr tablet extended release 24 hour 0.5mg, 1mg</i>	1	QL (30 EA per 30 days)
<i>alprazolam xr tablet extended release 24 hour 3mg</i>	1	QL (90 EA per 30 days)
<i>alprazolam tablet 0.25mg, 0.5mg, 1mg</i>	1	QL (120 EA per 30 days)
<i>alprazolam tablet 2mg</i>	1	QL (150 EA per 30 days)
ATIVAN INJECTION 2MG/ML, 4MG/ML	4	
ATIVAN TABLET 2MG	4	QL (150 EA per 30 days)
ATIVAN TABLET 0.5MG, 1MG	4	QL (90 EA per 30 days)
<i>chlordiazepoxide hcl capsule 5mg</i>	1	QL (120 EA per 30 days)
<i>chlordiazepoxide hcl capsule 10mg</i>	1	QL (900 EA per 30 days)
<i>chlordiazepoxide hydrochloride capsule 25mg</i>	1	QL (360 EA per 30 days)
<i>clorazepate dipotassium tablet 15mg</i>	1	QL (180 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	1	QL (360 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	1	QL (720 EA per 30 days)
<i>diazepam intensol concentrate 5mg/ml</i>	1	
<i>diazepam concentrate 5mg/ml</i>	1	
<i>diazepam injection 5mg/ml</i>	1	
<i>diazepam oral solution 5mg/5ml</i>	1	
<i>diazepam tablet 10mg</i>	1	QL (120 EA per 30 days)
<i>diazepam tablet 5mg</i>	1	QL (240 EA per 30 days)
<i>diazepam tablet 2mg</i>	1	QL (300 EA per 30 days)
<i>lorazepam intensol concentrate 2mg/ml</i>	1	
<i>lorazepam injection 2mg/ml</i>	1	
<i>lorazepam tablet 2mg</i>	1	QL (150 EA per 30 days)
<i>lorazepam tablet 0.5mg, 1mg</i>	1	QL (90 EA per 30 days)
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1.5MG, 2MG	3	QL (150 EA per 30 days)
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1MG	3	QL (30 EA per 30 days)
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 3MG	3	QL (90 EA per 30 days)
<i>midazolam hcl injection 5mg/ml</i>	1	
<i>oxazepam capsule 10mg, 15mg, 30mg</i>	1	QL (120 EA per 30 days)
VALIUM TABLET 10MG	3	QL (120 EA per 30 days)
VALIUM TABLET 5MG	3	QL (240 EA per 30 days)
VALIUM TABLET 2MG	3	QL (300 EA per 30 days)
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 2MG	3	QL (150 EA per 30 days)
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 0.5MG, 1MG	3	QL (30 EA per 30 days)
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 3MG	3	QL (90 EA per 30 days)
XANAX TABLET 0.25MG, 0.5MG, 1MG	3	QL (120 EA per 30 days)
XANAX TABLET 2MG	3	QL (150 EA per 30 days)
<b>Bipolar Agents</b>		
<b>Bipolar Agents, Other</b>		
IGALMI FILM 120MCG, 180MCG	3	PA
<b>Mood Stabilizers</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate er tablet extended release 300mg, 450mg</i>	1	
<i>lithium carbonate capsule 150mg, 300mg, 600mg</i>	1	
<i>lithium carbonate tablet 300mg</i>	1	
<i>lithium solution 8meq/5ml</i>	1	
LITHOBID TABLET EXTENDED RELEASE 300MG	3	
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
<i>acarbose tablet 100mg, 25mg, 50mg</i>	1	
ALOGLIPTIN/METFORMIN HCL TABLET 12.5MG; 500MG	3	ST
ALOGLIPTIN/METFORMIN HYDROCHLORIDE TABLET 12.5MG; 1000MG	3	ST
ALOGLIPTIN/PIOGLITAZONE TABLET 12.5MG; 30MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG	3	ST
ALOGLIPTIN TABLET 12.5MG, 25MG, 6.25MG	3	QL (30 EA per 30 days) ST
BEXAGLIFLOZIN TABLET 20MG	3	QL (30 EA per 30 days) ST
BRENZAVVY TABLET 20MG	3	QL (30 EA per 30 days) ST
CYCLOSET TABLET 0.8MG	3	
EXENATIDE INJECTION 10MCG/0.04ML	3	QL (2.4 ML per 28 days) PA
EXENATIDE INJECTION 5MCG/0.02ML	3	QL (4.8 ML per 28 days) PA
<i>glimepiride tablet 1mg, 2mg, 4mg</i>	1	
<i>glipizide er tablet extended release 24 hour 10mg, 2.5mg, 5mg</i>	1	
<i>glipizide xl tablet extended release 24 hour 10mg, 2.5mg, 5mg</i>	1	
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg, 2.5mg; 500mg, 5mg; 500mg</i>	1	
<i>glipizide tablet 10mg, 2.5mg, 5mg</i>	1	
GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 500MG	3	PA
GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 1000MG	4	PA
<i>glyburide/metformin hydrochloride tablet 1.25mg; 250mg, 2.5mg; 500mg, 5mg; 500mg</i>	1	
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	1	
GLYXAMBI TABLET 10MG; 5MG, 25MG; 5MG	2	
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG, 50MG; 500MG	3	ST
INVOKAMET TABLET 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG, 50MG; 500MG	3	ST
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG, 1000MG; 50MG, 500MG; 50MG	2	
JANUMET TABLET 1000MG; 50MG, 500MG; 50MG	2	
JANUVIA TABLET 100MG, 25MG, 50MG	2	QL (30 EA per 30 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG	2	
JENTADUETO TABLET 2.5MG; 1000MG, 2.5MG; 500MG, 2.5MG; 850MG	2	
<i>metformin hydrochloride er tablet extended release 24 hour 1000mg, 500mg, 750mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hydrochloride er tablet extended release 24 hour 1000mg, 500mg</i>	1	PA
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	1	
<i>metformin hydrochloride tablet 625mg, 750mg</i>	4	PA
<i>miglitol tablet 100mg, 25mg, 50mg</i>	1	
MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	2	QL (2 ML per 28 days) PA
<i>nateglinide tablet 120mg, 60mg</i>	1	
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	2	QL (3 ML per 28 days) PA
OZEMPIC TABLET 4MG, 9MG	2	QL (30 EA per 30 days) PA
OZEMPIC TABLET 1.5MG	2	QL (60 EA per 365 days) PA
<i>pioglitazone hcl/metformin hcl tablet 500mg; 15mg, 850mg; 15mg</i>	1	
<i>pioglitazone hcl tablet 45mg</i>	1	
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	
QTERN TABLET 10MG; 5MG, 5MG; 5MG	3	ST
<i>repaglinide tablet 0.5mg, 1mg, 2mg</i>	1	
RYBELSUS TABLET 14MG, 7MG	2	QL (30 EA per 30 days) PA
RYBELSUS TABLET 3MG	2	QL (60 EA per 365 days) PA
<i>saxagliptin hydrochloride/metformin hydrochloride er tablet extended release 24 hour 1000mg; 2.5mg, 1000mg; 5mg, 500mg; 5mg</i>	3	ST
<i>saxagliptin hydrochloride tablet 2.5mg, 5mg</i>	3	QL (30 EA per 30 days) ST
SEGLUROMET TABLET 2.5MG; 1000MG, 2.5MG; 500MG, 7.5MG; 1000MG, 7.5MG; 500MG	3	ST
SITAGLIPTIN TABLET 100MG, 25MG, 50MG	3	QL (30 EA per 30 days) ST
SOLIQUA 100/33 INJECTION 100UNIT/ML; 33MCG/ML	2	
STEGLUJAN TABLET 15MG; 100MG, 5MG; 100MG	3	ST
SYMLINPEN 120 INJECTION 2700MCG/2.7ML	4	PA
SYMLINPEN 60 INJECTION 1500MCG/1.5ML	4	PA
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 25MG; 1000MG, 5MG; 1000MG	2	
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG, 5MG; 500MG	2	
TRADJENTA TABLET 5MG	2	QL (30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 12.5MG; 2.5MG; 1000MG, 25MG; 5MG; 1000MG, 5MG; 2.5MG; 1000MG	2	
TRULICITY INJECTION 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	2	QL (2 ML per 28 days) PA
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG, 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	2	
XULTOPHY 100/3.6 INJECTION 100UNIT/ML; 3.6MG/ML	3	
ZITUVIMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG, 1000MG; 50MG, 500MG; 50MG	3	ST
ZITUVIMET TABLET 1000MG; 50MG, 500MG; 50MG	3	ST
<b>Glycemic Agents</b>		
BAQSIMI ONE PACK POWDER 3MG/DOSE	2	

Drug Name	Drug Tier	Requirements/Limits
BAQSIMI TWO PACK POWDER 3MG/DOSE	2	
<i>diazoxide suspension 50mg/ml</i>	4	
GLUCAGEN HYPOKIT INJECTION 1MG	3	ST
<i>glucagon emergency kit for low blood sugar injection 1mg/ml, 2 1mg</i>	2	
<i>glucagon emergency kit injection 1mg</i>	2	
GVOKE HYPOPEN 1-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	2	
GVOKE HYPOPEN 2-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	2	
GVOKE KIT INJECTION 1MG/0.2ML	2	
GVOKE PFS INJECTION 0.5MG/0.1ML, 1MG/0.2ML	2	
ZEGALOGUE INJECTION 0.6MG/0.6ML	3	ST
<b>Insulins</b>		
ADMELOG SOLOSTAR INJECTION 100UNIT/ML	3	ST
ADMELOG INJECTION 100UNIT/ML	3	ST
AFREZZA POWDER 0, 12UNIT, 4UNIT, 8UNIT	3	PA
AFREZZA POWDER 0	4	PA
BASAGLAR KWIKPEN INJECTION 100UNIT/ML	3	ST
BASAGLAR TEMPO PEN INJECTION 100UNIT/ML	3	ST
FIASP FLEXTOUCH INJECTION 100UNIT/ML	2	
FIASP PENFILL INJECTION 100UNIT/ML	2	
FIASP INJECTION 100UNIT/ML	2	
HUMALOG JUNIOR KWIKPEN INJECTION 100UNIT/ML	2	
HUMALOG KWIKPEN INJECTION 100UNIT/ML, 200UNIT/ML	2	
HUMALOG MIX 50/50 KWIKPEN INJECTION 50UNIT/ML; 50UNIT/ML	2	
HUMALOG MIX 50/50 INJECTION 50UNIT/ML; 50UNIT/ML	2	
HUMALOG MIX 75/25 KWIKPEN INJECTION 25UNIT/ML; 75UNIT/ML	2	
HUMALOG MIX 75/25 INJECTION 25UNIT/ML; 75UNIT/ML	2	
HUMALOG INJECTION 100UNIT/ML	2	
HUMULIN 70/30 KWIKPEN INJECTION 30UNIT/ML; 70UNIT/ML	2	
HUMULIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	2	
HUMULIN N KWIKPEN INJECTION 100UNIT/ML	2	
HUMULIN N INJECTION 100UNIT/ML	2	
HUMULIN R U-500 (CONCENTRATED) INJECTION 500UNIT/ML	2	
HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML	2	
HUMULIN R INJECTION 100UNIT/ML	2	
INSULIN ASPART FLEXPEN INJECTION 100UNIT/ML	2	
INSULIN ASPART PENFILL INJECTION 100UNIT/ML	2	
INSULIN ASPART INJECTION 100UNIT/ML	2	
INSULIN LISPRO INJECTION 100UNIT/ML	2	
KIRSTY INJECTION 100UNIT/ML	3	ST
LANTUS SOLOSTAR INJECTION 100UNIT/ML	2	
LANTUS INJECTION 100UNIT/ML	2	
LYUMJEV KWIKPEN INJECTION 100UNIT/ML, 200UNIT/ML	2	

Drug Name	Drug Tier	Requirements/Limits
LYUMJEV INJECTION 100UNIT/ML	2	
NOVOLIN 70/30 FLEXPEN RELION INJECTION 30UNIT/ML; 70UNIT/ML	2	
NOVOLIN 70/30 FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	2	
NOVOLIN 70/30 RELION INJECTION 30UNIT/ML; 70UNIT/ML	2	
NOVOLIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	2	
NOVOLIN N FLEXPEN RELION INJECTION 100UNIT/ML	2	
NOVOLIN N FLEXPEN INJECTION 100UNIT/ML	2	
NOVOLIN N RELION INJECTION 100UNIT/ML	2	
NOVOLIN N INJECTION 100UNIT/ML	2	
NOVOLIN R FLEXPEN RELION INJECTION 100UNIT/ML	2	
NOVOLIN R FLEXPEN INJECTION 100UNIT/ML	2	
NOVOLIN R RELION INJECTION 100UNIT/ML	2	
NOVOLIN R INJECTION 100UNIT/ML	2	
NOVOLOG FLEXPEN RELION INJECTION 100UNIT/ML	2	
NOVOLOG FLEXPEN INJECTION 100UNIT/ML	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION INJECTION 30UNIT/ML; 70UNIT/ML	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	2	
NOVOLOG MIX 70/30 RELION INJECTION 30UNIT/ML; 70UNIT/ML	2	
NOVOLOG MIX 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	2	
NOVOLOG PENFILL INJECTION 100UNIT/ML	2	
NOVOLOG RELION INJECTION 100UNIT/ML	2	
NOVOLOG INJECTION 100UNIT/ML	2	
TOUJEO MAX SOLOSTAR INJECTION 300UNIT/ML	2	
TOUJEO SOLOSTAR INJECTION 300UNIT/ML	2	
TRESIBA FLEXTOUCH INJECTION 100UNIT/ML, 200UNIT/ML	2	
TRESIBA INJECTION 100UNIT/ML	2	
<b>Blood Products and Modifiers</b>		
<b>Anticoagulants</b>		
<i>argatroban/sodium chloride injection 50mg/50ml; 0.9%</i>	4	
<i>argatroban injection 250mg/2.5ml, 50mg/50ml</i>	4	
ARIXTRA INJECTION 2.5MG/0.5ML	3	
ARIXTRA INJECTION 10MG/0.8ML, 5MG/0.4ML, 7.5MG/0.6ML	4	
CEPROTIN INJECTION 1000UNIT, 500UNIT	4	
<i>dabigatran etexilate capsule 110mg, 150mg, 75mg</i>	1	QL (60 EA per 30 days)
ELIQUIS STARTER PACK TABLET THERAPY PACK 5MG	2	QL (148 EA per 365 days)
ELIQUIS CAPSULE SPRINKLE 0.15MG	2	QL (84 EA per 28 days)
ELIQUIS TABLET SOLUBLE 0.5MG	2	QL (140 EA per 28 days)
ELIQUIS TABLET SOLUBLE 0.5MG	2	QL (420 EA per 28 days); PACK 3 X 0.5 MG (1.5 MG)
ELIQUIS TABLET SOLUBLE 0.5MG	2	QL (560 EA per 28 days); PACK 4 X 0.5 MG (2 MG)
ELIQUIS TABLET 2.5MG	2	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ELIQUIS TABLET 5MG	2	QL (90 EA per 30 days)
<i>enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	1	
<i>fondaparinux sodium injection 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	3	
<i>fondaparinux sodium injection 10mg/0.8ml</i>	4	
FRAGMIN INJECTION 10000UNIT/4ML, 2500UNIT/0.2ML	3	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	4	
<i>heparin sodium/dextrose injection 5%; 25000unit/250ml, 5%; 25000unit/500ml</i>	1	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 5000unit/ml</i>	1	
<i>jantoven tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	
LOVENOX INJECTION 120MG/0.8ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML	3	
LOVENOX INJECTION 100MG/ML, 150MG/ML, 300MG/3ML	4	
<i>rivaroxaban suspension reconstituted 1mg/ml</i>	1	QL (600 ML per 30 days)
<i>rivaroxaban tablet 2.5mg</i>	2	QL (360 EA per 30 days)
TISSEEL KIT 0; 0; 0; 0	4	
<i>warfarin sodium tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	
XARELTO STARTER PACK TABLET THERAPY PACK 0	2	QL (102 EA per 365 days)
XARELTO SUSPENSION RECONSTITUTED 1MG/ML	2	QL (600 ML per 30 days)
XARELTO TABLET 10MG, 20MG	2	QL (30 EA per 30 days)
XARELTO TABLET 2.5MG	2	QL (360 EA per 30 days)
XARELTO TABLET 15MG	2	QL (60 EA per 30 days)
<b>Blood Products and Modifiers, Other</b>		
ADAKVEO INJECTION 100MG/10ML	4	PA
ALVAIZ TABLET 18MG, 36MG, 54MG, 9MG	4	PA
<i>anagrelide hydrochloride capsule 0.5mg, 1mg</i>	1	
APHEXDA INJECTION 62MG	4	
ARANESP ALBUMIN FREE INJECTION 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/ML	3	PA
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 500MCG/ML, 60MCG/0.3ML	4	PA
<i>eltrombopag olamine packet 12.5mg, 25mg</i>	4	PA
<i>eltrombopag olamine tablet 12.5mg, 25mg, 50mg, 75mg</i>	4	PA
EPOGEN INJECTION 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
FABHALTA CAPSULE 200MG	4	QL (60 EA per 30 days) PA
FULPHILA INJECTION 6MG/0.6ML	4	PA
FYLNETRA INJECTION 6MG/0.6ML	4	PA
GRANIX INJECTION 300MCG/0.5ML, 300MCG/ML, 480MCG/0.8ML, 480MCG/1.6ML	4	ST

Drug Name	Drug Tier	Requirements/Limits
LEUKINE INJECTION 250MCG	4	PA
MOZOBIL INJECTION 24MG/1.2ML	4	
MULPLETA TABLET 3MG	4	PA
NEULASTA ONPRO KIT INJECTION 6MG/0.6ML	4	PA
NEULASTA INJECTION 4MG/0.4ML, 6MG/0.6ML	4	PA
NEUPOGEN INJECTION 300MCG/0.5ML, 300MCG/ML, 480MCG/0.8ML, 480MCG/1.6ML	4	ST
NIVESTYM INJECTION 300MCG/0.5ML, 300MCG/ML, 480MCG/0.8ML, 480MCG/1.6ML	4	ST
NPLATE INJECTION 125MCG, 250MCG, 500MCG	4	PA
NYPOZI INJECTION 300MCG/0.5ML, 480MCG/0.8ML	4	ST
NYVEPRIA INJECTION 6MG/0.6ML	4	PA
<i>plerixafor injection 24mg/1.2ml</i>	4	
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	4	PA
PROMACTA PACKET 12.5MG, 25MG	4	PA
PROMACTA TABLET 12.5MG, 25MG, 50MG, 75MG	4	PA
REBLOZYL INJECTION 25MG, 75MG	4	PA
RELEUKO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	3	ST
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
RETACRIT INJECTION 40000UNIT/ML	4	PA
ROLVEDON INJECTION 13.2MG/0.6ML	4	PA
RYZNEUTA INJECTION 20MG/ML	4	PA
STIMUFEND INJECTION 6MG/0.6ML	4	PA
UDENYCA ONBODY INJECTION 6MG/0.6ML	4	PA
UDENYCA INJECTION 6MG/0.6ML	4	PA
VAFSEO TABLET 150MG	3	QL (90 EA per 30 days) PA
VAFSEO TABLET 300MG	4	QL (60 EA per 30 days) PA
XOLREMDI CAPSULE 100MG	4	QL (120 EA per 30 days) PA
ZARXIO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	4	
ZIEXTENZO INJECTION 6MG/0.6ML	4	PA
<b>Hemostasis Agents</b>		
<i>aminocaproic acid solution 0.25gm/ml</i>	4	
<i>aminocaproic acid tablet 1000mg, 500mg</i>	4	
<i>tranexamic acid tablet 650mg</i>	1	
<b>Platelet Modifying Agents</b>		
<i>aspirin/dipyridamole er capsule extended release 12 hour 25mg; 200mg</i>	1	
<i>aspirin/dipyridamole capsule extended release 12 hour 25mg; 200mg</i>	1	
CABLIVI INJECTION 11MG	4	QL (30 EA per 30 days) PA
<i>cilostazol tablet 100mg, 50mg</i>	1	
<i>clopidogrel tablet 300mg, 75mg</i>	1	
DOPTELET SPRINKLE CAPSULE SPRINKLE 10MG	4	PA
DOPTELET TABLET 20MG	4	PA
<i>eptifibatide injection 200mg/100ml, 20mg/10ml, 75mg/100ml</i>	4	
KENGREAL INJECTION 50MG	4	
<i>prasugrel hydrochloride tablet 10mg, 5mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
TAVALISSE TABLET 100MG, 150MG	4	PA
<i>ticagrelor tablet 60mg, 90mg</i>	2	
WAYRILZ TABLET 400MG	4	QL (60 EA per 30 days) PA
YOSPRALA TABLET DELAYED RELEASE 325MG; 40MG, 81MG; 40MG	3	QL (30 EA per 30 days)
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
CLONIDINE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 24 HOUR 0.17MG	3	ST
<i>clonidine hydrochloride tablet 0.05mg, 0.1mg, 0.2mg, 0.3mg</i>	1	
<i>clonidine patch weekly 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr</i>	1	
<i>droxidopa capsule 100mg</i>	3	PA
<i>droxidopa capsule 200mg, 300mg</i>	4	PA
<i>guanfacine hydrochloride tablet 1mg, 2mg</i>	1	
JAVADIN SOLUTION 0.02MG/ML	3	PA
<i>methyldopa tablet 250mg, 500mg</i>	1	
<i>midodrine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	1	
NEXICLON XR TABLET EXTENDED RELEASE 24 HOUR 0.17MG	3	ST
NORTHERA CAPSULE 100MG, 200MG, 300MG	4	PA
<i>phenylephrine hydrochloride injection 0.5mg/5ml</i>	1	
<b>Alpha-adrenergic Blocking Agents</b>		
DIBENZYLIN CAPSULE 10MG	4	PA
<i>phenoxybenzamine hydrochloride capsule 10mg</i>	4	PA
<i>prazosin hydrochloride capsule 1mg, 2mg, 5mg</i>	1	
<b>Angiotensin II Receptor Antagonists</b>		
ARBLI SUSPENSION 10MG/ML	3	PA
<i>candesartan cilexetil tablet 16mg, 32mg, 4mg, 8mg</i>	1	
EDARBI TABLET 40MG, 80MG	3	
<i>irbesartan tablet 150mg, 300mg, 75mg</i>	1	
<i>losartan potassium tablet 100mg, 25mg, 50mg</i>	1	
<i>olmesartan medoxomil tablet 20mg, 40mg, 5mg</i>	1	
<i>telmisartan tablet 20mg, 40mg, 80mg</i>	1	
VALSARTAN SOLUTION 4MG/ML	4	ST
<i>valsartan tablet 160mg, 320mg, 40mg, 80mg</i>	1	
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
<i>benazepril hydrochloride tablet 10mg, 20mg, 40mg, 5mg</i>	1	
<i>captopril tablet 100mg, 12.5mg, 25mg, 50mg</i>	1	
<i>enalapril maleate solution 1mg/ml</i>	1	
<i>enalapril maleate tablet 10mg, 2.5mg, 20mg, 5mg</i>	1	
EPANED SOLUTION 1MG/ML	3	
<i>fosinopril sodium tablet 10mg, 20mg, 40mg</i>	1	
<i>lisinopril tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg</i>	1	
<i>moexipril hydrochloride tablet 15mg, 7.5mg</i>	1	
<i>perindopril erbumine tablet 2mg, 4mg, 8mg</i>	1	
QBRELIS SOLUTION 1MG/ML	3	
<i>quinapril hydrochloride tablet 10mg, 20mg, 40mg, 5mg</i>	1	
<i>ramipril capsule 1.25mg, 10mg, 2.5mg, 5mg</i>	1	
<i>trandolapril tablet 1mg, 2mg, 4mg</i>	1	
VASOTEC TABLET 20MG	4	

Drug Name	Drug Tier	Requirements/Limits
<b>Antiarrhythmics</b>		
<i>amiodarone hydrochloride tablet 100mg, 200mg, 400mg</i>	1	
BETAPACE AF TABLET 120MG, 160MG	3	
BETAPACE TABLET 120MG, 160MG, 80MG	4	
<i>digoxin solution 0.05mg/ml</i>	1	
<i>digoxin tablet 125mcg, 250mcg, 62.5mcg</i>	1	
<i>disopyramide phosphate capsule 100mg, 150mg</i>	1	
<i>dofetilide capsule 125mcg, 250mcg, 500mcg</i>	1	
<i>flecainide acetate tablet 100mg, 150mg, 50mg</i>	1	
<i>lidocaine hcl injection 100mg/5ml, 50mg/5ml</i>	1	
<i>mexiletine hydrochloride capsule 150mg, 200mg, 250mg</i>	1	
MULTAQ TABLET 400MG	2	
NEXTERONE INJECTION 360MG/200ML; 41.4MG/ML	3	
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 100MG, 150MG	3	
PACERONE TABLET 100MG, 200MG, 400MG	1	
<i>propafenone hcl tablet 150mg, 225mg, 300mg</i>	1	
<i>propafenone hydrochloride er capsule extended release 12 hour 225mg, 325mg, 425mg</i>	1	
<i>propafenone hydrochloride tablet 150mg, 225mg, 300mg</i>	1	
<i>quinidine sulfate tablet 200mg, 300mg</i>	1	
RYTHMOL SR CAPSULE EXTENDED RELEASE 12 HOUR 325MG	3	
RYTHMOL SR CAPSULE EXTENDED RELEASE 12 HOUR 425MG	4	
<i>sotalol hcl (af) tablet 80mg</i>	1	
<i>sotalol hcl tablet 120mg, 160mg, 240mg</i>	1	
<i>sotalol hydrochloride (af) tablet 120mg, 160mg, 80mg</i>	1	
<i>sotalol hydrochloride af tablet 160mg</i>	1	
SOTALOL HYDROCHLORIDE INJECTION 150MG/10ML	4	
<i>sotalol hydrochloride tablet 160mg, 80mg</i>	1	
<b>Beta-adrenergic Blocking Agents</b>		
<i>acebutolol hydrochloride capsule 200mg, 400mg</i>	1	
<i>atenolol tablet 100mg, 25mg, 50mg</i>	1	
<i>betaxolol hcl tablet 10mg, 20mg</i>	1	
<i>bisoprolol fumarate tablet 10mg, 2.5mg, 5mg</i>	1	
<i>carvedilol phosphate er capsule extended release 24 hour 10mg, 20mg, 40mg, 80mg</i>	1	
<i>carvedilol tablet 12.5mg, 25mg, 3.125mg, 6.25mg</i>	1	
HEMANGEOL SOLUTION 4.28MG/ML	4	
INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 60MG, 80MG	3	
INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 160MG	4	
INDERAL XL CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	3	
INNOPRAN XL CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	3	
<i>labetalol hydrochloride tablet 100mg, 200mg, 300mg, 400mg</i>	1	
LOPRESSOR SOLUTION 10MG/ML	3	PA

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol succinate er tablet extended release 24 hour 100mg, 200mg, 25mg, 50mg</i>	1	
<i>metoprolol tartrate tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	1	
<i>nadolol tablet 20mg, 40mg, 80mg</i>	1	
<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 20mg, 5mg</i>	1	
<i>pindolol tablet 10mg, 5mg</i>	1	
<i>propranolol hcl tablet 40mg</i>	1	
<i>propranolol hydrochloride er capsule extended release 24 hour 120mg, 160mg, 60mg, 80mg</i>	1	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	1	
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>		
<i>amlodipine besylate tablet 10mg, 2.5mg, 5mg</i>	1	
CLEVIPREX INJECTION 25MG/50ML, 50MG/100ML	4	
CONJUPRI TABLET 2.5MG, 5MG	3	ST
<i>felodipine er tablet extended release 24 hour 10mg, 2.5mg, 5mg</i>	1	
<i>isradipine capsule 2.5mg, 5mg</i>	3	
LEVAMLODIPINE TABLET 2.5MG, 5MG	3	ST
<i>nicardipine hcl capsule 20mg, 30mg</i>	3	
<i>nicardipine hydrochloride/sodium chloride injection 20mg/200ml; 0.86%, 20mg/200ml; 0.9%, 40mg/200ml; 0.83%, 40mg/200ml; 0.9%</i>	1	
<i>nifedipine er tablet extended release 24 hour 30mg, 60mg, 90mg</i>	1	
<i>nimodipine capsule 30mg</i>	1	
NIMODIPINE SOLUTION 60MG/20ML	3	
NORLIQVA SOLUTION 1MG/ML	3	ST
NYMALIZE SOLUTION 6MG/ML	4	
SDAMLO SOLUTION RECONSTITUTED 10MG, 2.5MG, 5MG	4	ST
<b>Calcium Channel Blocking Agents, Nondihydropyridines</b>		
CARDAMYST SOLUTION 70MG/DOSE	4	PA
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 180MG	3	
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 240MG, 300MG, 360MG	4	
CARDIZEM TABLET 120MG, 60MG	3	
<i>cartia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg</i>	1	
<i>dilt-xr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	1	
<i>diltiazem hcl cd capsule extended release 24 hour 360mg</i>	1	
<i>diltiazem hcl er capsule extended release 12 hour 120mg, 60mg, 90mg</i>	1	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	1	
<i>diltiazem hcl er tablet extended release 24 hour 240mg, 300mg, 360mg, 420mg</i>	1	
<i>diltiazem hcl tablet 30mg, 60mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hydrochloride er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	
<i>diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	
<i>diltiazem hydrochloride tablet 120mg, 90mg</i>	1	
<i>matzim la tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	
<i>taztia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	
<i>tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	
<i>verapamil hcl er capsule extended release 24 hour 100mg, 120mg, 180mg, 240mg</i>	1	
<i>verapamil hcl er tablet extended release 120mg, 180mg</i>	1	
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg, 360mg</i>	1	
<i>verapamil hcl tablet 40mg, 80mg</i>	1	
<i>verapamil hydrochloride er capsule extended release 24 hour 100mg, 200mg</i>	1	
<i>verapamil hydrochloride er tablet extended release 180mg, 240mg</i>	1	
<i>verapamil hydrochloride sr capsule extended release 24 hour 240mg, 360mg</i>	1	
<i>verapamil hydrochloride tablet 120mg</i>	1	
<b>Cardiovascular Agents, Other</b>		
<i>acetazolamide sodium injection 500mg</i>	4	
ADRENALIN INJECTION 1MG/ML	3	
<i>aliskiren tablet 150mg, 300mg</i>	1	
<i>amiloride/hydrochlorothiazide tablet 5mg; 50mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</i>	1	
<i>amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 160mg, 5mg; 320mg</i>	1	
<i>amlodipine/olmesartan medoxomil tablet 10mg; 20mg, 10mg; 40mg, 5mg; 20mg, 5mg; 40mg</i>	1	
ASPRUZYO SPRINKLE PACKET 1000MG, 500MG	3	QL (60 EA per 30 days) ST
<i>atenolol/chlorthalidone tablet 100mg; 25mg, 50mg; 25mg</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide tablet 10mg; 6.25mg, 2.5mg; 6.25mg, 5mg; 6.25mg</i>	1	
CAMZYOS CAPSULE 10MG, 15MG, 2.5MG, 5MG	4	QL (30 EA per 30 days) PA
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg, 32mg; 12.5mg, 32mg; 25mg</i>	1	
<i>captopril/hydrochlorothiazide tablet 25mg; 15mg, 25mg; 25mg, 50mg; 15mg, 50mg; 25mg</i>	1	
CORLANOR SOLUTION 5MG/5ML	3	QL (450 ML per 30 days)
CORLANOR TABLET 5MG, 7.5MG	3	QL (60 EA per 30 days)
DEFITELIO INJECTION 200MG/2.5ML	4	

Drug Name	Drug Tier	Requirements/Limits
DEMSEER CAPSULE 250MG	4	PA
<i>dobutamine hcl/d5w injection 5%; 1mg/ml</i>	1	B/D
<i>dobutamine hcl injection 12.5mg/ml</i>	1	B/D
<i>dobutamine hydrochloride/dextrose 5% injection 5%; 1mg/ml, 5%; 2mg/ml, 5%; 4mg/ml</i>	1	B/D
<i>dopamine hydrochloride/dextrose injection 5%; 0.8mg/ml, 5%; 1.6mg/ml, 5%; 3.2mg/ml</i>	1	B/D
<i>dopamine hydrochloride injection 40mg/ml</i>	1	B/D
<i>dopamine/d5w injection 5%; 3.2mg/ml</i>	1	B/D
EDARBYCLOR TABLET 40MG; 12.5MG, 40MG; 25MG	3	
<i>enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg, 5mg; 12.5mg</i>	1	
ENTRESTO CAPSULE SPRINKLE 15MG; 16MG, 6MG; 6MG	2	QL (240 EA per 30 days)
ENTRESTO TABLET 24MG; 26MG, 49MG; 51MG, 97MG; 103MG	2	QL (60 EA per 30 days)
<i>epinephrine injection 1mg/ml</i>	1	
EVKEEZA INJECTION 1200MG/8ML, 345MG/2.3ML	4	PA
FILSPARI TABLET 200MG, 400MG	4	QL (30 EA per 30 days) PA
<i>fosinopril sodium/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg</i>	1	
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg, 12.5mg; 300mg</i>	1	
<i>isosorbide dinitrate/hydralazine hydrochloride tablet 37.5mg; 20mg</i>	1	
<i>ivabradine hydrochloride tablet 5mg, 7.5mg</i>	1	QL (60 EA per 30 days)
<i>lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg</i>	1	
LODOCO TABLET 0.5MG	3	PA
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg</i>	1	
<i>metyrosine capsule 250mg</i>	4	PA
<i>milrinone lactate in dextrose injection 5%; 20mg/100ml, 5%; 40mg/200ml</i>	1	B/D
<i>milrinone lactate injection 10mg/10ml, 20mg/20ml, 50mg/50ml</i>	1	B/D
MYQORZO TABLET 10MG, 15MG, 20MG	4	QL (30 EA per 30 days) PA
NEFFY SOLUTION 1MG/0.1ML	3	
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg</i>	1	
<i>pentoxifylline er tablet extended release 400mg</i>	1	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg</i>	1	
<i>ranolazine er tablet extended release 12 hour 1000mg, 500mg</i>	1	
<i>sacubitril/valsartan tablet 24mg; 26mg, 49mg; 51mg, 97mg; 103mg</i>	2	QL (60 EA per 30 days)
<i>spironolactone/hydrochlorothiazide tablet 25mg; 25mg</i>	1	
<i>telmisartan/amlodipine tablet 10mg; 40mg, 10mg; 80mg, 5mg; 40mg, 5mg; 80mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 12.5mg; 80mg, 25mg; 80mg</i>		
<i>trandolapril/verapamil hcl er tablet extended release 1mg; 240mg, 2mg; 180mg, 2mg; 240mg, 4mg; 240mg</i>	1	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet 25mg; 37.5mg, 50mg; 75mg</i>	1	
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 160mg, 12.5mg; 320mg, 12.5mg; 80mg, 25mg; 160mg, 25mg; 320mg</i>	1	
VECAMYL TABLET 2.5MG	4	
VYNDAMAX CAPSULE 61MG	4	QL (30 EA per 30 days) PA
<b>Diuretics, Loop</b>		
<i>bumetanide injection 0.25mg/ml</i>	1	
<i>bumetanide tablet 0.5mg, 1mg, 2mg</i>	1	
EDECIN TABLET 25MG	4	
ENBUMYST SOLUTION 0.5MG/0.1ML	3	PA
<i>ethacrynate sodium injection 50mg</i>	4	
<i>ethacrynic acid tablet 25mg</i>	1	
FUROSCIX INJECTION 80MG/10ML	3	PA
<i>furosemide injection 10mg/ml</i>	1	
<i>furosemide oral solution 10mg/ml, 40mg/5ml</i>	1	
<i>furosemide tablet 20mg, 40mg, 80mg</i>	1	
LASIX ONYU INJECTION 80MG/2.67ML	3	PA
SOANZ TABLET 20MG, 40MG, 60MG	3	ST
SODIUM EDECIN INJECTION 50MG	4	
<i>toremide tablet 100mg, 10mg, 20mg, 5mg</i>	1	
<b>Diuretics, Potassium-sparing</b>		
<i>amiloride hcl tablet 5mg</i>	1	
<i>triamterene capsule 100mg, 50mg</i>	3	
<b>Diuretics, Thiazide</b>		
<i>chlorthalidone tablet 25mg, 50mg</i>	1	
HEMICLOR TABLET 12.5MG	3	
<i>hydrochlorothiazide capsule 12.5mg</i>	1	
<i>hydrochlorothiazide tablet 12.5mg, 25mg, 50mg</i>	1	
<i>indapamide tablet 1.25mg, 2.5mg</i>	1	
INZIRQO SUSPENSION RECONSTITUTED 10MG/ML	3	PA
<i>metolazone tablet 10mg, 2.5mg, 5mg</i>	1	
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	1	
<i>fenofibrate capsule 130mg, 43mg</i>	1	
<i>fenofibrate tablet 120mg, 145mg, 160mg, 40mg, 48mg, 54mg</i>	1	
<i>fenofibric acid dr capsule delayed release 135mg, 45mg</i>	1	
FENOGLIDE TABLET 120MG	3	
<i>gemfibrozil tablet 600mg</i>	1	
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 20MG, 40MG, 60MG	3	ST
ATORVALIQ SUSPENSION 20MG/5ML	3	ST
<i>atorvastatin calcium tablet 10mg, 20mg, 40mg, 80mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
EZALLOR SPRINKLE CAPSULE SPRINKLE 10MG, 20MG, 40MG, 5MG	3	ST
FLOLIPID SUSPENSION 20MG/5ML, 40MG/5ML	3	ST
<i>fluvastatin sodium er tablet extended release 24 hour 80mg</i>	1	
<i>fluvastatin capsule 20mg, 40mg</i>	1	
LIVALO TABLET 1MG, 2MG, 4MG	2	ST
<i>lovastatin tablet 10mg, 20mg, 40mg</i>	1	
<i>pitavastatin calcium tablet 1mg, 2mg, 4mg</i>	1	
<i>pravastatin sodium tablet 10mg, 20mg, 40mg, 80mg</i>	1	
<i>rosuvastatin calcium tablet 10mg, 20mg, 40mg, 5mg</i>	1	
<i>simvastatin tablet 10mg, 20mg, 40mg, 5mg, 80mg</i>	1	
ZYPITAMAG TABLET 2MG, 4MG	3	ST
<b>Dyslipidemics, Other</b>		
<i>cholestyramine light packet 4gm</i>	1	
<i>cholestyramine light powder 4gm/dose</i>	1	
<i>colesevelam hydrochloride tablet 625mg</i>	1	
<i>colestipol hydrochloride granules 5gm</i>	1	
<i>colestipol hydrochloride packet 5gm</i>	1	
<i>colestipol hydrochloride tablet 1gm</i>	1	
<i>ezetimibe/simvastatin tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg</i>	1	
<i>ezetimibe tablet 10mg</i>	1	
<i>icosapent ethyl capsule 0.5gm, 1gm</i>	1	
JUXTAPID CAPSULE 2MG	4	QL (112 EA per 365 days) PA
JUXTAPID CAPSULE 10MG, 5MG	4	QL (30 EA per 30 days) PA
JUXTAPID CAPSULE 20MG, 30MG	4	QL (60 EA per 30 days) PA
LEQVIO INJECTION 284MG/1.5ML	3	QL (3 ML per 180 days) PA
LEROCHOL INJECTION 300MG/1.2ML	3	QL (1.2 ML per 28 days) PA
LOVAZA CAPSULE 375MG; 465MG; 1GM	3	
MYQORZO TABLET 5MG	4	QL (30 EA per 30 days) PA
NEXLETOL TABLET 180MG	2	QL (30 EA per 30 days) PA
NEXLIZET TABLET 180MG; 10MG	2	QL (30 EA per 30 days) PA
<i>niacin er tablet extended release 1000mg, 500mg, 750mg</i>	1	
<i>omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm</i>	1	
PRALUENT INJECTION 150MG/ML, 75MG/ML	2	QL (2 ML per 28 days) PA
<i>prevalite packet 4gm</i>	1	
<i>prevalite powder 4gm/dose</i>	1	
REDEMPLO INJECTION 25MG/0.5ML	4	QL (0.5 ML per 84 days) PA
REPATHA PUSHTRONEX SYSTEM INJECTION 420MG/3.5ML	2	QL (7 ML per 28 days) PA
REPATHA SURECLICK INJECTION 140MG/ML	2	QL (3 ML per 28 days) PA
REPATHA INJECTION 140MG/ML	2	QL (3 ML per 28 days) PA
ROSUVASTATIN/EZETIMIBE TABLET 10MG; 10MG, 10MG; 20MG, 10MG; 40MG, 10MG; 5MG	3	ST
ROSZET TABLET 10MG; 10MG, 10MG; 20MG, 10MG; 40MG, 10MG; 5MG	3	ST
TRYNGOLZA INJECTION 80MG/0.8ML	4	QL (0.8 ML per 28 days) PA
<b>Mineralocorticoid Receptor Antagonists</b>		
<i>eplerenone tablet 25mg, 50mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
KERENDIA TABLET 10MG, 20MG, 40MG	3	QL (30 EA per 30 days) PA
<i>spironolactone tablet 100mg, 25mg, 50mg</i>	1	
<b>Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)</b>		
DAPAGLIFLOZIN TABLET 10MG, 5MG	2	QL (30 EA per 30 days)
FARXIGA TABLET 10MG, 5MG	2	QL (30 EA per 30 days)
INPEFA TABLET 200MG, 400MG	3	ST
INVOKANA TABLET 100MG, 300MG	3	QL (30 EA per 30 days) ST
JARDIANCE TABLET 10MG, 25MG	2	QL (30 EA per 30 days)
STEGLATRO TABLET 15MG	3	QL (30 EA per 30 days) ST
STEGLATRO TABLET 5MG	3	QL (60 EA per 30 days) ST
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
ISORDIL TITRADOSE TABLET 5MG	3	
ISORDIL TITRADOSE TABLET 40MG	4	
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 40mg, 5mg</i>	1	
<i>isosorbide mononitrate er tablet extended release 24 hour 120mg, 30mg, 60mg</i>	1	
<i>isosorbide mononitrate tablet 10mg, 20mg</i>	1	
NITRO-BID OINTMENT 2%	1	
NITRO-DUR PATCH 24 HOUR 0.3MG/HR, 0.8MG/HR	4	
<i>nitroglycerin transdermal patch 24 hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	1	
<i>nitroglycerin transdermal ointment 2%</i>	1	
<i>nitroglycerin solution 0.4mg/spray</i>	1	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	1	
VERQUVO TABLET 10MG, 2.5MG, 5MG	2	QL (30 EA per 30 days) PA
<b>Vasodilators, Direct-acting Arterial</b>		
<i>hydralazine hydrochloride injection 20mg/ml</i>	1	
<i>hydralazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	1	
<i>minoxidil tablet 10mg, 2.5mg</i>	1	
<b>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 3 1.25MG; 1.25MG; 1.25MG; 1.25MG, 2.5MG; 2.5MG; 2.5MG; 2.5MG, 3.75MG; 3.75MG; 3.75MG; 3.75MG, 5MG; 5MG; 5MG; 5MG, 6.25MG; 6.25MG; 6.25MG; 6.25MG, 7.5MG; 7.5MG; 7.5MG	3	QL (60 EA per 30 days)
ADDERALL TABLET 1.25MG; 1.25MG; 1.25MG; 1.25MG, 1.875MG; 1.875MG; 1.875MG; 1.875MG, 2.5MG; 2.5MG; 2.5MG; 2.5MG, 3.125MG; 3.125MG; 3.125MG; 3.125MG, 3.75MG; 3.75MG; 3.75MG; 3.75MG, 5MG; 5MG; 5MG; 5MG, 7.5MG; 7.5MG; 7.5MG; 7.5MG	3	QL (90 EA per 30 days)
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 6.25mg; 6.25mg; 6.25mg; 6.25mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	1	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg, 1.875mg; 1.875mg; 1.875mg; 1.875mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	1	QL (90 EA per 30 days)
ARYNTA SOLUTION 10MG/ML	3	QL (240 ML per 34 days) PA
DESOXYN TABLET 5MG	4	QL (150 EA per 30 days) PA
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 15MG	4	QL (120 EA per 30 days)
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 10MG	4	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 15mg</i>	1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg</i>	1	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 5mg</i>	1	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 10mg</i>	1	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate tablet 2.5mg, 7.5mg</i>	1	QL (240 EA per 30 days)
<i>dextroamphetamine sulfate tablet 30mg</i>	1	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 15mg, 20mg, 5mg</i>	1	QL (90 EA per 30 days)
DYANAVEL XR TABLET EXTENDED RELEASE 10MG, 15MG, 20MG, 5MG	3	QL (30 EA per 30 days)
<i>methamphetamine hydrochloride tablet 5mg</i>	1	QL (150 EA per 30 days) PA
XELSTRYM PATCH 13.5MG/9HR, 18MG/9HR, 4.5MG/9HR, 9MG/9HR	3	QL (30 EA per 30 days)
ZENZEDI TABLET 10MG	3	QL (180 EA per 30 days)
ZENZEDI TABLET 2.5MG, 7.5MG	3	QL (240 EA per 30 days)
ZENZEDI TABLET 30MG	3	QL (60 EA per 30 days)
ZENZEDI TABLET 15MG, 20MG, 5MG	3	QL (90 EA per 30 days)
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 10MG, 15MG, 20MG, 30MG, 40MG, 50MG, 60MG	3	QL (30 EA per 30 days)
<i>atomoxetine hydrochloride capsule 100mg, 18mg, 25mg</i>	1	QL (30 EA per 30 days)
<i>atomoxetine hydrochloride capsule 10mg</i>	1	QL (60 EA per 30 days)
<i>atomoxetine capsule 100mg, 18mg, 25mg, 40mg, 60mg, 80mg</i>	1	QL (30 EA per 30 days)
<i>atomoxetine capsule 10mg</i>	1	QL (60 EA per 30 days)
CONCERTA TABLET EXTENDED RELEASE 18MG, 27MG, 54MG	3	QL (30 EA per 30 days)
CONCERTA TABLET EXTENDED RELEASE 36MG	3	QL (60 EA per 30 days)
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISINTEGRATING 25.9MG	3	QL (60 EA per 30 days)
<i>dexmethylphenidate hcl tablet 10mg, 5mg</i>	1	QL (60 EA per 30 days)
<i>dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg, 5mg</i>	1	QL (30 EA per 30 days)
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	1	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG, 5MG	3	QL (30 EA per 30 days)
FOCALIN TABLET 10MG, 2.5MG, 5MG	3	QL (60 EA per 30 days)
<i>guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 3mg, 4mg</i>	1	
METADATE CD CAPSULE EXTENDED RELEASE 10MG, 20MG, 30MG, 40MG, 50MG, 60MG	3	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er (cd) capsule extended release 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er (dif) tablet extended release 27mg, 54mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er (dif) tablet extended release 36mg</i>	1	QL (60 EA per 30 days)
<i>methylphenidate hydrochloride er (la) capsule extended release 24 hour 10mg, 20mg, 30mg, 40mg, 60mg</i>	1	QL (30 EA per 30 days)
METHYLPHENIDATE HYDROCHLORIDE ER (OSM) TABLET EXTENDED RELEASE 45MG, 63MG	1	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er (osm) tablet extended release 18mg, 27mg, 54mg, 72mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er (osm) tablet extended release 36mg</i>	1	QL (60 EA per 30 days)
<i>methylphenidate hydrochloride er (xr) capsule extended release 24 hour 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 24 hour 18mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 10mg</i>	1	QL (180 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 20mg</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride solution 10mg/5ml, 5mg/5ml</i>	1	
<i>methylphenidate hydrochloride tablet chewable 10mg</i>	1	QL (180 EA per 30 days)
<i>methylphenidate hydrochloride tablet chewable 2.5mg, 5mg</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride tablet 10mg, 20mg, 5mg</i>	1	QL (90 EA per 30 days)
ONYDA XR SUSPENSION EXTENDED RELEASE 0.1MG/ML	3	QL (120 ML per 30 days) PA
RELEXXII TABLET EXTENDED RELEASE 18MG, 27MG, 45MG, 54MG, 63MG, 72MG	3	QL (30 EA per 30 days)
RELEXXII TABLET EXTENDED RELEASE 36MG	3	QL (60 EA per 30 days)
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 10MG, 20MG, 30MG, 40MG	3	QL (30 EA per 30 days)
RITALIN TABLET 10MG, 20MG, 5MG	3	QL (90 EA per 30 days)
STRATTERA CAPSULE 100MG, 18MG, 25MG, 40MG, 60MG, 80MG	3	QL (30 EA per 30 days)
STRATTERA CAPSULE 10MG	3	QL (60 EA per 30 days)
<b>Central Nervous System, Other</b>		
ALLZITAL TABLET 325MG; 25MG	3	
AQNEURSA PACKET 1GM	4	QL (120 EA per 30 days) PA
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	4	QL (56 EA per 365 days) PA ; (12mg & 18mg & 24mg & 30mg Pack)

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	4	QL (84 EA per 365 days) PA ; (6mg & 12mg & 24mg Pack)
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG, 18MG, 24MG, 30MG, 36MG, 42MG, 48MG, 6MG	4	QL (30 EA per 30 days) PA
AUSTEDO TABLET 12MG, 6MG, 9MG	4	QL (120 EA per 30 days) PA
BUPAP TABLET 300MG; 50MG	3	
<i>butalbital/acetaminophen capsule 300mg; 50mg</i>	4	
<i>butalbital/acetaminophen tablet 300mg; 50mg, 325mg; 50mg</i>	1	
<i>butalbital/aspirin/caffeine capsule 325mg; 50mg; 40mg</i>	1	
<i>caffeine citrate solution 60mg/3ml</i>	4	
<i>clonidine hydrochloride injection 100mcg/ml, 500mcg/ml</i>	1	B/D
COBENFY STARTER PACK CAPSULE THERAPY PACK 20MG; 0	4	QL (112 EA per 365 days) PA
COBENFY CAPSULE 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	4	QL (60 EA per 30 days) PA
DAYBUE STIX PACKET 5000MG, 6000MG	4	QL (120 EA per 30 days) PA
DAYBUE STIX PACKET 8000MG	4	QL (60 EA per 30 days) PA
DURACLON INJECTION 100MCG/ML	3	B/D
<i>edaravone injection 30mg/100ml, 60mg/100ml</i>	4	PA
EXSERVAN FILM 50MG	4	PA
FIRDAPSE TABLET 10MG	4	QL (300 EA per 30 days) PA
INGREZZA CAPSULE SPRINKLE 60MG, 80MG	4	QL (30 EA per 30 days) PA
INGREZZA CAPSULE SPRINKLE 40MG	4	QL (60 EA per 30 days) PA
INGREZZA CAPSULE THERAPY PACK 0	4	QL (56 EA per 365 days) PA
INGREZZA CAPSULE 60MG, 80MG	4	QL (30 EA per 30 days) PA
INGREZZA CAPSULE 40MG	4	QL (60 EA per 30 days) PA
LYNKUET CAPSULE 60MG	3	QL (60 EA per 30 days) PA
NUDEXTA CAPSULE 20MG; 10MG	4	PA
PRIALT INJECTION 100MCG/ML, 500MCG/20ML, 500MCG/5ML	4	B/D
QALSODY INJECTION 100MG/15ML	4	PA
RADICAVA ORS STARTER KIT SUSPENSION 105MG/5ML	4	PA
RADICAVA ORS SUSPENSION 105MG/5ML	4	PA
RADICAVA INJECTION 30MG/100ML	4	PA
RELYVRIO PACKET 3GM; 1GM	4	QL (60 EA per 30 days) PA
RILUTEK TABLET 50MG	4	
<i>riluzole tablet 50mg</i>	1	
TENCON TABLET 325MG; 50MG	1	
<i>tetrabenazine tablet 12.5mg</i>	1	PA
<i>tetrabenazine tablet 25mg</i>	4	PA
TIGLUTIK SUSPENSION 50MG/10ML	4	PA
VEOZAH TABLET 45MG	3	QL (30 EA per 30 days) PA
XENAZINE TABLET 12.5MG, 25MG	4	PA
<b>Fibromyalgia Agents</b>		
SAVELLA TITRATION PACK MISCELLANEOUS 0	2	QL (110 EA per 365 days)
SAVELLA TABLET 100MG, 12.5MG, 25MG, 50MG	2	QL (60 EA per 30 days)
TONMYA TABLET SUBLINGUAL 2.8MG	4	PA
<b>Multiple Sclerosis Agents</b>		
AMPYRA TABLET EXTENDED RELEASE 12 HOUR 10MG	4	QL (60 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
AUBAGIO TABLET 14MG, 7MG	4	QL (30 EA per 30 days) PA
AVONEX PEN INJECTION 30MCG/0.5ML	4	QL (4 EA per 28 days) PA
AVONEX INJECTION 30MCG/0.5ML	4	QL (4 EA per 28 days) PA
BAFIERTAM CAPSULE DELAYED RELEASE 95MG	4	QL (120 EA per 30 days) PA
BETASERON INJECTION 0.3MG	4	QL (15 EA per 30 days) PA
BRIUMVI INJECTION 150MG/6ML	4	PA
<i>cladribine tablet therapy pack 10mg</i>	4	PA
COPAXONE INJECTION 40MG/ML	4	QL (12 ML per 28 days) PA
COPAXONE INJECTION 20MG/ML	4	QL (30 ML per 30 days) PA
<i>dalfampridine er tablet extended release 12 hour 10mg</i>	1	QL (60 EA per 30 days) PA
<i>dimethyl fumarate starterpack capsule delayed release therapy pack 0</i>	1	QL (120 EA per 365 days) PA
<i>dimethyl fumarate capsule delayed release 120mg, 240mg</i>	1	QL (60 EA per 30 days) PA
EXTAVIA INJECTION 0.3MG	4	QL (15 EA per 30 days) PA
<i> fingolimod hydrochloride capsule 0.5mg</i>	4	QL (30 EA per 30 days) PA
GILENYA CAPSULE 0.5MG	4	QL (30 EA per 30 days) PA
GILENYA CAPSULE 0.25MG	4	QL (60 EA per 30 days) PA
<i>glatiramer acetate injection 40mg/ml</i>	4	QL (12 ML per 28 days) PA
<i>glatiramer acetate injection 20mg/ml</i>	4	QL (30 ML per 30 days) PA
<i>glatopa injection 40mg/ml</i>	4	QL (12 ML per 28 days) PA
<i>glatopa injection 20mg/ml</i>	4	QL (30 ML per 30 days) PA
KESIMPTA INJECTION 20MG/0.4ML	4	QL (0.4 ML per 28 days) PA
MAVENCLAD TABLET THERAPY PACK 10MG	4	PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	3	QL (14 EA per 365 days) PA; (7 tablet Starter Pack)
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	4	QL (24 EA per 365 days) PA ; (12 tablet Starter Pack)
MAYZENT TABLET 0.25MG	4	QL (120 EA per 30 days) PA
MAYZENT TABLET 1MG, 2MG	4	QL (30 EA per 30 days) PA
<i>mitoxantrone hcl injection 25mg/12.5ml, 2mg/ml, 30mg/15ml</i>	1	PA
OCREVUS ZUNOVO INJECTION 23000UNIT/23ML; 920MG/23ML	4	QL (23 ML per 168 days) PA
OCREVUS INJECTION 300MG/10ML	4	PA
PLEGRIDY STARTER PACK INJECTION 0	4	QL (2 ML per 365 days) PA ; Auto-Injector
PLEGRIDY STARTER PACK INJECTION 0	4	QL (4 ML per 365 days) PA ; Pre-Filled Syringe
PLEGRIDY INJECTION 125MCG/0.5ML	4	QL (1 ML per 28 days) PA
PONVORY 14-DAY STARTER PACK TABLET THERAPY PACK 0	4	QL (28 EA per 365 days) PA
PONVORY TABLET 20MG	4	QL (30 EA per 30 days) PA
REBIF REBIDOSE TITRATION PACK INJECTION 0	4	QL (8.4 ML per 365 days) PA
REBIF REBIDOSE INJECTION 22MCG/0.5ML, 44MCG/0.5ML	4	QL (6 ML per 28 days) PA
REBIF TITRATION PACK INJECTION 0	4	QL (8.4 ML per 365 days) PA
REBIF INJECTION 22MCG/0.5ML, 44MCG/0.5ML	4	QL (6 ML per 28 days) PA
TASCENSO ODT TABLET DISINTEGRATING 0.25MG, 0.5MG	4	QL (30 EA per 30 days) PA
TECFIDERA STARTER PACK CAPSULE DELAYED RELEASE THERAPY PACK 0	4	QL (120 EA per 365 days) PA

Drug Name	Drug Tier	Requirements/Limits
TECFIDERA CAPSULE DELAYED RELEASE 120MG, 240MG	4	QL (60 EA per 30 days) PA
<i>teriflunomide tablet 14mg, 7mg</i>	4	QL (30 EA per 30 days) PA
TYRUKO INJECTION 300MG/15ML	4	PA
TYSABRI INJECTION 300MG/15ML	4	PA
VUMERITY CAPSULE DELAYED RELEASE 231MG	4	QL (120 EA per 30 days) PA
ZEPOSIA 7-DAY STARTER PACK CAPSULE THERAPY PACK 0	4	QL (14 EA per 365 days) PA
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	4	QL (56 EA per 365 days) PA ; (28 Capsules Pack)
ZEPOSIA CAPSULE 0.92MG	4	QL (30 EA per 30 days) PA

## Dental and Oral Agents

### Dental and Oral Agents

ARESTIN MISCELLANEOUS 1MG	4	
<i>chlorhexidine gluconate solution 0.12%</i>	1	
<i>doxycycline hyclate tablet 20mg</i>	1	
KEPIVANCE INJECTION 5.16MG	4	
KOURZEQ PASTE 0.1%	1	
<i>lidocaine hcl solution 4%</i>	1	
<i>lidocaine hydrochloride viscous solution 2%</i>	1	
<i>lidocaine viscous solution 2%</i>	1	
ORALONE DENTAL PASTE PASTE 0.1%	1	
<i>periogard solution 0.12%</i>	1	
<i>pilocarpine hydrochloride tablet 5mg, 7.5mg</i>	1	
<i>triamcinolone acetonide dental paste paste 0.1%</i>	1	

## Dermatological Agents

### Acne and Rosacea Agents

ABSORICA LD CAPSULE 16MG, 24MG, 32MG, 8MG	4	
ABSORICA CAPSULE 20MG, 30MG, 40MG	4	
<i>accutane capsule 10mg, 20mg, 30mg, 40mg</i>	1	
<i>acitretin capsule 10mg, 17.5mg, 25mg</i>	1	
<i>adapalene/benzoyl peroxide gel 0.3%; 2.5%</i>	1	
ADAPALENE/BENZOYL PEROXIDE PAD 0.1%; 2.5%	4	
ADAPALENE PAD 0.1%	3	
ADAPALENE SOLUTION 0.1%	4	
<i>amnestem capsule 10mg, 20mg, 30mg, 40mg</i>	1	
ARAZLO LOTION 0.045%	3	QL (90 GM per 30 days)
ATRALIN GEL 0.05%	3	PA
<i>azelaic acid gel 15%</i>	1	QL (100 GM per 30 days)
AZELEX CREAM 20%	3	QL (100 GM per 30 days)
BENZOLYL PEROXIDE FORTE- HC LOTION 7.5%; 1%	4	
BENZOYL PEROXIDE- HC LOTION 5%; 0.5%	3	
<i>brimonidine tartrate gel 0.33%</i>	1	PA
<i>claravis capsule 10mg, 20mg, 30mg, 40mg</i>	1	
<i>clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%</i>	1	
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	1	
FABIOR FOAM 0.1%	3	QL (100 GM per 30 days)
FINACEA FOAM 15%	2	QL (50 GM per 30 days)
FINACEA GEL 15%	3	QL (100 GM per 30 days)
<i>isotretinoin capsule 10mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%, 1%</i>	1	
MIRVASO GEL 0.33%	3	PA
NORITATE CREAM 1%	4	
RETIN-A MICRO PUMP GEL 0.04%, 0.08%, 0.1%	3	PA
RETIN-A MICRO GEL 0.04%, 0.06%, 0.1%	3	PA
RETIN-A CREAM 0.025%, 0.05%, 0.1%	3	PA
RETIN-A GEL 0.01%, 0.025%	3	PA
<i>tazarotene cream 0.05%, 0.1%</i>	1	QL (60 GM per 30 days)
TAZAROTENE FOAM 0.1%	3	QL (100 GM per 30 days)
<i>tazarotene gel 0.05%, 0.1%</i>	1	QL (100 GM per 30 days)
TAZORAC CREAM 0.05%, 0.1%	3	QL (60 GM per 30 days)
TAZORAC GEL 0.05%, 0.1%	3	QL (100 GM per 30 days)
<i>tretinoin microsphere pump gel 0.04%, 0.1%</i>	1	PA
<i>tretinoin microsphere gel 0.04%, 0.08%, 0.1%</i>	1	PA
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	1	PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	1	PA
WINLEVI CREAM 1%	3	PA
<i>zenatane capsule 10mg, 20mg, 30mg, 40mg</i>	1	
<b>Dermatitis and Pruritus Agents</b>		
ADBRY INJECTION 150MG/ML	4	QL (6 ML per 28 days) PA
ADBRY INJECTION 300MG/2ML	4	QL (8 ML per 28 days) PA
<i>alclometasone dipropionate cream 0.05%</i>	1	
<i>alclometasone dipropionate ointment 0.05%</i>	1	
<i>amcinonide lotion 0.1%</i>	1	
<i>ammonium lactate cream 12%</i>	1	
<i>ammonium lactate lotion 12%</i>	1	
APEXICON E CREAM 0.05%	4	
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	
<i>betamethasone dipropionate augmented ointment 0.05%</i>	1	
<i>betamethasone dipropionate cream 0.05%</i>	1	
<i>betamethasone dipropionate lotion 0.05%</i>	1	
<i>betamethasone dipropionate ointment 0.05%</i>	1	
<i>betamethasone valerate cream 0.1%</i>	1	
<i>betamethasone valerate foam 0.12%</i>	1	QL (100 GM per 30 days)
<i>betamethasone valerate lotion 0.1%</i>	1	
<i>betamethasone valerate ointment 0.1%</i>	1	
<i>clobetasol propionate e cream 0.05%</i>	1	
<i>clobetasol propionate cream 0.05%</i>	1	
<i>clobetasol propionate gel 0.05%</i>	1	
<i>clobetasol propionate ointment 0.05%</i>	1	
<i>clobetasol propionate shampoo 0.05%</i>	1	
<i>clobetasol propionate solution 0.05%</i>	1	
CLOBEX LOTION 0.05%	3	
CLOBEX SHAMPOO 0.05%	3	
CORDRAN TAPE 4MCG/SQCM	3	
<i>desonide cream 0.05%</i>	1	
<i>desonide ointment 0.05%</i>	1	QL (120 GM per 30 days)
<i>desoximetasone cream 0.05%, 0.25%</i>	1	QL (100 GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>desoximetasone ointment 0.05%, 0.25%</i>	1	
<i>diflorasone diacetate ointment 0.05%</i>	1	QL (60 GM per 30 days)
<i>doxepin hydrochloride cream 5%</i>	1	QL (90 GM per 30 days) PA
EUCRISA OINTMENT 2%	3	PA
<i>fluocinolone acetonide body oil 0.01%</i>	1	
<i>fluocinolone acetonide scalp oil 0.01%</i>	1	
<i>fluocinolone acetonide topical oil 0.01%</i>	1	
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	1	
<i>fluocinolone acetonide ointment 0.025%</i>	1	
<i>fluocinolone acetonide solution 0.01%</i>	1	
<i>fluocinonide emulsified base cream 0.05%</i>	1	QL (60 GM per 30 days)
<i>fluocinonide cream 0.1%</i>	1	QL (120 GM per 30 days)
<i>fluocinonide cream 0.05%</i>	1	QL (60 GM per 30 days)
<i>fluocinonide gel 0.05%</i>	1	QL (60 GM per 30 days)
<i>fluocinonide ointment 0.05%</i>	1	QL (60 GM per 30 days)
<i>fluocinonide solution 0.05%</i>	1	QL (60 ML per 30 days)
<i>fluticasone propionate cream 0.05%</i>	1	
<i>fluticasone propionate ointment 0.005%</i>	1	
<i>halcinonide solution 0.1%</i>	1	
<i>halobetasol propionate cream 0.05%</i>	1	
<i>halobetasol propionate foam 0.05%</i>	1	
<i>halobetasol propionate lotion 0.05%</i>	4	
<i>halobetasol propionate ointment 0.05%</i>	1	
<i>hydrocortisone butyrate (lipid) cream 0.1%</i>	1	QL (60 GM per 30 days)
<i>hydrocortisone butyrate (lipophilic) cream 0.1%</i>	1	QL (60 GM per 30 days)
<i>hydrocortisone butyrate lotion 0.1%</i>	1	
<i>hydrocortisone valerate cream 0.2%</i>	1	QL (60 GM per 30 days)
<i>hydrocortisone cream 1%, 2.5%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone ointment 2.5%</i>	1	
<i>hydrocortisone ointment 1%</i>	1	QL (100 GM per 30 days)
HYFTOR GEL 0.2%	4	PA
IMPOYZ CREAM 0.025%	4	
KENALOG AEROSOL SOLUTION 0.147MG/GM	3	
KORSUVA INJECTION 65MCG/1.3ML	4	PA
LEXETTE FOAM 0.05%	4	
LOCOID LIPOCREAM CREAM 0.1%	3	QL (60 GM per 30 days)
LOCOID LOTION 0.1%	3	
<i>mometasone furoate cream 0.1%</i>	1	
<i>mometasone furoate ointment 0.1%</i>	1	
<i>mometasone furoate solution 0.1%</i>	1	
OPZELURA CREAM 1.5%	4	QL (240 GM per 30 days) PA
PANDEL CREAM 0.1%	4	
<i>pimecrolimus cream 1%</i>	1	
PRUDOXIN CREAM 5%	3	QL (90 GM per 30 days) PA
<i>selenium sulfide lotion 2.5%</i>	1	
SERNIVO EMULSION 0.05%	3	
SPEVIGO INJECTION 450MG/7.5ML	4	QL (300 ML per 84 days) PA
SPEVIGO INJECTION 150MG/ML, 300MG/2ML	4	QL (4 ML per 28 days) PA
<i>tacrolimus ointment 0.03%, 0.1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
TOPICORT CREAM 0.05%, 0.25%	3	QL (100 GM per 30 days)
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	1	
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	1	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	1	
ULTRAVATE LOTION 0.05%	3	
VANOS CREAM 0.1%	4	QL (120 GM per 30 days)
ZONALON CREAM 5%	3	QL (90 GM per 30 days) PA
ZORYVE CREAM 0.05%, 0.15%	3	PA
<b>Dermatological Agents, Other</b>		
<i>analpram hc lotion 2.5%; 1%</i>	3	
<i>calcipotriene/betamethasone dipropionate ointment 0.064%; 0.005%</i>	1	QL (400 GM per 30 days)
<i>calcipotriene/betamethasone dipropionate suspension 0.064%; 0.005%</i>	1	QL (400 GM per 30 days)
<i>calcipotriene cream 0.005%</i>	1	QL (120 GM per 30 days)
CALCIPOTRIENE FOAM 0.005%	3	
<i>calcipotriene ointment 0.005%</i>	1	QL (120 GM per 30 days)
<i>calcipotriene solution 0.005%</i>	1	QL (60 ML per 30 days)
CALCITRENE OINTMENT 0.005%	3	QL (120 GM per 30 days)
CARAC CREAM 0.5%	4	
<i>clotrimazole/betamethasone dipropionate cream 0.05%; 1%</i>	1	QL (90 GM per 30 days)
<i>clotrimazole/betamethasone dipropionate lotion 0.05%; 1%</i>	1	QL (60 ML per 30 days)
<i>diclofenac sodium gel 3%</i>	1	QL (300 GM per 30 days) ST
DUOBRII LOTION 0.01%; 0.045%	4	PA
EFUDEX CREAM 5%	3	QL (40 GM per 30 days)
ENSTILAR FOAM 0.064%; 0.005%	4	QL (420 GM per 28 days)
FILSUVEZ GEL 10%	4	PA
FLUOROURACIL CREAM 0.5%	3	
<i>fluorouracil cream 5%</i>	1	QL (40 GM per 30 days)
<i>fluorouracil external solution 2%, 5%</i>	1	
HYDROCORTISONE ACETATE/PRAMOXINE HYDROCHLORIDE SUPPOSITORY 25MG; 18MG	4	
<i>imiquimod pump cream 3.75%</i>	3	QL (56 GM per 30 days)
<i>imiquimod cream 5%</i>	1	QL (48 EA per 30 days)
<i>imiquimod cream 3.75%</i>	3	QL (56 EA per 30 days)
KLISYRI OINTMENT 1%	4	ST
<i>methoxsalen capsule 10mg</i>	4	
NEO-SYNALAR CREAM 0.025%; 0.5%	3	
<i>nystatin/triamcinolone acetonide cream 100000unit/gm; 1mg/gm</i>	1	
<i>nystatin/triamcinolone acetonide ointment 100000unit/gm; 0.1%</i>	1	
<i>nystatin/triamcinolone cream 100000unit/gm; 1mg/gm</i>	1	
<i>nystatin/triamcinolone ointment 100000unit/gm; 0.1%</i>	1	
OTEZLA XR TABLET EXTENDED RELEASE 24 HOUR 75MG	4	PA
OTEZLA/OTEZLA XR 28 DAY TREATMENT INITIATION PACK TABLET THERAPY PACK 0	4	PA
OTEZLA TABLET 20MG, 30MG	4	QL (60 EA per 30 days) PA
<i>podofilox solution 0.5%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PRAMOSONE LOTION 1%; 1%, 2.5%; 1%	3	
RADIAURA CREAM 0.5%; 3%	4	
REGRANEX GEL 0.01%	4	PA
SANTYL OINTMENT 250UNIT/GM	3	
<i>silver sulfadiazine cream 1%</i>	1	
SOFDRA GEL 12.45%	3	QL (40.2 ML per 30 days) PA
SORILUX FOAM 0.005%	3	
<i>ssd cream 1%</i>	1	
TACLONEX SUSPENSION 0.064%; 0.005%	4	QL (400 GM per 30 days)
UVADEX SOLUTION 20MCG/ML	4	
VECTICAL OINTMENT 3MCG/GM	3	
VEREGEN OINTMENT 15%	4	
VTAMA CREAM 1%	4	PA
WYNZORA CREAM 0.064%; 0.005%	4	QL (420 GM per 28 days)
XERESE CREAM 5%; 1%	4	QL (10 GM per 30 days)
ZORYVE CREAM 0.3%	3	PA
ZYCLARA PUMP CREAM 2.5%	4	QL (15 GM per 30 days)
ZYCLARA PUMP CREAM 3.75%	4	QL (56 GM per 30 days)
ZYCLARA CREAM 3.75%	4	QL (56 EA per 30 days)
<b>Pediculicides/Scabicides</b>		
<i>ivermectin cream 1%</i>	1	QL (45 GM per 30 days)
<i>malathion lotion 0.5%</i>	1	
<i>permethrin cream 5%</i>	1	
SOOLANTRA CREAM 1%	3	QL (45 GM per 30 days)
<b>Topical Anti-infectives</b>		
<i>acyclovir cream 5%</i>	1	QL (5 GM per 30 days)
<i>acyclovir ointment 5%</i>	1	QL (60 GM per 30 days)
ACZONE GEL 5%	3	
BENZOYL PEROXIDE GEL 6.5%	4	
<i>ciclodan solution 8%</i>	1	PA
<i>ciclopirox nail lacquer solution 8%</i>	1	PA
<i>ciclopirox olamine cream 0.77%</i>	1	
<i>ciclopirox gel 0.77%</i>	1	
<i>ciclopirox shampoo 1%</i>	1	
<i>ciclopirox suspension 0.77%</i>	1	
CLEOCIN-T LOTION 1%	3	QL (75 ML per 30 days)
CLINDAGEL GEL 1%	3	
<i>clindamycin phosphate (once-daily) gel 1%</i>	1	
<i>clindamycin phosphate lotion 1%</i>	1	QL (75 ML per 30 days)
<i>clindamycin phosphate external solution 1%</i>	1	QL (60 ML per 30 days)
<i>dapsone gel 7.5%</i>	1	
DENAVIR CREAM 1%	3	
EPSOLAY CREAM 5%	3	PA
<i>ery pad 2%</i>	1	
<i>erythromycin gel 2%</i>	1	
<i>erythromycin solution 2%</i>	1	
<i>mafenide acetate packet 5%</i>	1	
<i>mupirocin cream 2%</i>	1	
<i>mupirocin ointment 2%</i>	1	QL (110 GM per 30 days)
<i>penciclovir cream 1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ZELSUVMI GEL 10.3%	4	PA
ZOVIRAX CREAM 5%	3	QL (5 GM per 30 days)
ZOVIRAX OINTMENT 5%	3	QL (60 GM per 30 days)
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<b><i>Electrolyte/Mineral Replacement</i></b>		
AMINOSYN II INJECTION 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	3	B/D
AMINOSYN-PF 7% INJECTION 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 300MG/100ML; 570MG/100ML; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	3	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	3	B/D
CARBAGLU TABLET SOLUBLE 200MG	4	
<i>carglumic acid tablet soluble 200mg</i>	4	
CLINIMIX 4.25%/DEXTROSE 10% INJECTION 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	3	B/D
CLINIMIX 4.25%/DEXTROSE 5% INJECTION 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 5%/DEXTROSE 15% INJECTION 42MEQ/1000ML; 1035MG/100ML; 575MG/100ML; 20MEQ/1000ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	3	B/D
CLINIMIX 5%/DEXTROSE 20% INJECTION 42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	3	B/D
CLINIMIX 6/5 INJECTION 1242MG/100ML; 690MG/100ML; 5GM/100ML; 618MG/100ML; 288MG/100ML; 360MG/100ML; 438MG/100ML; 348MG/100ML; 240MG/100ML; 336MG/100ML; 408MG/100ML; 300MG/100ML; 252MG/100ML; 108MG/100ML; 24MG/100ML; 348MG/100ML	3	B/D
CLINIMIX 8/10 INJECTION 1656MG/100ML; 920MG/100ML; 10GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 320MG/100ML; 448MG/100ML; 544MG/100ML; 400MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	3	B/D
CLINIMIX 8/14 INJECTION 1656MG/100ML; 920MG/100ML; 14GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 320MG/100ML; 448MG/100ML; 544MG/100ML; 400MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	3	B/D
CLINIMIX E 2.75%/DEXTROSE 5% INJECTION 570MG/100ML; 316MG/100ML; 33MG/100ML; 5GM/100ML; 515MG/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 51MG/100ML; 110MG/100ML; 454MG/100ML; 154MG/100ML; 261MG/100ML; 187MG/100ML; 138MG/100ML; 217MG/100ML; 112MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	3	B/D
CLINIMIX E 4.25%/DEXTROSE 10% INJECTION 880MG/100ML; 489MG/100ML; 33MG/100ML; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 4.25%/DEXTROSE 5% INJECTION 880MG/100ML; 489MG/100ML; 33MG/100ML; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	3	B/D
CLINIMIX E 5%/DEXTROSE 15% INJECTION 1035MG/100ML; 575MG/100ML; 33MG/100ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	3	B/D
CLINIMIX E 5%/DEXTROSE 20% INJECTION 1035MG/100ML; 575MG/100ML; 33MG/100ML; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	3	B/D
CLINIMIX E 8/10 INJECTION 83MEQ/L; 1656MG/100ML; 920MG/100ML; 33MG/100ML; 10GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 51MG/100ML; 320MG/100ML; 448MG/100ML; 261MG/100ML; 544MG/100ML; 400MG/100ML; 205MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	3	B/D
CLINIMIX E 8/14 INJECTION 83MEQ/L; 1656MG/100ML; 920MG/100ML; 33MG/100ML; 14GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 51MG/100ML; 320MG/100ML; 448MG/100ML; 261MG/100ML; 544MG/100ML; 400MG/100ML; 205MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	3	B/D
CLINISOL SF 15% INJECTION 151MEQ/L; 2170MG/100ML; 1470MG/100ML; 434MG/100ML; 749MG/100ML; 1040MG/100ML; 894MG/100ML; 749MG/100ML; 1040MG/100ML; 1180MG/100ML; 749MG/100ML; 1040MG/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML	1	B/D
<i>dextrose 10% injection 10%</i>	1	
<i>dextrose 5%/sodium chloride 0.45% injection 5%; 0.45%</i>	1	
<i>dextrose 5%/sodium chloride 0.9% injection 5%; 0.9%</i>	1	
<i>dextrose 5% injection 5%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
KABIVEN INJECTION 38MEQ/L; 467MG/100ML; 330MG/100ML; 99MG/100ML; 3.8MEQ/L; 45MEQ/L; 10.8GM/100ML; 164MG/100ML; 231MG/100ML; 199MG/100ML; 164MG/100ML; 231MG/100ML; 263MG/100ML; 7.8MEQ/L; 164MG/100ML; 231MG/100ML; 9.7MMOL/L; 23MEQ/L; 199MG/100ML; 131MG/100ML; 31MEQ/L; 7.8MEQ/L; 164MG/100ML; 55MG/100ML; 6.7MG/100ML; 213MG/100ML	4	B/D
<i>klor-con 10 tablet extended release 10meq</i>	1	
<i>klor-con 8 tablet extended release 8meq</i>	1	
<i>klor-con m10 tablet extended release 10meq</i>	1	
<i>klor-con m15 tablet extended release 15meq</i>	1	
<i>klor-con m20 tablet extended release 20meq</i>	1	
<i>magnesium sulfate injection 3gm/100ml, 50%</i>	1	
PERIKABIVEN INJECTION 333MG/100ML; 235MG/100ML; 71MG/100ML; 20MG/100ML; 6.8GM/100ML; 116MG/100ML; 164MG/100ML; 141MG/100ML; 116MG/100ML; 164MG/100ML; 187MG/100ML; 68MG/100ML; 116MG/100ML; 164MG/100ML; 124MG/100ML; 141MG/100ML; 94MG/100ML; 170MG/100ML; 105MG/100ML; 3.5GM/100ML; 116MG/100ML; 40MG/100ML; 4.8MG/100ML; 152MG/100ML	4	B/D
PLENAMINE INJECTION 147.4MEQ/L; 2.17GM/100ML; 1.47GM/100ML; 434MG/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 749MG/100ML; 1.04GM/100ML; 1.18GM/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML	1	B/D
POKONZA PACKET 10MEQ, 15MEQ	4	
<i>potassium chloride er capsule extended release 10meq, 8meq</i>	1	
<i>potassium chloride er tablet extended release 10meq, 15meq, 1 20meq, 8meq</i>	1	
<i>potassium chloride sr tablet extended release 8meq</i>	1	
<i>potassium chloride injection 10meq/100ml, 20meq/100ml, 40meq/100ml</i>	1	
<i>potassium chloride packet 40meq</i>	4	
<i>potassium citrate er tablet extended release 1080mg, 15meq, 1 540mg</i>	1	
PREMASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
PROSOL INJECTION 140MEQ/100ML; 2.76GM/100ML; 1.96GM/100ML; 600MG/100ML; 1.02GM/100ML; 2.06GM/100ML; 1.18GM/100ML; 1.08GM/100ML; 1.08GM/100ML; 1.35GM/100ML; 760MG/100ML; 1GM/100ML; 1.34GM/100ML; 1.02GM/100ML; 980MG/100ML; 320MG/100ML; 50MG/100ML; 1.44GM/100ML	3	B/D
SODIUM BICARBONATE/DEXTROSE INJECTION 5%; 150MEQ/L	1	
<i>sodium bicarbonate injection 4.2%, 8.4%</i>	1	
<i>sodium chloride 0.45% injection 0.45%</i>	1	
<i>sodium chloride injection 0.45%, 0.9%</i>	1	
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D
TROPHAMINE INJECTION 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	3	B/D
XENPOZYME INJECTION 20MG, 4MG	4	PA
<b><i>Electrolyte/Mineral/Metal Modifiers</i></b>		
CHEMET CAPSULE 100MG	4	
CUPRIMINE CAPSULE 250MG	4	PA
CUVRIOR TABLET 300MG	4	PA
<i>deferasirox packet 180mg, 360mg, 90mg</i>	4	PA
<i>deferasirox tablet soluble 125mg, 250mg</i>	1	PA
<i>deferasirox tablet soluble 500mg</i>	4	PA
<i>deferasirox tablet 180mg, 360mg, 90mg</i>	1	PA
<i>deferiprone tablet 1000mg, 500mg</i>	4	PA
DEPEN TITRATABS TABLET 250MG	4	
EXJADE TABLET SOLUBLE 125MG, 250MG, 500MG	4	PA
FERRIPROX TWICE-A-DAY TABLET 1000MG	4	PA
FERRIPROX SOLUTION 100MG/ML	4	PA
FERRIPROX TABLET 1000MG, 500MG	4	PA
JADENU SPRINKLE PACKET 180MG, 360MG, 90MG	4	PA
JADENU TABLET 180MG, 360MG, 90MG	4	PA
JYNARQUE TABLET THERAPY PACK 0, 15MG	4	QL (56 EA per 28 days) PA
JYNARQUE TABLET 15MG, 30MG	4	QL (120 EA per 30 days) PA
<i>penicillamine capsule 250mg</i>	4	PA
<i>penicillamine tablet 250mg</i>	4	
SAMSCA TABLET 15MG, 30MG	4	QL (120 EA per 30 days) PA
SYPRINE CAPSULE 250MG	4	PA
<i>tolvaptan tablet therapy pack 0, 15mg</i>	4	QL (56 EA per 28 days) PA
TOLVAPTAN TABLET 15MG	4	QL (120 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
<i>tolvaptan tablet 15mg, 30mg</i>	4	QL (120 EA per 30 days) PA
<i>trientine hydrochloride capsule 250mg, 500mg</i>	4	PA
XPHOZAH TABLET 20MG, 30MG	4	QL (60 EA per 30 days) PA
<b>Phosphate Binders</b>		
AURYXIA TABLET 210MG	4	PA
<i>calcium acetate capsule 667mg</i>	1	
<i>calcium acetate tablet 667mg</i>	1	
FERRIC CITRATE TABLET 210MG	4	PA
FOSRENOL PACKET 1000MG, 750MG	4	
FOSRENOL TABLET CHEWABLE 1000MG, 500MG, 750MG	4	
<i>lanthanum carbonate tablet chewable 1000mg, 500mg, 750mg</i>	1	
RENAGEL TABLET 800MG	3	
REVELA PACKET 0.8GM, 2.4GM	4	
REVELA TABLET 800MG	4	
<i>sevelamer carbonate packet 0.8gm, 2.4gm</i>	1	
<i>sevelamer hydrochloride tablet 800mg</i>	1	
VELPHORO TABLET CHEWABLE 500MG	4	
<b>Potassium Binders</b>		
KIONEX SUSPENSION 15GM/60ML	3	
LOKELMA PACKET 10GM, 5GM	3	QL (90 EA per 30 days)
<i>sodium polystyrene sulfonate powder 0</i>	1	
<i>sodium polystyrene sulfonate suspension 15gm/60ml</i>	1	
SPS SUSPENSION 15GM/60ML	1	
VELTASSA PACKET 16.8GM, 1GM, 25.2GM, 8.4GM	3	
<b>Vitamins</b>		
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 31mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>		
<b>Gastrointestinal Agents</b>		
<b>Anti-Constipation Agents</b>		
AMITIZA CAPSULE 24MCG, 8MCG	2	QL (60 EA per 30 days)
<i>constulose solution 10gm/15ml</i>	1	
<i>enulose solution 10gm/15ml</i>	1	
<i>generlac solution 10gm/15ml</i>	1	
IBSRELA TABLET 50MG	4	QL (60 EA per 30 days) PA
<i>lactulose solution 10gm/15ml</i>	1	
LINZESS CAPSULE 145MCG, 290MCG, 72MCG	2	QL (30 EA per 30 days)
<i>lubiprostone capsule 24mcg, 8mcg</i>	2	QL (60 EA per 30 days)
MOTEGRITY TABLET 1MG, 2MG	2	QL (30 EA per 30 days)
<i>prucalopride tablet 1mg, 2mg</i>	1	QL (30 EA per 30 days)
RELISTOR INJECTION 8MG/0.4ML	4	QL (12 ML per 30 days) ST
RELISTOR INJECTION 12MG/0.6ML	4	QL (18 ML per 30 days) ST
RELISTOR TABLET 150MG	4	QL (90 EA per 30 days) ST
SYMPROIC TABLET 0.2MG	3	QL (30 EA per 30 days) ST
TRULANCE TABLET 3MG	3	QL (30 EA per 30 days)
<b>Anti-Diarrheal Agents</b>		
<i>alosetron hydrochloride tablet 0.5mg</i>	1	PA
<i>alosetron hydrochloride tablet 1mg</i>	4	PA
<i>diphenoxylate hydrochloride/atropine sulfate tablet 0.025mg; 2.5mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diphenoxylate/atropine liquid 0.025mg/5ml; 2.5mg/5ml</i>	1	
LOMOTIL TABLET 0.025MG; 2.5MG	3	
<i>loperamide hydrochloride capsule 2mg</i>	1	
LOTRONEX TABLET 0.5MG, 1MG	4	PA
MOTOFEN TABLET 0.025MG; 1MG	3	
MYTESI TABLET DELAYED RELEASE 125MG	3	QL (60 EA per 30 days)
VIBERZI TABLET 100MG, 75MG	4	QL (60 EA per 30 days) PA
XERMELO TABLET 250MG	4	QL (90 EA per 30 days) PA
<b>Antispasmodics, Gastrointestinal</b>		
<i>chlordiazepoxide hydrochloride/clidinium bromide capsule 5mg; 2.5mg</i>	1	
CUVPOSA SOLUTION 1MG/5ML	3	PA
<i>dicyclomine hcl solution 10mg/5ml</i>	1	
<i>dicyclomine hydrochloride capsule 10mg</i>	1	
DICYCLOMINE HYDROCHLORIDE TABLET 40MG	4	
<i>dicyclomine hydrochloride tablet 20mg</i>	1	
GLYCATE TABLET 1.5MG	3	PA
<i>glycopyrrolate injection 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i>	1	
<i>glycopyrrolate oral solution 1mg/5ml</i>	1	PA
GLYCOPYRROLATE TABLET 1.5MG	1	PA
<i>glycopyrrolate tablet 1mg, 2mg</i>	1	PA
LIBRAX CAPSULE 5MG; 2.5MG	3	
<i>methscopolamine bromide tablet 2.5mg, 5mg</i>	1	
ROBINUL FORTE TABLET 2MG	3	PA
ROBINUL TABLET 1MG	3	PA
<b>Gastrointestinal Agents, Other</b>		
<i>bismuth subcitrate pot/metronidazole/tetracycline hydrochloride capsule 140mg; 125mg; 125mg</i>	1	
BYLVAY (PELLETS) CAPSULE SPRINKLE 200MCG, 600MCG	4	PA
BYLVAY CAPSULE 1200MCG, 400MCG	4	PA
CHENODAL TABLET 250MG	4	PA
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	2	
CTEXLI TABLET 250MG	4	PA
EDETATE CALCIUM DISODIUM INJECTION 1GM/5ML	4	
GATTEX INJECTION 5MG	4	PA
<i>gavilyte-c solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	1	
<i>gavilyte-g solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	1	
<i>gavilyte-n/ flavor pack solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	1	
GIMOTI SOLUTION 15MG/ACT	4	ST
HELIDAC THERAPY MISCELLANEOUS 262.4MG; 250MG; 500MG	3	
IQIRVO TABLET 80MG	4	QL (30 EA per 30 days) PA
LIVDELZI CAPSULE 10MG	4	QL (30 EA per 30 days) PA
LIVMARLI SOLUTION 19MG/ML	4	QL (60 ML per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
LIVMARLI SOLUTION 9.5MG/ML	4	QL (90 ML per 30 days) PA
LIVMARLI TABLET 30MG	4	QL (30 EA per 30 days) PA
LIVMARLI TABLET 10MG, 15MG, 20MG	4	QL (60 EA per 30 days) PA
<i>metoclopramide hcl solution 5mg/5ml</i>	1	
<i>metoclopramide hydrochloride injection 5mg/ml</i>	1	
<i>metoclopramide hydrochloride tablet 10mg, 5mg</i>	1	
<i>metoclopramide odt tablet disintegrating 5mg</i>	1	
MYALEPT INJECTION 11.3MG	4	PA
<i>nitroglycerin rectal ointment 0.4%</i>	1	
OCALIVA TABLET 10MG, 5MG	4	QL (30 EA per 30 days) PA
<i>peg-3350/electrolytes solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	1	
<i>peg-3350/nacl/na bicarbonate/kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	1	
PYLERA CAPSULE 140MG; 125MG; 125MG	3	
RELTONE CAPSULE 200MG, 400MG	4	
<i>sodium sulfate/potassium sulfate/magnesium sulfate solution 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i>	1	
SUPREP BOWEL PREP KIT SOLUTION 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	2	
SUTAB TABLET 225MG; 188MG; 1479MG	2	
URSODIOL CAPSULE 200MG, 400MG	4	
<i>ursodiol tablet 250mg, 500mg</i>	1	
VOQUEZNA TABLET 10MG	3	QL (30 EA per 30 days) PA
VOQUEZNA TABLET 20MG	3	QL (60 EA per 30 days) PA
VOWST CAPSULE 0	4	PA
XIFAXAN TABLET 200MG	3	PA
XIFAXAN TABLET 550MG	4	PA
ZINPLAVA INJECTION 1000MG/40ML	4	
ZORBTIVE INJECTION 8.8MG	4	PA
<b>Histamine2 (H2) Receptor Antagonists</b>		
<i>famotidine injection 200mg/50ml, 20mg/5ml, 40mg/10ml</i>	3	
<i>famotidine suspension reconstituted 40mg/5ml</i>	1	
<i>famotidine tablet 20mg, 40mg</i>	1	
<i>nizatidine capsule 150mg, 300mg</i>	1	
PEPCID TABLET 40MG	3	
<b>Protectants</b>		
<i>misoprostol tablet 100mcg, 200mcg</i>	1	
<i>sucralfate suspension 1gm/10ml</i>	1	
<i>sucralfate tablet 1gm</i>	1	
<b>Proton Pump Inhibitors</b>		
ACIPHEX TABLET DELAYED RELEASE 20MG	3	QL (60 EA per 30 days)
DEXILANT CAPSULE DELAYED RELEASE 30MG, 60MG	2	QL (30 EA per 30 days)
<i>dexlansoprazole capsule delayed release 30mg, 60mg</i>	1	QL (30 EA per 30 days)
<i>esomeprazole magnesium capsule delayed release 20mg, 40mg</i>	3	QL (60 EA per 30 days)
<i>esomeprazole magnesium packet 10mg, 2.5mg, 20mg, 40mg, 5mg</i>	3	QL (60 EA per 30 days)
KONVOMEF SUSPENSION RECONSTITUTED 2MG/ML; 84MG/ML	3	QL (600 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole capsule delayed release 15mg, 30mg</i>	1	QL (60 EA per 30 days)
NEXIUM CAPSULE DELAYED RELEASE 20MG, 40MG	3	QL (60 EA per 30 days)
NEXIUM PACKET 10MG, 2.5MG, 20MG, 40MG, 5MG	3	QL (60 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg, 40mg</i>	1	QL (60 EA per 30 days)
<i>omeprazole/sodium bicarbonate capsule 20mg; 1100mg, 40mg; 1100mg</i>	3	QL (30 EA per 30 days)
<i>omeprazole/sodium bicarbonate packet 20mg; 1680mg, 40mg; 1680mg</i>	4	QL (30 EA per 30 days)
<i>omeprazole capsule delayed release 20mg, 40mg</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sodium packet 40mg</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sodium tablet delayed release 20mg, 40mg</i>	1	QL (60 EA per 30 days)
PREVACID CAPSULE DELAYED RELEASE 30MG	3	QL (60 EA per 30 days)
PROTONIX PACKET 40MG	3	QL (60 EA per 30 days)
PROTONIX TABLET DELAYED RELEASE 20MG, 40MG	3	QL (60 EA per 30 days)
RABEPRAZOLE SODIUM DR SPRINKLE CAPSULE SPRINKLE 10MG	3	QL (60 EA per 30 days)
<i>rabeprazole sodium tablet delayed release 20mg</i>	1	QL (60 EA per 30 days)
ZEGERID CAPSULE 20MG; 1100MG, 40MG; 1100MG	4	QL (30 EA per 30 days)
ZEGERID PACKET 20MG; 1680MG, 40MG; 1680MG	4	QL (30 EA per 30 days)

**Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment**

**Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment**

ADZYNMA INJECTION 1500UNIT, 500UNIT	4	PA
ALDURAZYME INJECTION 2.9MG/5ML	4	PA
AMONDYS 45 INJECTION 100MG/2ML	4	PA
AMVUTTRA INJECTION 25MG/0.5ML	4	QL (0.5 ML per 90 days) PA
AQVESME TABLET 100MG	4	QL (56 EA per 28 days) PA
ARALAST NP INJECTION 1000MG, 500MG	4	PA
AVLAYAH INJECTION 150MG	4	PA
<i>betaine anhydrous powder 0</i>	4	
BUPHENYL POWDER 3GM/TSP	4	
BUPHENYL TABLET 500MG	4	
CERDELGA CAPSULE 84MG	4	PA
CEREZYME INJECTION 400UNIT	4	PA
CHOLBAM CAPSULE 250MG, 50MG	4	PA
CRENESSITY CAPSULE 100MG	4	QL (120 EA per 30 days) PA
CRENESSITY CAPSULE 25MG, 50MG	4	QL (90 EA per 30 days) PA
CRENESSITY SOLUTION 50MG/ML	4	QL (240 ML per 30 days) PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 240000UNIT; 760000UNIT, 150000UNIT; 30000UNIT; 95000UNIT, 180000UNIT; 360000UNIT; 114000UNIT, 30000UNIT; 60000UNIT; 190000UNIT, 60000UNIT; 120000UNIT; 380000UNIT	2	
<i>cromolyn sodium concentrate 100mg/5ml</i>	1	
CRYSVITA INJECTION 10MG/ML, 20MG/ML, 30MG/ML	4	PA
CYSTADANE POWDER 0	4	
CYSTAGON CAPSULE 150MG, 50MG	3	
DAYBUE SOLUTION 200MG/ML	4	QL (3600 ML per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
<i>dichlorphenamide tablet 50mg</i>	4	QL (120 EA per 30 days) PA
DOJOLVI LIQUID 100%	4	PA
ELAPRASE INJECTION 6MG/3ML	4	PA
ELELYSO INJECTION 200UNIT	4	PA
ELFABRIO INJECTION 20MG/10ML, 5MG/2.5ML	4	PA
ENDARI PACKET 5GM	4	PA
EVRYSDI SOLUTION RECONSTITUTED 0.75MG/ML	4	QL (240 ML per 30 days) PA
EVRYSDI TABLET 5MG	4	QL (30 EA per 30 days) PA
EXONDYS 51 INJECTION 100MG/2ML, 500MG/10ML	4	PA
FABRAZYME INJECTION 35MG, 5MG	4	PA
FORZINITY INJECTION 280MG/3.5ML	4	QL (14 ML per 28 days) PA
GALAFOLD CAPSULE 123MG	4	QL (14 EA per 28 days) PA
GASTROCROM CONCENTRATE 100MG/5ML	4	
GLASSIA INJECTION 4GM/200ML, 5GM/250ML	3	PA
GLASSIA INJECTION 1000MG/50ML	4	PA
GLYCEROL PHENYLBUTYRATE LIQUID 1.1GM/ML	4	PA
HARLIKU TABLET 2MG	4	QL (30 EA per 30 days) PA
JAVYGTOR PACKET 100MG, 500MG	4	PA
JAVYGTOR TABLET 100MG	4	PA
JOENJA TABLET 70MG	4	QL (60 EA per 30 days) PA
KANUMA INJECTION 20MG/10ML	4	PA
KEYEYIS TABLET 50MG	4	QL (120 EA per 30 days) PA
KUVAN PACKET 100MG, 500MG	4	PA
KUVAN TABLET 100MG	4	PA
<i>l-glutamine packet 5gm</i>	4	PA
LAMZEDE INJECTION 10MG	4	PA
LOARGYS INJECTION 2MG/0.4ML	4	PA
LUMIZYME INJECTION 50MG	4	PA
MEPSEVII INJECTION 10MG/5ML	4	PA
<i>miglustat capsule 100mg</i>	4	PA
MIPLYFFA CAPSULE 124MG, 47MG, 62MG, 93MG	4	QL (90 EA per 30 days) PA
NAGLAZYME INJECTION 1MG/ML	4	PA
NEXVIAZYME INJECTION 100MG	4	PA
<i>nitisinone capsule 10mg, 20mg, 2mg, 5mg</i>	4	
NITYR TABLET 10MG, 2MG, 5MG	4	
NULIBRY INJECTION 9.5MG	4	PA
OLPRUVA THERAPY PACK 2GM, 3GM, 4GM, 5GM, 6.67GM, 6GM	4	PA
ONPATTRO INJECTION 10MG/5ML	4	PA
OPFOLDA CAPSULE 65MG	3	QL (8 EA per 28 days) PA
ORFADIN CAPSULE 10MG, 20MG, 2MG, 5MG	4	
ORFADIN SUSPENSION 4MG/ML	4	
ORMALVI TABLET 50MG	4	QL (120 EA per 30 days) PA
PALYNZIQ INJECTION 10MG/0.5ML	4	QL (28 ML per 28 days) PA
PALYNZIQ INJECTION 20MG/ML	4	QL (56 ML per 28 days) PA
PALYNZIQ INJECTION 2.5MG/0.5ML	4	QL (8 ML per 28 days) PA
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 98400UNIT; 16800UNIT; 56800UNIT	3	ST

Drug Name	Drug Tier	Requirements/Limits
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 149900UNIT; 37000UNIT; 97300UNIT, 83900UNIT; 21000UNIT; 54700UNIT	4	ST
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 15125UNIT; 4000UNIT; 14375UNIT, 30250UNIT; 8000UNIT; 28750UNIT, 90750UNIT; 24000UNIT; 86250UNIT	3	ST
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 60500UNIT; 16000UNIT; 57500UNIT	4	ST
PHEBURANE PELLETT 483MG/GM	4	
POMBILITI INJECTION 105MG	4	PA
PROCYSBI CAPSULE DELAYED RELEASE 25MG, 75MG	4	PA
PROCYSBI PACKET 300MG, 75MG	4	PA
PROLASTIN-C INJECTION 1000MG/20ML	4	PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 0, 5MG	4	QL (30 EA per 30 days) PA
PYRUKYND TABLET 50MG	4	QL (120 EA per 30 days) PA
PYRUKYND TABLET 20MG, 5MG	4	QL (60 EA per 30 days) PA
RAVICTI LIQUID 1.1GM/ML	4	PA
REVCIVI INJECTION 2.4MG/1.5ML	4	PA
<i>sapropterin dihydrochloride packet 100mg, 500mg</i>	4	PA
<i>sapropterin dihydrochloride tablet 100mg</i>	4	PA
SEPHIENCE PACKET 1000MG, 250MG	4	PA
<i>sodium phenylbutyrate powder 3gm/tsp</i>	4	
<i>sodium phenylbutyrate tablet 500mg</i>	4	
SPINRAZA INJECTION 12MG/5ML, 28MG/5ML, 50MG/5ML	4	PA
STRENSIQ INJECTION 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML	4	PA
SUCRAID SOLUTION 8500UNIT/ML	4	PA
TEGSEDI INJECTION 284MG/1.5ML	4	PA
VILTEPSO INJECTION 250MG/5ML	4	PA
VIMIZIM INJECTION 5MG/5ML	4	PA
VIOKACE TABLET 39150UNIT; 10440UNIT; 39150UNIT	3	ST
VIOKACE TABLET 78300UNIT; 20880UNIT; 78300UNIT	4	ST
VOXZOGO INJECTION 0.4MG, 0.56MG, 1.2MG	4	QL (30 EA per 30 days) PA
VPRIV INJECTION 400UNIT	4	PA
VYNDALCEL CAPSULE 20MG	4	QL (120 EA per 30 days) PA
VYONDYS 53 INJECTION 100MG/2ML	4	PA
WAINUA INJECTION 45MG/0.8ML	4	QL (0.8 ML per 28 days) PA
WELIREG TABLET 40MG	4	PA
XIAFLEX INJECTION 0.9MG	4	PA
XURIDEN PACKET 2GM	4	QL (120 EA per 30 days) PA
<i>yargesa capsule 100mg</i>	4	PA
YUWIEL INJECTION 1.3MG, 2.8MG, 5.5MG	4	QL (4 EA per 28 days) PA
ZAVESCA CAPSULE 100MG	4	PA
<i>zelvysia packet 100mg, 500mg</i>	4	PA
ZEMAIRA INJECTION 1000MG, 4000MG, 5000MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	2	
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
<i>darifenacin hydrobromide er tablet extended release 24 hour</i> 15mg, 7.5mg	1	
DETROL LA CAPSULE EXTENDED RELEASE 24 HOUR 2MG, 4MG	3	
DETROL TABLET 1MG, 2MG	3	
<i>fesoterodine fumarate er tablet extended release 24 hour</i> 4mg, 8mg	1	
<i>flavoxate hcl tablet 100mg</i>	1	
GELNIQUE GEL 10%	3	
GEMTESA TABLET 75MG	3	
MYRBETRIQ SUSPENSION RECONSTITUTED ER 8MG/ML2	2	
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25MG, 50MG	2	
<i>oxybutynin chloride er tablet extended release 24 hour</i> 10mg, 15mg, 5mg	1	
<i>oxybutynin chloride solution 5mg/5ml</i>	1	
<i>oxybutynin chloride tablet 2.5mg, 5mg</i>	1	
OXYTROL PATCH TWICE WEEKLY 3.9MG/24HR	3	QL (8 EA per 28 days)
<i>solifenacin succinate tablet 10mg, 5mg</i>	1	
<i>tolterodine tartrate er capsule extended release 24 hour</i> 2mg, 4mg	1	
<i>tolterodine tartrate tablet 1mg, 2mg</i>	1	
TOVIAZ TABLET EXTENDED RELEASE 24 HOUR 4MG, 8MG	3	
<i>trospium chloride er capsule extended release 24 hour</i> 60mg	1	
<i>trospium chloride tablet 20mg</i>	1	
URO-SP CAPSULE 0.12MG; 118MG; 10MG; 36MG; 40.8MG	3	
VESICARE LS SUSPENSION 5MG/5ML	3	
VESICARE TABLET 10MG, 5MG	3	
VILAMIT MB CAPSULE 0.12MG; 118MG; 10MG; 36MG; 40.8MG	3	
<b>Benign Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl er tablet extended release 24 hour</i> 10mg	1	
CIALIS TABLET 5MG	3	QL (30 EA per 30 days) PA
<i>doxazosin mesylate tablet 1mg, 2mg, 4mg, 8mg</i>	1	
<i>dutasteride/tamsulosin hydrochloride capsule 0.5mg; 0.4mg</i>	1	
<i>dutasteride capsule 0.5mg</i>	1	
ENTADFI CAPSULE 5MG; 5MG	3	QL (30 EA per 30 days) ST
<i>finasteride tablet 5mg</i>	1	
<i>silodosin capsule 4mg, 8mg</i>	1	
<i>tadalafil tablet 2.5mg, 5mg</i>	1	QL (30 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
<i>tamsulosin hydrochloride capsule 0.4mg</i>	1	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride capsule 2mg</i>	1	
TEZRULY SOLUTION 1MG/ML	3	ST
<b>Genitourinary Agents, Other</b>		
<i>acetic acid 0.25% solution 0.25%</i>	1	
<i>bethanechol chloride tablet 10mg, 25mg, 50mg, 5mg</i>	1	
ELMIRON CAPSULE 100MG	3	
LITHOSTAT TABLET 250MG	3	
THIOLA EC TABLET DELAYED RELEASE 100MG, 300MG	4	
THIOLA TABLET 100MG	4	
<i>tiopronin dr tablet delayed release 100mg, 300mg</i>	4	
<i>tiopronin tablet 100mg</i>	4	
VANRAFIA TABLET 0.75MG	3	QL (30 EA per 30 days) PA
VENXXIVA TABLET DELAYED RELEASE 100MG, 300MG	4	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<b><i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i></b>		
ACTHAR GEL INJECTION 40UNIT/0.5ML, 80UNIT/ML	4	PA
ACTHAR INJECTION 80UNIT/ML	4	PA
AGAMREE SUSPENSION 40MG/ML	4	PA
ALKINDI SPRINKLE CAPSULE SPRINKLE 1MG, 2MG, 5MG	4	
CORTISONE ACETATE TABLET 25MG	4	
CORTROPHIN INJECTION 80UNIT/ML	4	PA
<i>deflazacort suspension 22.75mg/ml</i>	4	PA
<i>deflazacort tablet 18mg, 30mg, 36mg, 6mg</i>	4	PA
<i>dexamethasone elixir 0.5mg/5ml</i>	1	
<i>dexamethasone solution 0.5mg/5ml</i>	1	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	
EMFLAZA SUSPENSION 22.75MG/ML	4	PA
EMFLAZA TABLET 18MG, 30MG, 36MG, 6MG	4	PA
<i>fludrocortisone acetate tablet 0.1mg</i>	1	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	1	
INTRAROSA INSERT 6.5MG	3	QL (28 EA per 28 days) PA
JAYTHARI SUSPENSION 22.75MG/ML	4	PA
JAYTHARI TABLET 18MG, 30MG, 36MG, 6MG	4	PA
KHINDIVI SOLUTION 1MG/ML	4	PA
KYMBEE TABLET 36MG	4	PA
<i>kymbee tablet 18mg, 30mg, 6mg</i>	4	PA
<i>methylprednisolone dose pack tablet therapy pack 4mg</i>	1	
<i>methylprednisolone sodium succinate injection 500mg</i>	1	
<i>methylprednisolone tablet 16mg, 32mg, 4mg, 8mg</i>	1	
<i>prednisolone sodium phosphate solution 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	
<i>prednisolone solution 15mg/5ml</i>	1	
<i>prednisone dr tablet delayed release 1mg, 2mg</i>	4	PA
<i>prednisone solution 5mg/5ml</i>	1	
<i>prednisone tablet therapy pack 10mg, 5mg</i>	1	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
<i>pyquvi suspension 22.75mg/ml</i>	4	PA

Drug Name	Drug Tier	Requirements/Limits
RAYOS TABLET DELAYED RELEASE 1MG, 2MG, 5MG	4	PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
CHORIONIC GONADOTROPIN INJECTION 10000UNIT	3	PA
DDAVP INJECTION 4MCG/ML	4	
DDAVP TABLET 0.2MG	3	
DESMODA SOLUTION 0.05MG/ML	4	PA
<i>desmopressin acetate injection 4mcg/ml</i>	4	
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5MG/ML	4	
<i>desmopressin acetate nasal solution 0.01%</i>	1	
<i>desmopressin acetate tablet 0.1mg, 0.2mg</i>	1	
EGRIFTA SV INJECTION 2MG	4	QL (30 EA per 30 days) PA
EGRIFTA WR INJECTION 11.6MG	4	QL (4 EA per 28 days) PA
FENSOLVI INJECTION 45MG	4	QL (1 EA per 168 days) PA
GENOTROPIN MINIQUICK INJECTION 0.2MG	3	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	4	PA
GENOTROPIN INJECTION 12MG, 5MG	4	PA
HUMATROPE INJECTION 12MG, 24MG, 6MG	4	PA
INCRELEX INJECTION 40MG/4ML	4	PA
ISTURISA TABLET 1MG	4	QL (240 EA per 30 days) PA
ISTURISA TABLET 5MG	4	QL (360 EA per 30 days) PA
LUPRON DEPOT-PED (6-MONTH) INJECTION 45MG	4	QL (1 EA per 168 days) PA
NGENLA INJECTION 24MG/1.2ML, 60MG/1.2ML	4	PA
NORDITROPIN FLEXPRO INJECTION 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML, 5MG/1.5ML	4	PA
NOVAREL INJECTION 5000UNIT	3	PA
NUTROPIN AQ NUSPIN 10 INJECTION 10MG/2ML	4	PA
NUTROPIN AQ NUSPIN 20 INJECTION 20MG/2ML	4	PA
NUTROPIN AQ NUSPIN 5 INJECTION 5MG/2ML	4	PA
OMNITROPE INJECTION 10MG/1.5ML, 5.8MG, 5MG/1.5ML	4	PA
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL INJECTION 10000UNIT	3	PA
PREGNYL INJECTION 10000UNIT	3	PA
SAIZEN INJECTION 5MG, 8.8MG	4	PA
SAIZENPREP RECONSTITUTIONKIT INJECTION 8.8MG	4	PA
SEROSTIM INJECTION 4MG, 5MG, 6MG	4	PA
SKYTROFA INJECTION 0.7MG, 1.4MG, 1.8MG, 11MG, 13.3MG, 2.1MG, 2.5MG, 3.6MG, 3MG, 4.3MG, 5.2MG, 6.3MG, 7.6MG, 9.1MG	4	PA
SOGROYA INJECTION 10MG/1.5ML, 15MG/1.5ML, 5MG/1.5ML	4	PA
ZOMACTON INJECTION 10MG, 5MG	3	PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
<i>carboprost tromethamine injection 250mcg/ml</i>	4	
HEMABATE INJECTION 250MCG/ML	4	

Drug Name	Drug Tier	Requirements/Limits
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<b>Androgens</b>		
ANDROGEL PUMP GEL 1.62%	3	PA
AVEED INJECTION 750MG/3ML	3	PA
AZMIRO INJECTION 200MG/ML	3	PA
<i>danazol capsule 100mg, 200mg, 50mg</i>	1	
DEPO-TESTOSTERONE INJECTION 100MG/ML, 200MG/ML	3	PA
FORTESTA GEL 10MG/ACT	3	PA
JATENZO CAPSULE 158MG, 198MG	3	PA
JATENZO CAPSULE 237MG	4	PA
KYZATREX CAPSULE 100MG, 150MG, 200MG	3	PA
METHITEST TABLET 10MG	4	PA
<i>methyltestosterone capsule 10mg</i>	4	PA
NATESTO GEL 5.5MG/ACT	3	PA
TESTIM GEL 1%	3	PA
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	1	PA
<i>testosterone enanthate injection 200mg/ml</i>	1	PA
<i>testosterone pump gel 1.62%</i>	1	PA
<i>testosterone pump gel 1%</i>	2	PA
<i>testosterone topical solution solution 30mg/act</i>	1	PA
<i>testosterone gel 10mg/act, 20.25mg/1.25gm, 40.5mg/2.5gm</i>	1	PA
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	2	PA
<i>testosterone solution 30mg/act</i>	1	PA
TLANDO CAPSULE 112.5MG	3	PA
UNDECATREX CAPSULE 200MG	3	PA
VOGELXO PUMP GEL 1%	3	PA
VOGELXO GEL 50MG/5GM	3	PA
XYOSTED INJECTION 100MG/0.5ML, 50MG/0.5ML, 75MG/0.5ML	3	PA
<b>Estrogens</b>		
<i>abigale lo tablet 0.5mg; 0.1mg</i>	1	
<i>abigale tablet 1mg; 0.5mg</i>	1	
<i>afirmelle tablet 20mcg; 0.1mg</i>	1	
<i>altavera tablet 30mcg; 0.15mg</i>	1	
<i>alyacen 1/35 tablet 35mcg; 1mg</i>	1	
<i>alyacen 7/7/7 tablet 35mcg; 0</i>	1	
<i>amabelz tablet 0.5mg; 0.1mg, 1mg; 0.5mg</i>	1	
<i>amethia tablet 0; 0</i>	1	QL (91 EA per 91 days)
<i>amethyst tablet 20mcg; 90mcg</i>	1	
ANNOVERA RING 0.013MG/24HR; 0.15MG/24HR	3	QL (1 EA per 360 days)
<i>ashlyna tablet 0; 0</i>	1	QL (91 EA per 91 days)
<i>aubra eq tablet 20mcg; 0.1mg</i>	1	
<i>aurovela 1.5/30 tablet 30mcg; 1.5mg</i>	1	
<i>aurovela 1/20 tablet 20mcg; 1mg</i>	1	
<i>aurovela 24 fe tablet 20mcg; 75mg; 1mg</i>	1	
<i>aurovela fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	1	
<i>aurovela fe 1/20 tablet 20mcg; 75mg; 1mg</i>	1	
AVERI TABLET 0.15MG; 0.03MG; 36.5MG	3	

Drug Name	Drug Tier	Requirements/Limits
<i>aviane tablet 20mcg; 0.1mg</i>	1	
<i>ayuna tablet 0.03mg; 0.15mg</i>	1	
<i>azurette tablet 0; 0</i>	1	
<i>balziva tablet 35mcg; 0.4mg</i>	1	
<i>blisovi 24 fe tablet 20mcg; 75mg; 1mg</i>	1	
<i>blisovi fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	1	
<i>blisovi fe 1/20 tablet 20mcg; 75mg; 1mg</i>	1	
<i>briellyn tablet 35mcg; 0.4mg</i>	1	
<i>camrese lo tablet 0; 0</i>	1	QL (91 EA per 91 days)
<i>camrese tablet 0; 0</i>	1	QL (91 EA per 91 days)
<i>chateal eq tablet 30mcg; 0.15mg</i>	1	
<i>chateal tablet 0.03mg; 0.15mg</i>	1	
CLIMARA PRO PATCH WEEKLY 0.045MG/DAY; 0.015MG/DAY	3	
<i>conjugated estrogens tablet 0.3mg, 0.45mg, 0.625mg, 0.9mg, 3 1.25mg</i>	3	
<i>cryselle-28 tablet 30mcg; 0.3mg</i>	1	
<i>cryselle tablet 30mcg; 0.3mg</i>	1	
<i>dasetta 1/35 tablet 35mcg; 1mg</i>	1	
<i>dasetta 7/7/7 tablet 35mcg; 0</i>	1	
<i>daysee tablet 0; 0</i>	1	QL (91 EA per 91 days)
<i>delyla tablet 20mcg; 0.1mg</i>	1	
<i>desogestrel/ethinyl estradiol tablet 0; 0</i>	1	
DIVIGEL GEL 0.5MG/0.5GM, 0.75MG/0.75GM, 1.25MG/1.25GM, 1MG/GM	3	
<i>dolishale tablet 20mcg; 90mcg</i>	1	
<i>dotti patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	1	
<i>elimest tablet 30mcg; 0.3mg</i>	1	
<i>eluryng ring 0.015mg/24hr; 0.12mg/24hr</i>	1	
<i>enilloring ring 0.015mg/24hr; 0.12mg/24hr</i>	1	
<i>enpresse-28 tablet 0; 0</i>	1	
<i>estarylla tablet 35mcg; 0.25mg</i>	1	
<i>estradiol/norethindrone acetate tablet 0.5mg; 0.1mg, 1mg; 0.5mg</i>	1	
<i>estradiol cream 0.1mg/gm</i>	1	
<i>estradiol gel 0.06%, 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm</i>	1	
<i>estradiol patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	1	
<i>estradiol patch weekly 0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr, 37.5mcg/24hr</i>	1	
<i>estradiol oral tablet 0.5mg, 1mg, 2mg</i>	1	
<i>estradiol vaginal tablet 10mcg</i>	1	Generic Vagifem
ESTRING RING 7.5MCG/24HR	3	QL (1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol tablet 35mcg; 1mg, 50mcg; 1mg</i>	1	
<i>etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr</i>	1	
<i>falmina tablet 20mcg; 0.1mg</i>	1	
<i>feirza 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>feirza</i> 1/20 tablet 20mcg; 75mg; 1mg	1	
FEMLYV TABLET DISINTEGRATING 0.02MG; 1MG	3	
FEMRING RING 0.05MG/24HR, 0.1MG/24HR	3	QL (1 EA per 90 days)
<i>fyavolv</i> tablet 2.5mcg; 0.5mg, 5mcg; 1mg	1	
<i>galbriela</i> tablet chewable 25mcg; 75mg; 0.8mg	1	
<i>hailey</i> 1.5/30 tablet 30mcg; 1.5mg	1	
<i>hailey</i> 24 fe tablet 20mcg; 75mg; 1mg	1	
<i>hailey</i> fe 1/20 tablet 20mcg; 75mg; 1mg	1	
<i>haloette</i> ring 0.015mg/24hr; 0.12mg/24hr	1	
<i>iclevia</i> tablet 0.03mg; 0.15mg	1	QL (91 EA per 91 days)
IMVEXXY MAINTENANCE PACK INSERT 10MCG, 4MCG	2	PA
IMVEXXY STARTER PACK INSERT 10MCG, 4MCG	2	PA
<i>introvale</i> tablet 0.03mg; 0.15mg	1	QL (91 EA per 91 days)
<i>jaimiess</i> tablet 0; 0	1	QL (91 EA per 91 days)
<i>jinteli</i> tablet 5mcg; 1mg	1	
<i>jolessa</i> tablet 0.03mg; 0.15mg	1	QL (91 EA per 91 days)
<i>joyeaux</i> tablet 20mcg; 75mg; 0.1mg	1	
<i>junel</i> 1.5/30 tablet 30mcg; 1.5mg	1	
<i>junel</i> 1/20 tablet 20mcg; 1mg	1	
<i>junel</i> fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	1	
<i>junel</i> fe 1/20 tablet 20mcg; 75mg; 1mg	1	
<i>junel</i> fe 24 tablet 20mcg; 75mg; 1mg	1	
<i>kalliga</i> tablet 0.15mg; 30mcg	1	
<i>kariva</i> tablet 0; 0	1	
<i>kelnor</i> 1/35 tablet 35mcg; 1mg	1	
<i>kelnor</i> 1/50 tablet 50mcg; 1mg	1	
<i>kurvelo</i> tablet 0.03mg; 0.15mg	1	
<i>larin</i> 1.5/30 tablet 30mcg; 1.5mg	1	
<i>larin</i> 1/20 tablet 20mcg; 1mg	1	
<i>larin</i> 24 fe tablet 20mcg; 75mg; 1mg	1	
<i>larin</i> fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	1	
<i>larin</i> fe 1/20 tablet 20mcg; 75mg; 1mg	1	
<i>lessina</i> tablet 20mcg; 0.1mg	1	
<i>levonest</i> tablet 0; 0	1	
<i>levonorgestrel</i> and ethinyl estradiol tablet 20mcg; 90mcg	1	
<i>levonorgestrel</i> and ethinyl estradiol tablet 0; 0	1	QL (91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol</i> tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg	1	
<i>levonorgestrel/ethinyl estradiol</i> tablet 0.03mg; 0.15mg, 0; 0	1	QL (91 EA per 91 days)
<i>levora</i> 0.15/30-28 tablet 0.03mg; 0.15mg	1	
<i>lo-zumandimine</i> tablet 3mg; 0.02mg	1	
<i>lojaimiess</i> tablet 0; 0	1	QL (91 EA per 91 days)
<i>low-ogestrel</i> tablet 30mcg; 0.3mg	1	
<i>luizza</i> 1.5/30 tablet 30mcg; 1.5mg	1	
<i>luizza</i> 1/20 tablet 20mcg; 1mg	1	
<i>luter</i> a tablet 20mcg; 0.1mg	1	
<i>lyllana</i> patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr	1	
<i>marlissa</i> tablet 0.03mg; 0.15mg	1	
MENEST TABLET 0.3MG, 0.625MG, 1.25MG, 2.5MG	3	

Drug Name	Drug Tier	Requirements/Limits
<i>mibelas 24 fe tablet chewable 20mcg; 75mg; 1mg</i>	1	
<i>microgestin 1.5/30 tablet 30mcg; 1.5mg</i>	1	
<i>microgestin 1/20 tablet 20mcg; 1mg</i>	1	
<i>microgestin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	1	
<i>microgestin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	1	
<i>mili tablet 35mcg; 0.25mg</i>	1	
<i>mimvey tablet 1mg; 0.5mg</i>	1	
<i>minzoya tablet 0.02mg; 36.5mg; 0.1mg</i>	1	
<i>mono-linyah tablet 35mcg; 0.25mg</i>	1	
<i>necon 0.5/35-28 tablet 35mcg; 0.5mg</i>	1	
<i>norelgestromin/ethinyl estradiol patch weekly 35mcg/24hr; 150mcg/24hr</i>	1	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 1 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	1	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 1 20mcg; 1mg, 30mcg; 1.5mg, 5mcg; 1mg</i>	1	
<i>norgestimate/ethinyl estradiol tablet 0; 0, 35mcg; 0.25mg</i>	1	
<i>nortrel 0.5/35 (28) tablet 35mcg; 0.5mg</i>	1	
<i>nortrel 1/35 tablet 35mcg; 1mg</i>	1	
<i>nortrel 7/7/7 tablet 35mcg; 0</i>	1	
<i>nylia 1/35 tablet 35mcg; 1mg</i>	1	
<i>nylia 7/7/7 tablet 35mcg; 0</i>	1	
<i>philith tablet 35mcg; 0.4mg</i>	1	
<i>pimtrea tablet 0; 0</i>	1	
<i>portia-28 tablet 0.03mg; 0.15mg</i>	1	
PREMARIN CREAM 0.625MG/GM	2	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	3	
PREMPHASE TABLET 0.625MG; 5MG	3	
PREMPRO TABLET 0.3MG; 1.5MG, 0.45MG; 1.5MG, 0.625MG; 2.5MG, 0.625MG; 5MG	3	
<i>rivelsa tablet 0; 0</i>	1	QL (91 EA per 91 days)
<i>rosyrah tablet 0; 0</i>	1	QL (91 EA per 91 days)
<i>setlakin tablet 0.03mg; 0.15mg</i>	1	QL (91 EA per 91 days)
<i>simliya tablet 0; 0</i>	1	
<i>simpesse tablet 0; 0</i>	1	QL (91 EA per 91 days)
<i>sprintec 28 tablet 35mcg; 0.25mg</i>	1	
<i>sronyx tablet 20mcg; 0.1mg</i>	1	
<i>tarina 24 fe tablet 20mcg; 75mg; 1mg</i>	1	
<i>tarina fe 1/20 eq tablet 20mcg; 75mg; 1mg</i>	1	
<i>tarina fe 1/20 tablet 20mcg; 75mg; 1mg</i>	1	
<i>taysofy capsule 20mcg; 75mg; 1mg</i>	1	
<i>tri-estarylla tablet 0; 0</i>	1	
<i>tri-linyah tablet 0; 0</i>	1	
<i>tri-lo-mili tablet 0; 0</i>	1	
<i>tri-mili tablet 0; 0</i>	1	
<i>tri-sprintec tablet 0; 0</i>	1	
<i>tri-vylibra tablet 0; 0</i>	1	
<i>trivora-28 tablet 0; 0</i>	1	
<i>turqoz tablet 30mcg; 0.3mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
TYBLUME TABLET CHEWABLE 20MCG; 0.1MG	1	
<i>tydemy tablet 3mg; 0.03mg; 0.451mg</i>	1	
<i>valtya 1/35 tablet 35mcg; 1mg</i>	1	
<i>valtya 1/50 tablet 50mcg; 1mg</i>	1	
<i>vestura tablet 3mg; 0.02mg</i>	1	
<i>vienva tablet 20mcg; 0.1mg</i>	1	
<i>viorele tablet 0; 0</i>	1	
<i>vyfemla tablet 35mcg; 0.4mg</i>	1	
<i>vylibra tablet 35mcg; 0.25mg</i>	1	
<i>wera tablet 35mcg; 0.5mg</i>	1	
<i>xarah fe tablet 0; 75mg; 1mg</i>	1	
<i>xelria fe tablet chewable 35mcg; 75mg; 0.4mg</i>	1	
<i>xulane patch weekly 35mcg/24hr; 150mcg/24hr</i>	1	
<i>yuvaferm tablet 10mcg</i>	1	
<i>zafemy patch weekly 35mcg/24hr; 150mcg/24hr</i>	1	
<i>zovia 1/35 tablet 35mcg; 1mg</i>	1	
<b>Progestins</b>		
<i>camila tablet 0.35mg</i>	1	
CRINONE GEL 4%, 8%	3	PA
<i>deblitane tablet 0.35mg</i>	1	
DEPO-PROVERA CONTRACEPTIVE INJECTION 150MG/ML	3	QL (1 ML per 90 days)
DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML	2	QL (0.65 ML per 90 days)
<i>emzahn tablet 0.35mg</i>	1	
ENDOMETRIN INSERT 100MG	3	PA
<i>errin tablet 0.35mg</i>	1	
<i>gallifrey tablet 5mg</i>	1	
<i>heather tablet 0.35mg</i>	1	
<i>incassia tablet 0.35mg</i>	1	
<i>jencycla tablet 0.35mg</i>	1	
LILETTA INTRAUTERINE DEVICE 20.1MCG/DAY	2	
<i>lyleq tablet 0.35mg</i>	1	
<i>lyza tablet 0.35mg</i>	1	
<i>medroxyprogesterone acetate injection 150mg/ml</i>	1	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg</i>	1	
<i>megestrol acetate suspension 40mg/ml, 625mg/5ml</i>	1	
<i>megestrol acetate tablet 20mg, 40mg</i>	1	
<i>meleya tablet 0.35mg</i>	1	
NEXPLANON INJECTION 68MG	2	
<i>nora-be tablet 0.35mg</i>	1	
<i>norethindrone acetate tablet 5mg</i>	1	
<i>norethindrone tablet 0.35mg</i>	1	
<i>norlyroc tablet 0.35mg</i>	1	
<i>orquidea tablet 0.35mg</i>	1	
<i>progesterone capsule 100mg, 200mg</i>	1	
<i>progesterone insert 100mg</i>	1	PA
<i>sharobel tablet 0.35mg</i>	1	
SKYLA INTRAUTERINE DEVICE 13.5MG	3	
<b>Selective Estrogen Receptor Modifying Agents</b>		
CLOMID TABLET 50MG	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>clomiphene citrate tablet 50mg</i>	1	PA
<i>milophene tablet 50mg</i>	1	PA
OSPHENA TABLET 60MG	2	QL (30 EA per 30 days) PA
<i>raloxifene hydrochloride tablet 60mg</i>	1	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<b><i>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</i></b>		
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	3	
<i>levo-t tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	3	
<i>levothyroxine sodium injection 100mcg/5ml, 100mcg/ml, 100mcg, 200mcg/5ml, 200mcg, 500mcg/5ml, 500mcg</i>	4	
<i>levothyroxine sodium tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>liomny tablet 25mcg, 50mcg, 5mcg</i>	1	
<i>liothyronine sodium injection 10mcg/ml</i>	4	
<i>liothyronine sodium tablet 25mcg, 50mcg, 5mcg</i>	1	
REZDIFFRA TABLET 100MG, 60MG, 80MG	4	QL (30 EA per 30 days) PA
SYNTHROID TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	3	
THYROGEN INJECTION 0.9MG	4	PA
<i>unithroid tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	
<b>Hormonal Agents, Suppressant (Adrenal or Pituitary)</b>		
<b><i>Hormonal Agents, Suppressant (Adrenal or Pituitary)</i></b>		
<i>cabergoline tablet 0.5mg</i>	1	
ELIGARD INJECTION 30MG	3	QL (1 EA per 112 days) PA
ELIGARD INJECTION 45MG	3	QL (1 EA per 168 days) PA
ELIGARD INJECTION 7.5MG	3	QL (1 EA per 28 days) PA
ELIGARD INJECTION 22.5MG	3	QL (1 EA per 84 days) PA
FIRMAGON INJECTION 80MG	3	QL (1 EA per 28 days) PA
FIRMAGON INJECTION 120MG/VIAL	4	QL (4 EA per 365 days) PA
KORLYM TABLET 300MG	4	QL (120 EA per 30 days) PA
<i>lanreotide acetate injection 120mg/0.5ml</i>	4	PA
<i>leuprolide acetate injection 1mg/0.2ml</i>	3	PA
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG, 7.5MG	4	QL (1 EA per 28 days) PA
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG, 22.5MG	4	QL (1 EA per 84 days) PA
LUPRON DEPOT (4-MONTH) INJECTION 30MG	4	QL (1 EA per 112 days) PA
LUPRON DEPOT (6-MONTH) INJECTION 45MG	4	QL (1 EA per 168 days) PA
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 15MG, 7.5MG	4	QL (1 EA per 28 days) PA
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG	4	QL (1 EA per 84 days) PA
<i>mifepristone tablet 200mg</i>	1	
<i>mifepristone tablet 300mg</i>	4	QL (120 EA per 30 days) PA
MYCAPSSA CAPSULE DELAYED RELEASE 20MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
MYFEMBREE TABLET 1MG; 0.5MG; 40MG	4	QL (30 EA per 30 days) PA
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	1	PA
<i>octreotide acetate injection 1000mcg/ml, 10mg, 20mg, 30mg, 4 500mcg/ml</i>	4	PA
ORGOVYX TABLET 120MG	4	PA
ORIAHNN CAPSULE THERAPY PACK 300MG; 1MG; 0.5MG	4	QL (56 EA per 28 days) PA
ORLISSA TABLET 150MG	4	QL (30 EA per 30 days) PA
ORLISSA TABLET 200MG	4	QL (60 EA per 30 days) PA
PALSONIFY TABLET 30MG	4	QL (120 EA per 30 days) PA
PALSONIFY TABLET 20MG	4	QL (60 EA per 30 days) PA
RECORLEV TABLET 150MG	4	QL (240 EA per 30 days) PA
SANDOSTATIN LAR DEPOT INJECTION 10MG, 20MG, 30MG	4	PA
SANDOSTATIN INJECTION 50MCG/ML	3	PA
SANDOSTATIN INJECTION 100MCG/ML, 500MCG/ML	4	PA
SIGNIFOR LAR INJECTION 10MG, 20MG, 30MG, 40MG, 60MG	4	QL (1 EA per 28 days) PA
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	4	QL (60 ML per 30 days) PA
SOMATULINE DEPOT INJECTION 120MG/0.5ML, 60MG/0.2ML, 90MG/0.3ML	4	PA
SOMAVERT INJECTION 10MG, 15MG, 20MG, 25MG, 30MG	4	PA
SUPPRELIN LA INJECTION 50MG	4	QL (1 EA per 365 days) PA
SYNAREL SOLUTION 2MG/ML	4	
TRELSTAR MIXJECT INJECTION 22.5MG	3	QL (1 EA per 168 days) PA
TRELSTAR MIXJECT INJECTION 3.75MG	3	QL (1 EA per 28 days) PA
TRELSTAR MIXJECT INJECTION 11.25MG	3	QL (1 EA per 84 days) PA
TRIPTODUR INJECTION 22.5MG	4	QL (1 EA per 168 days) PA
VABRINTY INJECTION 45MG	3	QL (1 EA per 168 days) PA
VABRINTY INJECTION 30MG	4	QL (1 EA per 112 days) PA
VABRINTY INJECTION 7.5MG	4	QL (1 EA per 28 days) PA
VABRINTY INJECTION 22.5MG	4	QL (1 EA per 84 days) PA
ZOLADEX INJECTION 3.6MG	3	QL (1 EA per 28 days) PA
ZOLADEX INJECTION 10.8MG	3	QL (1 EA per 84 days) PA
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<b>Antithyroid Agents</b>		
<i>methimazole tablet 10mg, 5mg</i>	1	
<i>propylthiouracil tablet 50mg</i>	1	
<b>Immunological Agents</b>		
<b>Angioedema Agents</b>		
ANDEMBRY INJECTION 200MG/1.2ML	4	QL (2.4 ML per 28 days) PA
BERINERT INJECTION 500UNIT	4	PA
CINRYZE INJECTION 500UNIT	4	PA
DAWNZERA INJECTION 80MG/0.8ML	4	QL (0.8 ML per 28 days) PA
EKTERLY TABLET 300MG	4	QL (120 EA per 30 days) PA
FIRAZYR INJECTION 30MG/3ML	4	PA
HAEGARDA INJECTION 2000UNIT, 3000UNIT	4	PA
<i>icatibant acetate injection 30mg/3ml</i>	4	PA
KALBITOR INJECTION 10MG/ML	4	PA
ORLADEYO CAPSULE 110MG, 150MG	4	QL (30 EA per 30 days) PA
ORLADEYO PACKET 108MG, 132MG, 72MG, 96MG	4	QL (28 EA per 28 days) PA

Drug Name	Drug Tier	Requirements/Limits
RUCONEST INJECTION 2100UNIT	4	PA
SAJAZIR INJECTION 30MG/3ML	4	PA
TAKHZYRO INJECTION 150MG/ML, 300MG/2ML	4	PA
<b>Immunoglobulins</b>		
ALYGLO INJECTION 10GM/100ML, 20GM/200ML, 5GM/50ML	4	PA
ASCENIV INJECTION 5GM/50ML	4	PA
ATGAM INJECTION 50MG/ML	4	
BEYFORTUS INJECTION 100MG/ML, 50MG/0.5ML	3	
BIVIGAM INJECTION 10%, 5GM/50ML	4	PA
CUTAQUIG INJECTION 1.65GM/10ML, 1GM/6ML, 2GM/12ML, 3.3GM/20ML, 4GM/24ML, 8GM/48ML	4	PA
CUVITRU INJECTION 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML, 8GM/40ML	4	PA
CYTOGAM INJECTION 50MG/ML	4	PA
FLEBOGAMMA DIF INJECTION 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	4	PA
GAMASTAN INJECTION 0	2	PA
GAMMAGARD LIQUID ERC INJECTION 10GM/100ML, 5GM/50ML	4	PA
GAMMAGARD LIQUID INJECTION 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 30GM/300ML, 5GM/50ML	4	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML INJECTION 10GM, 5GM	4	PA
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	4	PA
GAMMAPLEX INJECTION 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	4	PA
GAMUNEX-C INJECTION 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	4	PA
HEPAGAM B INJECTION 312UNIT/ML	4	B/D
HIZENTRA INJECTION 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML	4	PA
HYPERHEP B INJECTION 110UNIT/0.5ML	3	B/D
HYPERHEP B INJECTION 220UNIT/ML	4	B/D
HYQVIA INJECTION 10GM/100ML; 800UNIT/5ML, 2.5GM/25ML; 200UNT/1.25ML, 20GM/200ML; 1600UNIT/10ML, 30GM/300ML; 2400UNIT/15ML, 5GM/50ML; 400UNIT/2.5ML	4	PA
NABI-HB INJECTION 312UNIT/ML	4	B/D
OCTAGAM INJECTION 10GM/100ML, 10GM/200ML, 1GM/20ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	4	PA
PANZYGA INJECTION 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 30GM/300ML, 5GM/50ML	4	PA
PRIVIGEN INJECTION 10GM/100ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	4	PA
QIVIGY INJECTION 10GM/100ML, 5GM/50ML	4	PA
SYNAGIS INJECTION 100MG/ML, 50MG/0.5ML	4	

Drug Name	Drug Tier	Requirements/Limits
THYMOGLOBULIN INJECTION 25MG	4	
VARIZIG INJECTION 125UNIT/1.2ML	4	PA
WINRHO SDF INJECTION 15000UNIT/13ML, 1500UNIT/1.3ML, 2500UNIT/2.2ML, 5000UNIT/4.4ML	4	
XEMBIFY INJECTION 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML	4	PA
YIMMUGO INJECTION 10GM/100ML, 20GM/200ML, 5GM/50ML	4	PA
<b><i>Immunological Agents, Other</i></b>		
ARCALYST INJECTION 220MG	4	PA
AURANOFIN CAPSULE 3MG	4	
BENLYSTA INJECTION 200MG/ML	4	PA
BIMZELX INJECTION 160MG/ML	4	QL (1 ML per 28 days) PA
BIMZELX INJECTION 320MG/2ML	4	QL (6 ML per 28 days) PA
CIBINQO TABLET 100MG, 200MG, 50MG	4	QL (30 EA per 30 days) PA
COSENTYX SENSOREADY PEN INJECTION 150MG/ML	4	QL (10 ML per 28 days) PA
COSENTYX UNOREADY INJECTION 300MG/2ML	4	QL (10 ML per 28 days) PA
COSENTYX INJECTION 125MG/5ML	4	PA
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	4	QL (10 ML per 28 days) PA
DUPIXENT INJECTION 200MG/1.14ML	4	QL (4.56 ML per 28 days) PA
DUPIXENT INJECTION 300MG/2ML	4	QL (8 ML per 28 days) PA
EMPAVELI INJECTION 1080MG/20ML	4	PA
ENFLONIA INJECTION 105MG/0.7ML	3	
ENJAYMO INJECTION 1100MG/22ML	4	PA
ENTYVIO PEN INJECTION 108MG/0.68ML	4	QL (1.36 ML per 28 days) PA
ENTYVIO INJECTION 300MG	4	PA
GAMIFANT INJECTION 100MG/20ML, 10MG/2ML, 50MG/10ML	4	PA
ILARIS INJECTION 150MG/ML	4	QL (2 ML per 28 days) PA
ILUMYA INJECTION 100MG/ML	4	QL (1 ML per 28 days) PA
KEVZARA INJECTION 150MG/1.14ML, 200MG/1.14ML	4	QL (2.28 ML per 28 days) PA
KINERET INJECTION 100MG/0.67ML	4	PA
LEMTRADA INJECTION 12MG/1.2ML	4	PA
LITFULO CAPSULE 50MG	4	QL (30 EA per 30 days) PA
NEMLUVIO INJECTION 30MG	4	QL (2 EA per 28 days) PA
ODACTRA TABLET SUBLINGUAL 0; 0	2	QL (30 EA per 30 days) PA
OMVOH INJECTION 100MG/ML, 200MG/2ML	4	QL (2 ML per 28 days) PA
OMVOH INJECTION 0	4	QL (3 ML per 28 days) PA
OMVOH INJECTION 300MG/15ML	4	QL (45 ML per 365 days) PA
ORENCIA CLICKJECT INJECTION 125MG/ML	4	QL (4 ML per 28 days) PA
ORENCIA INJECTION 50MG/0.4ML	4	QL (1.6 ML per 28 days) PA
ORENCIA INJECTION 87.5MG/0.7ML	4	QL (2.8 ML per 28 days) PA
ORENCIA INJECTION 125MG/ML	4	QL (4 ML per 28 days) PA
OTEZLA TABLET THERAPY PACK 0	4	QL (110 EA per 365 days) PA
PALFORZIA INITIAL DOSE ESCALATION 1-3 YEARS CAPSULE SPRINKLE THERAPY PACK 0	3	PA
PALFORZIA INITIAL DOSE ESCALATION 4-17 YEARS CAPSULE SPRINKLE THERAPY PACK 0	4	PA

Drug Name	Drug Tier	Requirements/Limits
PALFORZIA INITIAL DOSE ESCALATION CAPSULE SPRINKLE THERAPY PACK 0	4	PA
PALFORZIA LEVEL 0 CAPSULE SPRINKLE THERAPY PACK 1MG	3	PA
PALFORZIA LEVEL 10 CAPSULE SPRINKLE THERAPY PACK 0	4	PA
PALFORZIA LEVEL 11 (MAINTENANCE) PACKET 300MG	4	PA
PALFORZIA LEVEL 11 (TITRATION) PACKET 300MG	4	PA
PALFORZIA LEVEL 1 CAPSULE SPRINKLE THERAPY PACK 1MG	4	PA
PALFORZIA LEVEL 2 CAPSULE SPRINKLE THERAPY PACK 1MG	4	PA
PALFORZIA LEVEL 3 CAPSULE SPRINKLE THERAPY PACK 0	4	PA
PALFORZIA LEVEL 4 CAPSULE SPRINKLE THERAPY PACK 20MG	4	PA
PALFORZIA LEVEL 5 CAPSULE SPRINKLE THERAPY PACK 20MG	4	PA
PALFORZIA LEVEL 6 CAPSULE SPRINKLE THERAPY PACK 20MG	4	PA
PALFORZIA LEVEL 7 CAPSULE SPRINKLE THERAPY PACK 0	4	PA
PALFORZIA LEVEL 8 CAPSULE SPRINKLE THERAPY PACK 0	4	PA
PALFORZIA LEVEL 9 CAPSULE SPRINKLE THERAPY PACK 100MG	4	PA
PIASKY INJECTION 340MG/2ML	4	PA
PROVENGE INJECTION 50000000CELLS	4	PA
RHAPSIDO TABLET 25MG	4	QL (60 EA per 30 days) PA
RIDAURA CAPSULE 3MG	4	
RINVOQ LQ SOLUTION 1MG/ML	4	QL (360 ML per 30 days) PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG, 45MG	4	QL (30 EA per 30 days) PA
RYSTIGGO INJECTION 280MG/2ML, 420MG/3ML	4	QL (12 ML per 28 days) PA
RYSTIGGO INJECTION 560MG/4ML	4	QL (16 ML per 28 days) PA
RYSTIGGO INJECTION 840MG/6ML	4	QL (24 ML per 28 days) PA
SAPHNELO INJECTION 300MG/2ML	4	PA
SILIQ INJECTION 210MG/1.5ML	4	QL (7.5 ML per 28 days) PA
SIMULECT INJECTION 10MG, 20MG	4	
SKYRIZI PEN INJECTION 150MG/ML	4	QL (1 ML per 28 days) PA
SKYRIZI INJECTION 150MG/ML	4	QL (1 ML per 28 days) PA
SKYRIZI INJECTION 180MG/1.2ML	4	QL (1.2 ML per 56 days) PA
SKYRIZI INJECTION 360MG/2.4ML	4	QL (2.4 ML per 56 days) PA
SKYRIZI INJECTION 600MG/10ML	4	QL (60 ML per 365 days) PA
SOLIRIS INJECTION 300MG/30ML	4	PA
STELARA INJECTION 130MG/26ML	4	QL (104 ML per 365 days) PA
STELARA INJECTION 45MG/0.5ML, 90MG/ML	4	QL (3 ML per 84 days) PA
STEQEYMA INJECTION 45MG/0.5ML	2	QL (3 ML per 84 days) PA

Drug Name	Drug Tier	Requirements/Limits
STEQEYMA INJECTION 130MG/26ML	4	QL (104 ML per 365 days) PA
STEQEYMA INJECTION 90MG/ML	4	QL (3 ML per 84 days) PA
SYLVANT INJECTION 100MG, 400MG	4	PA
TALTZ INJECTION 20MG/0.25ML	4	QL (0.5 ML per 28 days) PA
TALTZ INJECTION 40MG/0.5ML	4	QL (1 ML per 28 days) PA
TALTZ INJECTION 80MG/ML	4	QL (4 ML per 28 days) PA
TAVNEOS CAPSULE 10MG	4	QL (180 EA per 30 days) PA
TEPEZZA INJECTION 500MG	4	PA
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS INJECTION 200MG/2ML	4	QL (4 ML per 28 days) PA
TREMFYA PEN INJECTION 100MG/ML	4	QL (2 ML per 56 days) PA
TREMFYA INJECTION 200MG/20ML	4	PA
TREMFYA INJECTION 100MG/ML	4	QL (2 ML per 56 days) PA
TREMFYA INJECTION 200MG/2ML	4	QL (4 ML per 28 days) PA
TYENNE INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	4	PA
TYENNE INJECTION 162MG/0.9ML	4	QL (3.6 ML per 28 days) PA
ULTOMIRIS INJECTION 1100MG/11ML, 300MG/3ML	4	PA
USTEKINUMAB INJECTION 130MG/26ML	4	QL (104 ML per 365 days) PA
USTEKINUMAB INJECTION 45MG/0.5ML, 90MG/ML	4	QL (3 ML per 84 days) PA
VELSIPITY TABLET 2MG	4	QL (30 EA per 30 days) PA
VEOPOZ INJECTION 400MG/2ML	4	PA
VYVGART HYTRULO INJECTION 1000MG/5ML; 10000UNIT/5ML	4	QL (20 ML per 28 days) PA
VYVGART INJECTION 400MG/20ML	4	PA
WEZLANA INJECTION 130MG/26ML	4	QL (104 ML per 365 days) PA
WEZLANA INJECTION 45MG/0.5ML, 90MG/ML	4	QL (3 ML per 84 days) PA
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG	4	QL (30 EA per 30 days) PA
XELJANZ SOLUTION 1MG/ML	4	QL (300 ML per 30 days) PA
XELJANZ TABLET 10MG, 5MG	4	QL (60 EA per 30 days) PA
XOLAIR INJECTION 75MG/0.5ML	4	QL (1 ML per 28 days) PA
XOLAIR INJECTION 150MG	4	QL (8 EA per 28 days) PA
XOLAIR INJECTION 150MG/ML, 300MG/2ML	4	QL (8 ML per 28 days) PA
ZILBRYSQ INJECTION 16.6MG/0.416ML, 23MG/0.574ML, 32.4MG/0.81ML	4	PA
<b>Immunostimulants</b>		
ACTIMMUNE INJECTION 100MCG/0.5ML	4	PA
ALFERON N INJECTION 5000000UNIT/ML	4	
BESREMI INJECTION 500MCG/ML	4	PA
PEGASYS INJECTION 180MCG/ML	4	PA
<b>Immunosuppressants</b>		
ADALIMUMAB-AATY 1-PEN KIT INJECTION 80MG/0.8ML	4	QL (3 EA per 28 days) PA
ADALIMUMAB-AATY 1-PEN KIT INJECTION 40MG/0.4ML	4	QL (6 EA per 28 days) PA
ADALIMUMAB-AATY 2-PEN KIT INJECTION 40MG/0.4ML	4	QL (6 EA per 28 days) PA
ADALIMUMAB-AATY 2-SYRINGE INJECTION 20MG/0.2ML	4	QL (2 EA per 28 days) PA
ADALIMUMAB-AATY 2-SYRINGE INJECTION 40MG/0.4ML	4	QL (6 EA per 28 days) PA

Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-AATY CD/UC/HS STARTER INJECTION 80MG/0.8ML	4	QL (3 EA per 28 days) PA
ADALIMUMAB-ADB M CROHNS/UC/HS STARTER INJECTION 40MG/0.8ML	4	QL (6 EA per 28 days) PA ; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADB M PSORIASIS/UEVITIS STARTER INJECTION 40MG/0.8ML	4	QL (6 EA per 28 days) PA ; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADB M STARTER PACKAGE FOR CROHNS DISEASE/UC/HS INJECTION 40MG/0.4ML	4	QL (6 EA per 28 days) PA ; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADB M STARTER PACKAGE FOR PSORIASIS/UEVITIS INJECTION 40MG/0.4ML	4	QL (6 EA per 28 days) PA ; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADB M INJECTION 10MG/0.2ML, 20MG/0.4ML	4	QL (2 EA per 28 days) PA ; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADB M INJECTION 40MG/0.4ML, 40MG/0.8ML	4	QL (6 EA per 28 days) PA ; Boehringer Ingelheim labeled products only
ARAVA TABLET 10MG, 20MG	4	
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG, 5MG	3	B/D
AVSOLA INJECTION 100MG	4	PA
AZASAN TABLET 100MG, 75MG	3	B/D
<i>azathioprine injection 100mg</i>	4	B/D
<i>azathioprine tablet 100mg, 50mg, 75mg</i>	1	B/D
BENLYSTA INJECTION 120MG, 400MG	4	PA
CELLCEPT INTRAVENOUS INJECTION 500MG	4	B/D
CELLCEPT CAPSULE 250MG	4	B/D
CELLCEPT SUSPENSION RECONSTITUTED 200MG/ML	4	B/D
CELLCEPT TABLET 500MG	4	B/D
CIMZIA STARTER KIT INJECTION 200MG/ML	4	QL (6 EA per 365 days) PA
CIMZIA INJECTION 200MG	4	QL (1 EA per 28 days) PA
CIMZIA INJECTION 200MG/ML	4	QL (2 EA per 28 days) PA
<i>cyclosporine modified capsule 100mg, 25mg, 50mg</i>	1	B/D
<i>cyclosporine modified solution 100mg/ml</i>	1	B/D
<i>cyclosporine capsule 100mg, 25mg</i>	1	B/D
<i>cyclosporine injection 50mg/ml</i>	4	
ENBREL MINI INJECTION 50MG/ML	4	QL (8 ML per 28 days) PA
ENBREL SURECLICK INJECTION 50MG/ML	4	QL (8 ML per 28 days) PA
ENBREL INJECTION 25MG/0.5ML	4	QL (4 ML per 28 days) PA
ENBREL INJECTION 50MG/ML	4	QL (8 ML per 28 days) PA
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	3	B/D
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	4	B/D
<i>everolimus tablet 0.25mg</i>	1	B/D
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	4	B/D
<i>gengraf capsule 100mg, 25mg</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>gengraf solution 100mg/ml</i>	1	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	4	QL (4 EA per 365 days) PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	4	QL (6 EA per 365 days) PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	4	QL (4 EA per 28 days) PA ; Abbvie labeled products only
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	4	QL (6 EA per 28 days) PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK INJECTION 80MG/0.8ML	4	QL (4 EA per 28 days) PA ; Abbvie labeled products only
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	4	QL (6 EA per 28 days) PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	4	QL (6 EA per 365 days) PA
HUMIRA PEN INJECTION 80MG/0.8ML	4	QL (4 EA per 28 days) PA ; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	4	QL (6 EA per 28 days) PA
HUMIRA PEN INJECTION 40MG/0.4ML	4	QL (6 EA per 28 days) PA ; Abbvie labeled products only
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	4	QL (2 EA per 28 days) PA ; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.8ML	4	QL (6 EA per 28 days) PA
HUMIRA INJECTION 40MG/0.4ML	4	QL (6 EA per 28 days) PA ; Abbvie labeled products only
IMURAN TABLET 50MG	3	B/D
INFLECTRA INJECTION 100MG	4	PA
INFLIXIMAB INJECTION 100MG	4	PA
JYLAMVO SOLUTION 2MG/ML	3	PA
<i>leflunomide tablet 10mg, 20mg</i>	1	
LUPKYNIS CAPSULE 7.9MG	4	QL (180 EA per 30 days) PA
<i>methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	1	
<i>methotrexate sodium tablet 2.5mg</i>	1	
<i>methotrexate injection 50mg/2ml</i>	1	
<i>mycophenolate mofetil capsule 250mg</i>	1	B/D
<i>mycophenolate mofetil injection 500mg</i>	4	B/D
<i>mycophenolate mofetil suspension reconstituted 200mg/ml</i>	4	B/D
<i>mycophenolate mofetil tablet 500mg</i>	1	B/D
<i>mycophenolic acid dr tablet delayed release 180mg, 360mg</i>	1	B/D
MYFORTIC TABLET DELAYED RELEASE 180MG	3	B/D
MYFORTIC TABLET DELAYED RELEASE 360MG	4	B/D
MYHIBBIN SUSPENSION 200MG/ML	4	B/D
NEORAL CAPSULE 100MG, 25MG	3	B/D
NEORAL SOLUTION 100MG/ML	3	B/D
NIKTIMVO INJECTION 22MG/0.44ML, 9MG/0.18ML	4	PA
NULOJIX INJECTION 250MG	4	
ORENCIA INJECTION 250MG	4	PA
OTREXUP INJECTION 10MG/0.4ML, 12.5MG/0.4ML, 15MG/0.4ML, 17.5MG/0.4ML, 20MG/0.4ML, 22.5MG/0.4ML, 25MG/0.4ML	3	QL (1.6 ML per 28 days) PA
PEGASYS INJECTION 180MCG/0.5ML	4	PA

Drug Name	Drug Tier	Requirements/Limits
PROGRAF CAPSULE 0.5MG, 1MG	3	B/D
PROGRAF CAPSULE 5MG	4	B/D
PROGRAF PACKET 0.2MG, 1MG	3	B/D
RAPAMUNE SOLUTION 1MG/ML	4	B/D
RAPAMUNE TABLET 0.5MG	3	B/D
RAPAMUNE TABLET 1MG, 2MG	4	B/D
RASUVO INJECTION 7.5MG/0.15ML	3	QL (0.6 ML per 28 days) PA
RASUVO INJECTION 10MG/0.2ML	3	QL (0.8 ML per 28 days) PA
RASUVO INJECTION 12.5MG/0.25ML	3	QL (1 ML per 28 days) PA
RASUVO INJECTION 15MG/0.3ML	3	QL (1.2 ML per 28 days) PA
RASUVO INJECTION 17.5MG/0.35ML	3	QL (1.4 ML per 28 days) PA
RASUVO INJECTION 20MG/0.4ML	3	QL (1.6 ML per 28 days) PA
RASUVO INJECTION 22.5MG/0.45ML	3	QL (1.8 ML per 28 days) PA
RASUVO INJECTION 25MG/0.5ML	3	QL (2 ML per 28 days) PA
RASUVO INJECTION 30MG/0.6ML	3	QL (2.4 ML per 28 days) PA
REMICADE INJECTION 100MG	4	PA
RENFLEXIS INJECTION 100MG	4	PA
REZUROCK TABLET 200MG	4	QL (60 EA per 30 days) PA
SANDIMMUNE CAPSULE 100MG, 25MG	3	B/D
SANDIMMUNE INJECTION 50MG/ML	4	
SANDIMMUNE ORAL SOLUTION 100MG/ML	3	B/D
SIMPONI ARIA INJECTION 50MG/4ML	4	PA
SIMPONI INJECTION 50MG/0.5ML	4	QL (0.5 ML per 28 days) PA
SIMPONI INJECTION 100MG/ML	4	QL (3 ML per 28 days) PA
<i>sirolimus solution 1mg/ml</i>	1	B/D
<i>sirolimus tablet 0.5mg, 1mg, 2mg</i>	1	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	1	B/D
<i>tacrolimus injection 5mg/ml</i>	1	
VOYXACT INJECTION 400MG/2ML	4	QL (2 ML per 28 days) PA
XATMEP SOLUTION 2.5MG/ML	3	PA
ZORTRESS TABLET 0.25MG	3	B/D
ZORTRESS TABLET 0.5MG, 0.75MG, 1MG	4	B/D
<b>Vaccines</b>		
ABRYSVO INJECTION 120MCG/0.5ML	1	QL (1 EA per 252 days)
ACTHIB INJECTION 0	1	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	1	
AREXVY INJECTION 120MCG/0.5ML	1	QL (1 EA per 999 days)
BCG VACCINE INJECTION 50MG	1	
BEXSERO INJECTION 0.5ML	1	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	1	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	2	
DENGVAXIA INJECTION 0	2	
ENGERIX-B INJECTION 10MCG/0.5ML, 20MCG/ML	1	B/D
GARDASIL 9 INJECTION 0.5ML	1	
HAVRIX INJECTION 1440UNIT/ML, 720ELU/0.5ML	1	
HEPLISAV-B INJECTION 20MCG/0.5ML	1	B/D
HIBERIX INJECTION 10MCG	1	

Drug Name	Drug Tier	Requirements/Limits
IMOVAX RABIES (H.D.C.V.) INJECTION 2.5UNIT/ML	1	B/D
INFANRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	2	
IPOL INACTIVATED IPV INJECTION 0	1	
IXIARO INJECTION 0	1	
JYNNEOS INJECTION 0.5ML	1	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	
M-M-R II INJECTION 0; 0; 0	1	
MENACTRA INJECTION 0	1	
MENQUADFI INJECTION 0.5ML	1	
MENVEO INJECTION 0	1	
MRESVIA INJECTION 50MCG/0.5ML	1	QL (0.5 ML per 999 days)
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	1	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	2	
PENBRAYA INJECTION 0; 0	1	
PENMENVY INJECTION 0; 0	1	
PENTACEL INJECTION 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	2	
PREHEVBRIO INJECTION 10MCG/ML	1	B/D
PRIORIX INJECTION 0; 0; 0	1	
PROQUAD INJECTION 0; 0; 0; 0	2	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	2	
RABAVERT INJECTION 0	1	B/D
RECOMBIVAX HB INJECTION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	1	B/D
ROTARIX SUSPENSION 0	2	
ROTATEQ SOLUTION 0	1	
SHINGRIX INJECTION 50MCG/0.5ML	1	
<i>shingrix injection 50mcg/0.5ml</i>	1	
STAMARIL INJECTION 0	1	
TDVAX INJECTION 2LF/0.5ML; 2LF/0.5ML	1	
TENIVAC INJECTION 2LFU; 5LFU	1	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT INJECTION 2LF/0.5ML; 2LF/0.5ML	1	
TICOVAC INJECTION 2.4MCG/0.5ML	1	
TICOVAC INJECTION 1.2MCG/0.25ML	2	
TRUMENBA INJECTION 0.5ML	1	
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	1	
TYPHIM VI INJECTION 25MCG/0.5ML	1	
VAQTA INJECTION 25UNIT/0.5ML, 50UNIT/ML	1	
VARIVAX INJECTION 1350PFU/0.5ML	1	
VAXCHORA SUSPENSION RECONSTITUTED 0	1	
VAXELIS INJECTION 0; 0; 0; 0; 0; 0	2	
VIMKUNYA INJECTION 40MCG/0.8ML	1	
VIVOTIF CAPSULE DELAYED RELEASE 0	1	
YF-VAX INJECTION 0	1	

### Inflammatory Bowel Disease Agents

Drug Name	Drug Tier	Requirements/Limits
<b>Aminosalicylates</b>		
<i>balsalazide disodium capsule 750mg</i>	1	
CANASA SUPPOSITORY 1000MG	4	
COLAZAL CAPSULE 750MG	4	
DIPENTUM CAPSULE 250MG	4	
LIALDA TABLET DELAYED RELEASE 1.2GM	3	
<i>mesalamine dr tablet delayed release 1.2gm, 800mg</i>	1	
<i>mesalamine er capsule extended release 24 hour 0.375gm</i>	1	
<i>mesalamine er capsule extended release 500mg</i>	1	
<i>mesalamine enema 4gm</i>	1	
<i>mesalamine kit 4gm</i>	4	
<i>mesalamine suppository 1000mg</i>	1	
ROWASA KIT 4GM	4	
SFROWASA ENEMA 4GM/60ML	4	
<i>sulfasalazine tablet delayed release 500mg</i>	1	
<i>sulfasalazine tablet 500mg</i>	1	
<b>Glucocorticoids</b>		
ANUSOL-HC CREAM 2.5%	3	
<i>budesonide er tablet extended release 24 hour 9mg</i>	4	
<i>budesonide capsule delayed release particles 3mg</i>	1	
CORTIFOAM FOAM 10%	3	
EOHILIA SUSPENSION 2MG/10ML	4	QL (600 ML per 30 days) PA
<i>hydrocortisone cream 1%, 2.5%</i>	1	
<i>hydrocortisone enema 100mg/60ml</i>	1	
<i>procto-med hc cream 2.5%</i>	1	
PROCTOSOL HC CREAM 2.5%	1	
PROCTOZONE-HC CREAM 2.5%	1	
TARPEYO CAPSULE DELAYED RELEASE 4MG	4	QL (120 EA per 30 days) PA
UCERIS TABLET EXTENDED RELEASE 24 HOUR 9MG	4	
<b>Metabolic Bone Disease Agents</b>		
<b>Metabolic Bone Disease Agents</b>		
ACTONEL TABLET 150MG	3	QL (1 EA per 28 days)
ACTONEL TABLET 35MG	3	QL (4 EA per 28 days)
<i>alendronate sodium solution 70mg/75ml</i>	1	
<i>alendronate sodium tablet 10mg, 35mg, 5mg</i>	1	
<i>alendronate sodium tablet 70mg</i>	1	QL (4 EA per 28 days)
AELVIA TABLET DELAYED RELEASE 35MG	3	QL (4 EA per 28 days)
BINOSTO TABLET EFFERVESCENT 70MG	3	QL (4 EA per 28 days)
BONSITY INJECTION 560MCG/2.24ML	4	PA
<i>calcitonin salmon injection 200unit/ml</i>	4	
<i>calcitonin-salmon solution 200unit/act</i>	1	QL (3.7 ML per 30 days)
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	1	
<i>cinacalcet hydrochloride tablet 30mg, 60mg, 90mg</i>	1	
<i>doxercalciferol capsule 0.5mcg, 1mcg, 2.5mcg</i>	1	
EVENITY INJECTION 105MG/1.17ML	4	QL (2.34 ML per 28 days) PA
FORTEO INJECTION 560MCG/2.24ML	4	PA
FOSAMAX PLUS D TABLET 70MG; 2800UNIT, 70MG; 5600UNIT	3	QL (4 EA per 28 days)
FOSAMAX TABLET 70MG	3	QL (4 EA per 28 days)
<i>ibandronate sodium tablet 150mg</i>	1	QL (1 EA per 28 days)

Drug Name	Drug Tier	Requirements/Limits
JUBBONTI INJECTION 60MG/ML	3	QL (2 ML per 365 days)
MIACALCIN INJECTION 200UNIT/ML	4	
OSENVELT INJECTION 120MG/1.7ML	4	PA
<i>paricalcitol capsule 1mcg, 2mcg, 4mcg</i>	1	
PROLIA INJECTION 60MG/ML	3	QL (2 ML per 365 days)
RAYALDEE CAPSULE EXTENDED RELEASE 30MCG	4	
<i>risedronate sodium dr tablet delayed release 35mg</i>	1	QL (4 EA per 28 days)
<i>risedronate sodium tablet 30mg, 5mg</i>	1	
<i>risedronate sodium tablet 150mg</i>	1	QL (1 EA per 28 days)
<i>risedronate sodium tablet 35mg</i>	1	QL (4 EA per 28 days)
SENSIPAR TABLET 30MG	3	
SENSIPAR TABLET 60MG, 90MG	4	
STOBOCLO INJECTION 60MG/ML	3	QL (2 ML per 365 days)
TERIPARATIDE INJECTION 560MCG/2.24ML	4	PA
TYMLOS INJECTION 3120MCG/1.56ML	4	PA
WYOST INJECTION 120MG/1.7ML	4	PA
XGEVA INJECTION 120MG/1.7ML	4	PA
ZEMPLAR INJECTION 5MCG/ML	4	
<i>zoledronic acid injection 4mg/100ml, 4mg/5ml</i>	1	
<b>Miscellaneous Therapeutic Agents</b>		
<b>Miscellaneous Therapeutic Agents</b>		
ALCOHOL PREP PADS PAD 70%	2	
AMMONUL INJECTION 10%; 10%	4	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	QL (200 EA per 30 days)
MISCELLANEOUS		
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	QL (200 EA per 30 days)
MISCELLANEOUS		
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	2	QL (200 EA per 30 days)
MISCELLANEOUS		
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	2	QL (200 EA per 30 days)
MISCELLANEOUS		
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	QL (200 EA per 30 days)
MISCELLANEOUS		
CLINOLIPID INJECTION 1.2GM/100ML; 2.25GM/100ML; 16GM/100ML; 4GM/100ML	3	B/D
COSELA INJECTION 300MG	4	PA
CURITY GAUZE PADS 2"X2" 12 PLY PAD	2	
<i>deferoxamine mesylate injection 2gm</i>	1	B/D
<i>deferoxamine mesylate injection 500mg</i>	4	B/D
DEFERAL INJECTION 500MG	4	B/D
DUVYZAT SUSPENSION 8.86MG/ML	4	QL (360 ML per 30 days) PA
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	2	QL (200 EA per 30 days)
MISCELLANEOUS		
EASY COMFORT PEN NEEDLES 29GX4MM	2	QL (200 EA per 30 days)
MISCELLANEOUS		
EASY TOUCH SAFETY PEN NEEDLES/30G X 1/4"	2	QL (200 EA per 30 days)
MISCELLANEOUS		
ELLA TABLET 30MG	2	
<i>fomepizole injection 1.5gm/1.5ml</i>	4	
GIVLAARI INJECTION 189MG/ML	4	PA

Drug Name	Drug Tier	Requirements/Limits
INTRALIPID INJECTION 20GM/100ML, 30GM/100ML	3	B/D
KYGEVVI PACKET 2GM; 2GM	4	PA
METHERGINE TABLET 0.2MG	4	QL (56 EA per 365 days)
<i>methylergonovine maleate tablet 0.2mg</i>	4	QL (56 EA per 365 days)
METOPIRONE CAPSULE 250MG	4	
NUTRILIPID INJECTION 20GM/100ML	3	B/D
OMEGAVEN INJECTION 10GM/100ML, 5GM/50ML	4	B/D
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5) KIT	2	QL (1 EA per 365 days)
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	2	QL (30 EA per 30 days)
MISCELLANEOUS		
OMNIPOD 5 G7 INTRO KIT (GEN 5) KIT	2	QL (1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5) MISCELLANEOUS	2	QL (30 EA per 30 days)
OMNIPOD 5 LIBRE2 PLUS G6 INTRO GEN 5 KIT	2	QL (1 EA per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISCELLANEOUS	2	QL (30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3) KIT	2	QL (1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) MISCELLANEOUS	2	QL (30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) KIT	2	QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4) KIT	2	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) MISCELLANEOUS	2	QL (30 EA per 30 days)
OMNIPOD GO 10 UNITS/DAY KIT	2	QL (10 EA per 30 days)
OMNIPOD GO 15 UNITS/DAY KIT	2	QL (10 EA per 30 days)
OMNIPOD GO 20 UNITS/DAY KIT	2	QL (10 EA per 30 days)
OMNIPOD GO 25 UNITS/DAY KIT	2	QL (10 EA per 30 days)
OMNIPOD GO 30 UNITS/DAY KIT	2	QL (10 EA per 30 days)
OMNIPOD GO 35 UNITS/DAY KIT	2	QL (10 EA per 30 days)
OMNIPOD GO 40 UNITS/DAY KIT	2	QL (10 EA per 30 days)
OXLUMO INJECTION 94.5MG/0.5ML	4	PA
PEDMARK INJECTION 12.5%	4	
RIVFLOZA INJECTION 128MG/0.8ML	4	QL (0.8 ML per 28 days) PA
RIVFLOZA INJECTION 160MG/ML, 80MG/0.5ML	4	QL (1 ML per 28 days) PA
SKYCLARYS CAPSULE 50MG	4	QL (90 EA per 30 days) PA
SMOFLIPID INJECTION 3%; 6%; 5%; 6%	3	B/D
<i>sodium chloride 0.9% solution 0.9%</i>	1	
<i>sodium phenylacetate/sodium benzoate injection 10%; 10%</i>	4	
TACHOSIL PATCH 0; 0	4	
V-GO 20 KIT	2	
V-GO 30 KIT	2	
V-GO 40 KIT	2	
VISTOGARD PACKET 10GM	4	
VYKAT XR TABLET EXTENDED RELEASE 24 HOUR 75MG	4	QL (210 EA per 30 days) PA
VYKAT XR TABLET EXTENDED RELEASE 24 HOUR 25MG	4	QL (390 EA per 30 days) PA
VYKAT XR TABLET EXTENDED RELEASE 24 HOUR 150MG	4	QL (90 EA per 30 days) PA
ZOKINVY CAPSULE 50MG, 75MG	4	QL (120 EA per 30 days) PA
<b>Ophthalmic Agents</b>		
<b><i>Ophthalmic Agents, Other</i></b>		
<i>atropine sulfate solution 1%</i>	1	
<i>bacitracin/polymyxin b ointment 500unit/gm; 10000unit/gm</i>	1	
BEOVU SOLUTION PREFILLED SYRINGE 6MG/0.05ML	4	PA
<i>brimonidine tartrate/timolol maleate solution 0.2%; 0.5%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
BYOOVIZ SOLUTION 0.5MG/0.05ML	4	PA
CEQUA SOLUTION 0.09%	3	
CIMERLI SOLUTION 0.3MG/0.05ML	3	PA
CIMERLI SOLUTION 0.5MG/0.05ML	4	PA
COMBIGAN SOLUTION 0.2%; 0.5%	2	
<i>cyclosporine emulsion 0.05%</i>	2	
CYSTADROPS SOLUTION 0.37%	4	QL (20 ML per 28 days)
CYSTARAN SOLUTION 0.44%	4	QL (60 ML per 28 days)
<i>dorzolamide hcl/timolol maleate solution 20mg/ml; 5mg/ml</i>	1	
<i>dorzolamide hydrochloride/timolol maleate pf solution 2%; 0.5%</i>	1	
ENSPRYNG INJECTION 120MG/ML	4	PA
EYLEA SOLUTION PREFILLED SYRINGE 2MG/0.05ML	4	PA
EYLEA SOLUTION 2MG/0.05ML	4	PA
IZERVAY SOLUTION 2MG/0.1ML	4	PA
LUCENTIS SOLUTION PREFILLED SYRINGE 0.3MG/0.05ML, 0.5MG/0.05ML	4	PA
NEO-POLYCIN HC OINTMENT 400UNIT/GM; 1%; 3.5MG/GM; 10000UNIT/GM	1	
NEO-POLYCIN OINTMENT 400UNIT/GM; 3.5MG/GM; 10000UNIT/GM	1	
<i>neomycin/polymyxin/bacitracin/hydrocortisone ointment 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/bacitracin ointment 400unit/gm; 5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml</i>	1	
<i>neomycin/polymyxin/gramicidin solution 0.025mg/ml; 1.75mg/ml; 10000unit/ml</i>	1	
OXERVATE SOLUTION 0.002%	4	QL (56 ML per 28 days) PA
POLYCIN OINTMENT 500UNIT/GM; 10000UNIT/GM	1	
<i>polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%</i>	1	
RESTASIS MULTIDOSE EMULSION 0.05%	2	
RESTASIS EMULSION 0.05%	2	
ROCKLATAN SOLUTION 0.005%; 0.02%	2	QL (2.5 ML per 25 days)
SIMBRINZA SUSPENSION 0.2%; 1%	2	
<i>sulfacetamide sodium/prednisolone sodium phosphate solution 0.23%; 10%</i>	1	
SUSVIMO SOLUTION 10MG/0.1ML	4	PA
SYFOVRE SOLUTION 15MG/0.1ML	4	PA
TOBRADEX OINTMENT 0.1%; 0.3%	3	
<i>tobramycin/dexamethasone suspension 0.1%; 0.3%</i>	1	
VABYSMO SOLUTION PREFILLED SYRINGE 6MG/0.05ML	4	PA
VABYSMO SOLUTION 6MG/0.05ML	4	PA
VERKAZIA EMULSION 0.1%	4	QL (120 EA per 30 days) PA
VEVYE SOLUTION 0.1%	3	PA
VISUDYNE INJECTION 15MG	4	

Drug Name	Drug Tier	Requirements/Limits
XIIDRA SOLUTION 5%	3	QL (60 EA per 30 days)
YUVEZZI SOLUTION 0.1%; 2.75%	3	QL (30 EA per 30 days) PA
ZYLET SUSPENSION 0.5%; 0.3%	3	
<b>Ophthalmic Anti-allergy Agents</b>		
<i>azelastine hcl ophthalmic solution 0.05%</i>	1	
<i>bepotastine besilate solution 1.5%</i>	1	
BEPREVE SOLUTION 1.5%	3	
<i>cromolyn sodium solution 4%</i>	1	
<i>epinastine hcl solution 0.05%</i>	1	
<i>olopatadine hydrochloride ophthalmic solution 0.1%, 0.2%</i>	1	
<b>Ophthalmic Anti-Infectives</b>		
<i>bacitracin ointment 500unit/gm</i>	1	
BESIVANCE SUSPENSION 0.6%	3	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	1	
<i>erythromycin ointment 5mg/gm</i>	1	
<i>gatifloxacin solution 0.5%</i>	1	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	1	
<i>levofloxacin ophthalmic solution 0.5%</i>	1	
<i>moxifloxacin hydrochloride solution 0.5%</i>	1	
NATACYN SUSPENSION 5%	3	
<i>ofloxacin ophthalmic solution 0.3%</i>	1	
<i>sulfacetamide sodium ointment 10%</i>	1	
<i>sulfacetamide sodium solution 10%</i>	1	
<i>tobramycin solution 0.3%</i>	1	
<i>trifluridine solution 1%</i>	1	
XDEMY SOLUTION 0.25%	4	QL (10 ML per 42 days)
ZIRGAN GEL 0.15%	3	
<b>Ophthalmic Anti-inflammatories</b>		
ACUVAIL SOLUTION 0.45%	3	ST
<i>bromfenac sodium solution 0.07%</i>	3	QL (12 ML per 365 days)
<i>bromfenac sodium solution 0.075%</i>	3	ST
BROMSITE SOLUTION 0.075%	3	ST
<i>dexamethasone sodium phosphate solution 0.1%</i>	1	
DEXYCU INJECTION 9%	4	
<i>diclofenac sodium ophthalmic solution 0.1%</i>	1	
<i>difluprednate emulsion 0.05%</i>	1	
FLAREX SUSPENSION 0.1%	2	
<i>fluorometholone suspension 0.1%</i>	1	
<i>flurbiprofen sodium solution 0.03%</i>	1	
FML FORTE SUSPENSION 0.25%	2	
ILEVRO SUSPENSION 0.3%	3	QL (4 ML per 30 days)
ILUVIEN IMPLANT 0.19MG	4	
<i>ketorolac tromethamine solution 0.4%, 0.5%</i>	1	
LOTEMAX SM GEL 0.38%	3	QL (20 GM per 365 days)
LOTEMAX GEL 0.5%	3	QL (20 GM per 365 days)
LOTEMAX OINTMENT 0.5%	3	QL (14 GM per 365 days)
<i>loteprednol etabonate gel 0.5%</i>	1	QL (20 GM per 365 days)
NEVANAC SUSPENSION 0.1%	3	QL (4 ML per 30 days)
PRED MILD SUSPENSION 0.12%	2	
<i>prednisolone acetate suspension 1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PROLENSA SOLUTION 0.07%	3	QL (12 ML per 365 days)
RETISERT IMPLANT 0.59MG	4	
XIPERE INJECTION 40MG/ML	4	PA
YUTIQ IMPLANT 0.18MG	4	
<b>Ophthalmic Beta-Adrenergic Blocking Agents</b>		
<i>betaxolol hcl solution 0.5%</i>	1	
<i>carteolol hcl solution 1%</i>	1	
<i>levobunolol hcl solution 0.5%</i>	1	
<i>timolol maleate solution 0.25%, 0.5%</i>	1	
<b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>		
<i>acetazolamide er capsule extended release 12 hour 500mg</i>	1	
<i>acetazolamide tablet 125mg, 250mg</i>	1	
<i>apraclonidine solution 0.5%</i>	1	
<i>brimonidine tartrate solution 0.1%, 0.15%, 0.2%</i>	1	
<i>brinzolamide suspension 1%</i>	1	
<i>dorzolamide hydrochloride solution 2%</i>	1	
<i>methazolamide tablet 25mg, 50mg</i>	1	
OMLONTI SOLUTION 0.002%	3	QL (2.5 ML per 25 days) ST
<i>pilocarpine hydrochloride solution 1%, 2%, 4%</i>	1	
<i>pilocarpine hydrochloride solution 1.25%</i>	1	QL (7.5 ML per 28 days) PA
QLOSI SOLUTION 0.4%	3	QL (60 EA per 30 days) PA
RHOPRESSA SOLUTION 0.02%	2	QL (2.5 ML per 25 days)
VUITY SOLUTION 1.25%	3	QL (7.5 ML per 28 days) PA
<b>Ophthalmic Prostaglandin and Prostanoid Analogs</b>		
<i>bimatoprost solution 0.03%</i>	1	QL (5 ML per 30 days)
DURYSTA INJECTION 10MCG	4	
IDOSE TR INJECTION 75MCG	4	ST
IYUZEH SOLUTION 0.005%	3	ST
<i>latanoprost solution 0.005%</i>	1	
LUMIGAN SOLUTION 0.01%	2	QL (2.5 ML per 25 days)
TRAVATAN Z SOLUTION 0.004%	3	QL (2.5 ML per 25 days)
<i>travoprost solution 0.004%</i>	1	QL (2.5 ML per 25 days)
VYZULTA SOLUTION 0.024%	3	QL (5 ML per 25 days)
XELPROS EMULSION 0.005%	3	QL (2.5 ML per 25 days) ST
<b>Otic Agents</b>		
<b>Otic Agents</b>		
<i>acetic acid solution 2%</i>	1	
<i>ciprofloxacin/dexamethasone suspension 0.3%; 0.1%</i>	1	
<i>ciprofloxacin solution 0.2%</i>	1	
<i>flac oil 0.01%</i>	1	
<i>fluocinolone acetonide ear drops oil 0.01%</i>	1	
<i>fluocinolone acetonide oil 0.01%</i>	1	
<i>neomycin/polymyxin/hc solution 1%; 3.5mg/ml; 10000unit/ml</i>	1	
<i>neomycin/polymyxin/hydrocortisone suspension 1%; 3.5mg/ml; 10000unit/ml</i>	1	
<i>ofloxacin otic solution 0.3%</i>	1	
<b>Respiratory Tract/Pulmonary Agents</b>		
<b>Anti-inflammatories, Inhaled Corticosteroids</b>		
ARMONAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 113MCG/ACT, 232MCG/ACT, 55MCG/ACT	3	QL (1 EA per 30 days) ST

Drug Name	Drug Tier	Requirements/Limits
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	2	QL (30 EA per 30 days)
ASMANEX HFA AEROSOL 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	3	QL (13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	3	QL (1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	3	QL (1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 110MCG/INH, 220MCG/INH	3	QL (1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	3	QL (1 EA per 30 days)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	1	QL (120 ML per 30 days) B/D
<i>flunisolide solution 0.025%</i>	1	QL (50 ML per 30 days)
<i>fluticasone propionate suspension 50mcg/act</i>	1	
<i>mometasone furoate suspension 50mcg/act</i>	1	QL (34 GM per 30 days)
PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 180MCG/ACT, 90MCG/ACT	3	QL (2 EA per 30 days) ST
PULMICORT SUSPENSION 0.25MG/2ML, 0.5MG/2ML, 1MG/2ML	3	QL (120 ML per 30 days) B/D
QVAR REDHALER AEROSOL BREATH ACTIVATED 40MCG/ACT, 80MCG/ACT	2	QL (21.2 GM per 30 days)
<b>Antihistamines</b>		
<i>azelastine hcl nasal solution 0.15%</i>	1	QL (60 ML per 30 days)
<i>azelastine hydrochloride/fluticasone propionate suspension 137mcg/act; 50mcg/act</i>	3	QL (23 GM per 30 days)
<i>azelastine hydrochloride solution 0.1%, 0.15%</i>	1	QL (60 ML per 30 days)
<i>carbinoxamine maleate solution 4mg/5ml</i>	1	
<i>carbinoxamine maleate tablet 4mg, 6mg</i>	1	
<i>cetirizine hydrochloride solution 5mg/5ml</i>	1	
<i>clemastine fumarate syrup 0.67mg/5ml</i>	1	
<i>clemastine fumarate tablet 2.68mg</i>	1	
<i>cyproheptadine hcl syrup 2mg/5ml</i>	1	
<i>cyproheptadine hydrochloride tablet 4mg</i>	1	
<i>diphenhydramine hcl elixir 12.5mg/5ml</i>	1	
<i>diphenhydramine hydrochloride injection 50mg/ml</i>	1	
DYMISTA SUSPENSION 137MCG/ACT; 50MCG/ACT	3	QL (23 GM per 30 days)
<i>hydroxyzine hcl tablet 50mg</i>	1	
<i>hydroxyzine hydrochloride syrup 10mg/5ml</i>	1	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	1	
<i>hydroxyzine pamoate capsule 100mg, 25mg, 50mg</i>	1	
<i>levocetirizine dihydrochloride tablet 5mg</i>	1	
<i>olopatadine hcl solution 0.6%</i>	1	QL (30.5 GM per 30 days)
<i>olopatadine hydrochloride nasal solution 0.6%</i>	1	QL (30.5 GM per 30 days)
RYCLOLA SOLUTION 2MG/5ML	3	
<b>Antileukotrienes</b>		
<i>montelukast sodium packet 4mg</i>	1	
<i>montelukast sodium tablet chewable 4mg, 5mg</i>	1	
<i>montelukast sodium tablet 10mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>zafirlukast tablet 10mg, 20mg</i>	1	
<i>zileuton er tablet extended release 12 hour 600mg</i>	4	
ZYFLO TABLET 600MG	4	
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA AEROSOL SOLUTION 17MCG/ACT	3	QL (25.8 GM per 30 days)
DUAKLIR PRESSAIR AEROSOL POWDER BREATH ACTIVATED 400MCG/ACT; 12MCG/ACT	3	QL (2 EA per 30 days) ST
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/INH	2	QL (30 EA per 30 days)
<i>ipratropium bromide hfa aerosol solution 17mcg/act</i>	1	QL (25.8 GM per 30 days)
<i>ipratropium bromide nasal solution 0.03%, 0.06%</i>	1	
<i>ipratropium bromide inhalation solution 0.02%</i>	1	QL (312.5 ML per 30 days) B/D
SPIRIVA HANDIHALER CAPSULE 18MCG	2	QL (30 EA per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	2	
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	2	QL (8 GM per 30 days)
<i>tiotropium bromide capsule 18mcg</i>	2	QL (30 EA per 30 days)
TUDORZA PRESSAIR AEROSOL POWDER BREATH ACTIVATED 400MCG/ACT	3	QL (1 EA per 30 days) ST
YUPELRI NEBULIZATION SOLUTION 175MCG/3ML	4	QL (90 ML per 30 days) B/D
<b>Bronchodilators, Sympathomimetic</b>		
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	1	QL (13.4 GM per 30 days); (6.7GM Package Size)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	1	QL (17 GM per 30 days); (8.5GM Package Size)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	1	QL (48 GM per 30 days); (18GM Package Size)
<i>albuterol sulfate nebulization solution 2.5mg/0.5ml</i>	1	QL (100 EA per 30 days) B/D
<i>albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	1	QL (375 ML per 30 days) B/D
<i>albuterol sulfate nebulization solution 0.083%</i>	1	QL (525 ML per 30 days) B/D
<i>albuterol sulfate syrup 2mg/5ml</i>	3	
<i>arformoterol tartrate nebulization solution 15mcg/2ml</i>	1	QL (120 ML per 30 days) PA
AUVI-Q INJECTION 0.1MG/0.1ML	3	QL (2 EA per 30 days) ST
AUVI-Q INJECTION 0.15MG/0.15ML, 0.3MG/0.3ML	3	ST
BROVANA NEBULIZATION SOLUTION 15MCG/2ML	4	QL (120 ML per 30 days) PA
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	1	
<i>formoterol fumarate nebulization solution 20mcg/2ml</i>	3	QL (120 ML per 30 days) B/D
<i>levalbuterol hcl nebulization solution 1.25mg/3ml</i>	1	QL (270 ML per 30 days) B/D
<i>levalbuterol hcl nebulization solution 0.31mg/3ml</i>	1	QL (540 ML per 30 days) B/D
<i>levalbuterol hydrochloride nebulization solution 1.25mg/3ml</i>	1	QL (270 ML per 30 days) B/D
<i>levalbuterol hydrochloride nebulization solution 0.31mg/3ml, 0.63mg/3ml</i>	1	QL (540 ML per 30 days) B/D
LEVALBUTEROL TARTRATE HFA AEROSOL 45MCG/ACT	1	QL (30 GM per 30 days)
<i>levalbuterol nebulization solution 1.25mg/0.5ml</i>	1	QL (90 EA per 30 days) B/D
PERFOROMIST NEBULIZATION SOLUTION 20MCG/2ML	3	QL (120 ML per 30 days) B/D
PROAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 108MCG/ACT	3	QL (2 EA per 30 days)
PROVENTIL HFA AEROSOL SOLUTION 108MCG/ACT	3	QL (13.4 GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE	2	QL (60 EA per 30 days)
STRIVERDI RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	QL (4 GM per 30 days)
<i>terbutaline sulfate injection 1mg/ml</i>	1	
<i>terbutaline sulfate tablet 2.5mg, 5mg</i>	3	
VENTOLIN HFA AEROSOL SOLUTION 108MCG/ACT	3	QL (48 GM per 30 days) ST
XOPENEX HFA AEROSOL 45MCG/ACT	3	QL (30 GM per 30 days)
<b>Cystic Fibrosis Agents</b>		
ALYFTREK TABLET 125MG; 50MG; 10MG	4	QL (56 EA per 28 days) PA
ALYFTREK TABLET 50MG; 20MG; 4MG	4	QL (84 EA per 28 days) PA
BETHKIS NEBULIZATION SOLUTION 300MG/4ML	4	B/D
CAYSTON SOLUTION RECONSTITUTED 75MG	4	PA
KALYDECO PACKET 13.4MG, 25MG, 5.8MG, 50MG, 75MG	4	QL (56 EA per 28 days) PA
KALYDECO TABLET 150MG	4	QL (60 EA per 30 days) PA
KITABIS PAK NEBULIZATION SOLUTION 300MG/5ML	4	B/D
ORKAMBI PACKET 125MG; 100MG, 188MG; 150MG, 94MG; 75MG	4	QL (56 EA per 28 days) PA
ORKAMBI TABLET 125MG; 100MG, 125MG; 200MG	4	QL (112 EA per 28 days) PA
PULMOZYME SOLUTION 2.5MG/2.5ML	4	PA
SYMDEKO TABLET THERAPY PACK 150MG; 100MG	4	QL (56 EA per 28 days) PA
SYMDEKO TABLET THERAPY PACK 75MG; 50MG	4	QL (60 EA per 30 days) PA
TOBI PODHALER CAPSULE 28MG	4	QL (224 EA per 56 days)
TOBI NEBULIZATION SOLUTION 300MG/5ML	4	B/D
<i>tobramycin nebulization solution 300mg/4ml, 300mg/5ml</i>	4	B/D
TRIKAFTA TABLET THERAPY PACK 100MG; 0; 50MG, 50MG; 0; 25MG	4	QL (84 EA per 28 days) PA
TRIKAFTA THERAPY PACK 100MG; 0; 50MG, 80MG; 0; 40MG	4	QL (56 EA per 28 days) PA
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	1	B/D
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
DALIRESP TABLET 250MCG, 500MCG	3	PA
OHTUVAYRE SUSPENSION 3MG/2.5ML	4	QL (150 ML per 30 days) PA
<i>roflumilast tablet 250mcg, 500mcg</i>	1	PA
<i>theophylline er tablet extended release 12 hour 100mg, 200mg, 300mg, 450mg</i>	1	
<i>theophylline er tablet extended release 24 hour 400mg, 600mg</i>	1	
<b>Pulmonary Antihypertensives</b>		
ADCIRCA TABLET 20MG	4	QL (60 EA per 30 days) PA
ADEMPAS TABLET 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	4	QL (90 EA per 30 days) PA
<i>alyq tablet 20mg</i>	1	QL (60 EA per 30 days) PA
<i>ambrisentan tablet 10mg, 5mg</i>	4	QL (30 EA per 30 days) PA
<i>bosentan tablet soluble 32mg</i>	4	QL (112 EA per 28 days) PA
<i>bosentan tablet 125mg, 62.5mg</i>	4	QL (60 EA per 30 days) PA
<i>epoprostenol sodium injection 0.5mg, 1.5mg</i>	4	PA
FLOLAN INJECTION 0.5MG, 1.5MG	4	PA
LETAIRIS TABLET 10MG, 5MG	4	QL (30 EA per 30 days) PA
LIQREV SUSPENSION 10MG/ML	4	PA

Drug Name	Drug Tier	Requirements/Limits
OPSUMIT TABLET 10MG	4	QL (30 EA per 30 days) PA
ORENITRAM TITRATION KIT MONTH 1 TABLET EXTENDED RELEASE THERAPY PACK 0	4	QL (336 EA per 365 days) PA
ORENITRAM TITRATION KIT MONTH 2 TABLET EXTENDED RELEASE THERAPY PACK 0	4	QL (672 EA per 365 days) PA
ORENITRAM TITRATION KIT MONTH 3 TABLET EXTENDED RELEASE THERAPY PACK 0	4	QL (504 EA per 365 days) PA
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	3	PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	4	PA
REMODULIN INJECTION 8MG/20ML	3	PA
REMODULIN INJECTION 100MG/20ML, 200MG/20ML, 20MG/20ML, 50MG/20ML	4	PA
REVATIO INJECTION 10MG/12.5ML	4	PA
REVATIO SUSPENSION RECONSTITUTED 10MG/ML	4	PA
REVATIO TABLET 20MG	4	QL (90 EA per 30 days) PA
<i>sildenafil citrate suspension reconstituted 10mg/ml</i>	1	PA
<i>sildenafil citrate tablet 20mg</i>	1	QL (90 EA per 30 days) PA
<i>sildenafil injection 10mg/12.5ml</i>	4	PA
<i>tadalafil tablet 20mg</i>	1	QL (60 EA per 30 days) PA
TADLIQ SUSPENSION 20MG/5ML	4	QL (300 ML per 30 days) PA
TRACLEER TABLET SOLUBLE 32MG	4	QL (112 EA per 28 days) PA
TRACLEER TABLET 125MG, 62.5MG	4	QL (60 EA per 30 days) PA
<i>treprostinil injection 100mg/20ml, 200mg/20ml, 20mg/20ml, 50mg/20ml</i>	4	PA
TYVASO DPI INSTITUTIONAL KIT POWDER 16MCG, 32MCG, 48MCG, 64MCG, 80MCG	4	QL (112 EA per 28 days) PA
TYVASO DPI MAINTENANCE KIT POWDER 16MCG, 32MCG, 48MCG, 64MCG, 80MCG	4	QL (112 EA per 28 days) PA
TYVASO DPI MAINTENANCE KIT POWDER 0	4	QL (224 EA per 28 days) PA
TYVASO DPI TITRATION KIT POWDER 0	4	QL (392 EA per 365 days) PA ; (112 X 16mcg & 84 X 32mcg)
TYVASO DPI TITRATION KIT POWDER 0	4	QL (504 EA per 365 days) PA ; (112 X 16mcg & 112 X 32mcg & 28 X 48mcg)
TYVASO REFILL KIT SOLUTION 0.6MG/ML	4	QL (87 ML per 30 days) PA
TYVASO STARTER KIT SOLUTION 0.6MG/ML	4	QL (87 ML per 30 days) PA
TYVASO SOLUTION 0.6MG/ML	4	QL (87 ML per 30 days) PA
UPTRAVI TITRATION PACK TABLET THERAPY PACK 0	4	QL (400 EA per 365 days) PA
UPTRAVI INJECTION 1800MCG	4	PA
UPTRAVI TABLET 1000MCG, 1200MCG, 1400MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG	4	QL (60 EA per 30 days) PA
VELETTRI INJECTION 0.5MG, 1.5MG	4	PA
VENTAVIS SOLUTION 10MCG/ML, 20MCG/ML	4	QL (270 ML per 30 days) PA
WINREVAIR INJECTION 0, 45MG, 60MG	4	QL (1 EA per 21 days) PA
YUTREPIA CAPSULE 26.5MCG, 53MCG	4	QL (140 EA per 28 days) PA
YUTREPIA CAPSULE 106MCG	4	QL (224 EA per 28 days) PA
YUTREPIA CAPSULE 79.5MCG	4	QL (280 EA per 28 days) PA

Drug Name	Drug Tier	Requirements/Limits
<b>Pulmonary Fibrosis Agents</b>		
ESBRIET CAPSULE 267MG	4	PA
ESBRIET TABLET 267MG, 801MG	4	PA
JASCAYD TABLET 18MG, 9MG	4	QL (60 EA per 30 days) PA
OFEV CAPSULE 100MG, 150MG	4	PA
<i>pirfenidone capsule 267mg</i>	4	PA
<i>pirfenidone tablet 267mg, 534mg, 801mg</i>	4	PA
<b>Respiratory Tract Agents, Other</b>		
ACETADOTE INJECTION 200MG/ML	4	
<i>acetylcysteine solution 10%, 20%</i>	1	B/D
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 50MCG/ACT, 250MCG/ACT; 50MCG/ACT, 500MCG/ACT; 50MCG/ACT	3	QL (60 EA per 30 days)
ADVAIR HFA AEROSOL 115MCG/ACT; 21MCG/ACT, 230MCG/ACT; 21MCG/ACT, 45MCG/ACT; 21MCG/ACT	2	QL (24 GM per 30 days)
AIRDUO DIGIHALER 113/14 AEROSOL POWDER BREATH ACTIVATED 113MCG/ACT; 14MCG/ACT	3	QL (1 EA per 30 days)
AIRDUO DIGIHALER 232/14 AEROSOL POWDER BREATH ACTIVATED 232MCG/ACT; 14MCG/ACT	3	QL (1 EA per 30 days)
AIRDUO DIGIHALER 55/14 AEROSOL POWDER BREATH ACTIVATED 55MCG/ACT; 14MCG/ACT	3	QL (1 EA per 30 days)
AIRDUO RESPICLICK 113/14 AEROSOL POWDER BREATH ACTIVATED 113MCG/ACT; 14MCG/ACT	3	QL (1 EA per 30 days)
AIRDUO RESPICLICK 232/14 AEROSOL POWDER BREATH ACTIVATED 232MCG/ACT; 14MCG/ACT	3	QL (1 EA per 30 days)
AIRDUO RESPICLICK 55/14 AEROSOL POWDER BREATH ACTIVATED 55MCG/ACT; 14MCG/ACT	3	QL (1 EA per 30 days)
AIRSUPRA AEROSOL 90MCG/ACT; 80MCG/ACT	2	QL (32.1 GM per 30 days)
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/ACT; 25MCG/ACT	2	QL (60 EA per 30 days)
BEVESPI AEROSPHERE AEROSOL 4.8MCG/ACT; 9MCG/ACT	2	QL (10.7 GM per 30 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/INH	2	QL (60 EA per 30 days)
<i>breynga aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act</i>	3	QL (10.3 GM per 30 days)
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	2	QL (23.6 GM per 28 days)
BRINSUPRI TABLET 10MG, 25MG	4	QL (30 EA per 30 days) PA
BRONCHITOL CAPSULE 40MG	4	QL (560 EA per 28 days) PA
<i>budesonide/formoterol fumarate dihydrate aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act</i>	3	QL (10.3 GM per 30 days)
CINQAIR INJECTION 100MG/10ML	4	PA
COMBIVENT RESPIMAT AEROSOL SOLUTION 100MCG/ACT; 20MCG/ACT	2	QL (8 GM per 30 days)
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	3	QL (13 GM per 30 days) PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	3	QL (17.6 GM per 30 days) PA
FASENRA PEN INJECTION 30MG/ML	4	QL (1 ML per 28 days) PA

Drug Name	Drug Tier	Requirements/Limits
FASENRA INJECTION 10MG/0.5ML	3	QL (0.5 ML per 28 days) PA
FASENRA INJECTION 30MG/ML	4	QL (1 ML per 28 days) PA
<i>fluticasone propionate/salmeterol diskus aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days)
FLUTICASONE PROPIONATE/SALMETEROL AEROSOL POWDER BREATH ACTIVATED 113MCG/ACT; 14MCG/ACT, 232MCG/ACT; 14MCG/ACT, 55MCG/ACT; 14MCG/ACT	3	QL (1 EA per 30 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate solution 2.5mg/3ml; 0.5mg/3ml</i>	1	QL (540 ML per 30 days) B/D
NUCALA INJECTION 40MG/0.4ML	4	QL (0.4 ML per 28 days) PA
NUCALA INJECTION 100MG	4	QL (3 EA per 28 days) PA
NUCALA INJECTION 100MG/ML	4	QL (3 ML per 28 days) PA
<i>promethazine hydrochloride/phenylephrine hydrochloride syrup 5mg/5ml; 6.25mg/5ml</i>	1	
<i>promethazine vc syrup 5mg/5ml; 6.25mg/5ml</i>	1	
<i>ribavirin solution reconstituted 6gm</i>	4	
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT; 2.5MCG/ACT	3	QL (24 GM per 30 days) ST
TEZSPIRE INJECTION 210MG/1.91ML	4	QL (1.91 ML per 28 days) PA
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH	2	QL (60 EA per 30 days)
VIRAZOLE SOLUTION RECONSTITUTED 6GM	4	
<i>wixela inhub aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days)
<b>Skeletal Muscle Relaxants</b>		
<b><i>Skeletal Muscle Relaxants</i></b>		
AMRIX CAPSULE EXTENDED RELEASE 24 HOUR 15MG, 30MG	4	PA
<i>carisoprodol tablet 250mg, 350mg</i>	1	PA
<i>chlorzoxazone tablet 375mg, 500mg, 750mg</i>	1	
<i>chlorzoxazone tablet 250mg</i>	4	
<i>cyclobenzaprine hydrochloride er capsule extended release 24 hour 15mg, 30mg</i>	1	PA
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg, 7.5mg</i>	1	PA
FEXMID TABLET 7.5MG	3	PA
<i>metaxalone tablet 640mg</i>	4	
<i>methocarbamol injection 1000mg/10ml</i>	1	
<i>methocarbamol tablet 500mg, 750mg</i>	1	
<i>methocarbamol tablet 1000mg</i>	4	
NORGESIC FORTE TABLET 770MG; 60MG; 50MG	4	
NORGESIC TABLET 385MG; 30MG; 25MG	3	
<i>orphenadrine citrate er tablet extended release 12 hour 100mg</i>	1	
<i>orphenadrine/aspirin/caffeine tablet 385mg; 30mg; 25mg</i>	1	
ORPHENGESIC FORTE TABLET 770MG; 60MG; 50MG	4	

Drug Name	Drug Tier	Requirements/Limits
ROBAXIN INJECTION 1000MG/10ML	4	
SOMA TABLET 250MG	3	PA
SOMA TABLET 350MG	4	PA
VANADOM TABLET 350MG	4	PA
<b>Sleep Disorder Agents</b>		
<b>Sleep Promoting Agents</b>		
AMBIEN CR TABLET EXTENDED RELEASE 12.5MG, 6.25MG	3	QL (30 EA per 30 days)
AMBIEN TABLET 10MG, 5MG	3	QL (30 EA per 30 days)
BELSOMRA TABLET 10MG, 15MG, 20MG, 5MG	2	QL (30 EA per 30 days)
DAYVIGO TABLET 10MG, 5MG	3	QL (30 EA per 30 days) PA
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	1	QL (30 EA per 30 days)
EDLUAR TABLET SUBLINGUAL 10MG, 5MG	3	QL (30 EA per 30 days)
<i>estazolam tablet 1mg, 2mg</i>	1	QL (30 EA per 30 days)
<i>eszopiclone tablet 1mg, 2mg, 3mg</i>	1	QL (30 EA per 30 days)
HALCION TABLET 0.25MG	3	QL (60 EA per 30 days)
HETLIOZ LQ SUSPENSION 4MG/ML	4	QL (158 ML per 30 days) PA
HETLIOZ CAPSULE 20MG	4	QL (30 EA per 30 days) PA
LUNESTA TABLET 1MG, 2MG, 3MG	3	QL (30 EA per 30 days)
QUVIVIQ TABLET 25MG, 50MG	3	QL (30 EA per 30 days) PA
<i>ramelteon tablet 8mg</i>	1	QL (30 EA per 30 days)
RESTORIL CAPSULE 15MG, 22.5MG, 30MG, 7.5MG	3	QL (30 EA per 30 days)
ROZEREM TABLET 8MG	3	QL (30 EA per 30 days)
SILENOR TABLET 3MG, 6MG	3	QL (30 EA per 30 days)
<i>tasimelteon capsule 20mg</i>	4	QL (30 EA per 30 days) PA
<i>temazepam capsule 15mg, 22.5mg, 30mg, 7.5mg</i>	1	QL (30 EA per 30 days)
<i>triazolam tablet 0.125mg, 0.25mg</i>	1	QL (60 EA per 30 days)
<i>zaleplon capsule 5mg</i>	1	QL (30 EA per 30 days)
<i>zaleplon capsule 10mg</i>	1	QL (60 EA per 30 days)
<i>zolpidem tartrate er tablet extended release 12.5mg, 6.25mg</i>	1	QL (30 EA per 30 days)
ZOLPIDEM TARTRATE CAPSULE 7.5MG	1	QL (30 EA per 30 days)
<i>zolpidem tartrate tablet sublingual 1.75mg, 3.5mg</i>	1	QL (30 EA per 30 days)
<i>zolpidem tartrate tablet 10mg, 5mg</i>	1	QL (30 EA per 30 days)
<b>Wakefulness Promoting Agents</b>		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	3	QL (30 EA per 30 days) PA
<i>armodafinil tablet 50mg</i>	3	QL (60 EA per 30 days) PA
LUMRYZ STARTER PACK THERAPY PACK 0	4	QL (56 EA per 365 days) PA
LUMRYZ PACKET 4.5GM, 6GM, 7.5GM, 9GM	4	QL (30 EA per 30 days) PA
<i>modafinil tablet 100mg, 200mg</i>	1	QL (30 EA per 30 days) PA
NUVIGIL TABLET 150MG, 200MG, 250MG	3	QL (30 EA per 30 days) PA
NUVIGIL TABLET 50MG	3	QL (60 EA per 30 days) PA
PROVIGIL TABLET 100MG, 200MG	4	QL (30 EA per 30 days) PA
SODIUM OXYBATE SOLUTION 500MG/ML	4	QL (540 ML per 30 days) PA
SUNOSI TABLET 150MG, 75MG	3	QL (30 EA per 30 days) PA
WAKIX TABLET 17.8MG, 4.45MG	4	QL (60 EA per 30 days) PA
XYREM SOLUTION 500MG/ML	4	QL (540 ML per 30 days) PA
XYWAV SOLUTION 234MG/ML; 96MG/ML; 130MG/ML; 40MG/ML	4	QL (540 ML per 30 days) PA

# INDEX

abacavir .....	49	adapalene .....	71
abacavir sulfate .....	49	adapalene/benzoyl peroxide .....	71
abacavir sulfate/lamivudine .....	49	adbry .....	72
abelcet .....	28	adcetris .....	40
abigale .....	90	adcirca .....	113
abigale lo .....	90	adderall .....	66
abilify .....	44	adderall xr .....	66
abilify asimtufii .....	44	adefovir dipivoxil .....	47
abilify maintena .....	44	adempas .....	113
abilify mycite maintenance kit .....	44	adlarity .....	23
abilify mycite starter kit .....	44	admelog .....	55
abiraterone acetate .....	32	admelog solostar .....	55
abirtega .....	32	adrenalin .....	62
abraxane .....	33	adriamycin .....	33
abrysvo .....	103	adstiladrin .....	33
absorica .....	71	advair diskus .....	115
absorica ld .....	71	advair hfa .....	115
acamprosate calcium dr .....	13	adzynma .....	84
acarbose .....	53	aemcolo .....	15
accutane .....	71	afinitor .....	36
acebutolol hydrochloride .....	60	afinitor disperz .....	36
acetadote .....	115	afirmelle .....	90
acetaminophen/caffeine/dihydrocodeine .....	11	afrezza .....	55
acetaminophen/codeine .....	11	agamree .....	88
acetaminophen/codeine phosphate .....	11	aimovig .....	29
acetazolamide .....	110	airduo digihaler 113/14 .....	115
acetazolamide er .....	110	airduo digihaler 232/14 .....	115
acetazolamide sodium .....	62	airduo digihaler 55/14 .....	115
acetic acid .....	110	airduo respiclick 113/14 .....	115
acetic acid 0.25% .....	88	airduo respiclick 232/14 .....	115
acetylcysteine .....	115	airduo respiclick 55/14 .....	115
aciphex .....	83	airsupra .....	115
acitretin .....	71	ajovy .....	29
acthar .....	88	akeega .....	34
acthar gel .....	88	akynzeo .....	27
acthib .....	103	albendazole .....	42
actimmune .....	100	albuterol sulfate .....	112
actonel .....	105	albuterol sulfate hfa .....	112
acuvail .....	109	alclometasone dipropionate .....	72
acyclovir .....	51, 75	alcohol prep pads .....	106
acyclovir sodium .....	51	aldurazyme .....	84
aczone .....	75	alecensa .....	36
adacel .....	103	alendronate sodium .....	105
adakveo .....	57	alferon n .....	100
adalimumab-aaty 1-pen kit .....	100	alfuzosin hcl er .....	87
adalimumab-aaty 2-pen kit .....	100	alimta .....	33
adalimumab-aaty 2-syringe .....	100	alinia .....	42
adalimumab-aaty cd/uc/hs starter .....	101	aliqopa .....	36
adalimumab-adbm .....	101	aliskiren .....	62
adalimumab-adbm crohns/uc/hs starter .....	101	alkindi sprinkle .....	88
adalimumab-adbm psoriasis/uveitis starter .....	101	allopurinol .....	29
adalimumab-adbm starter package for crohns disease/uc/hs .....	101	allzital .....	68
adalimumab-adbm starter package for psoriasis/uveitis .....	101	almotriptan .....	30
		almotriptan malate .....	30
		alogliptin .....	53

alogliptin/metformin hcl.....	53	amvuttra.....	84
alogliptin/metformin hydrochloride .....	53	anafranil.....	26
alogliptin/pioglitazone .....	53	anagrelide hydrochloride .....	57
alose tron hydrochloride .....	81	analpram hc.....	74
alprazolam .....	52	anastrozole .....	36
alprazolam er .....	52	ancobon.....	28
alprazolam odt .....	52	andembry.....	96
alprazolam xr .....	52	androgel pump.....	90
altavera.....	90	anktiva .....	34
altoprev.....	64	annovera.....	90
alunbrig.....	36	anoro ellipta .....	115
alvaiz .....	57	antivert.....	27
alyacen 1/35 .....	90	anusol-hc.....	105
alyacen 7/7/7 .....	90	anzemet.....	27
alyftrek.....	113	apadaz.....	11
alyglo .....	97	apexicon e .....	72
alymsys.....	40	aphexda .....	57
alyq.....	113	aplenzin .....	24
amabelz.....	90	apokyn.....	43
amantadine hcl .....	51	apomorphine hydrochloride .....	43
ambien.....	117	aponvie .....	27
ambien cr.....	117	apraclonidine .....	110
ambisome .....	28	aprepitant.....	27
ambrisentan .....	113	aptensio xr .....	67
amcinonide .....	72	aptiom.....	22
amethia.....	90	aptivus .....	50
amethyst.....	90	aqneursa.....	68
amikacin sulfate .....	14	aqvesme .....	84
amiloride hcl.....	64	aralast np.....	84
amiloride/hydrochlorothiazide .....	62	aranesp albumin free .....	57
aminocaproic acid .....	58	arava .....	101
aminosyn ii.....	76	arazlo.....	71
aminosyn-pf .....	76	arbli .....	59
aminosyn-pf 7% .....	76	arcalyst.....	98
amiodarone hydrochloride .....	60	arestin.....	71
amitiza .....	81	arexvy.....	103
amitriptyline hcl.....	26	arformoterol tartrate .....	112
amitriptyline hydrochloride.....	26	argatroban .....	56
amlodipine besylate .....	61	argatroban/sodium chloride .....	56
amlodipine besylate/benazepril hydrochloride.....	62	arikayce .....	14
amlodipine besylate/valsartan .....	62	arimidex .....	36
amlodipine/olmesartan medoxomil .....	62	aripiprazole .....	44
ammonium lactate.....	72	aripiprazole odt .....	44
ammonul.....	106	aristada.....	44
amnesteem .....	71	aristada initio.....	44
amondys 45 .....	84	arixtra .....	56
amoxapine .....	26	armodafinil .....	117
amoxicillin .....	17	armonair digihaler .....	110
amoxicillin/clavulanate potassium.....	17	arnuity ellipta.....	111
amoxicillin/clavulanate potassium er.....	17	aromasin.....	36
amphetamine/dextroamphetamine .....	66, 67	arranon .....	33
amphotericin b .....	28	arsenic trioxide.....	34
amphotericin b liposome .....	28	artesanate.....	42
ampicillin.....	17	arynta .....	67
ampicillin sodium.....	17	arzerra .....	40
ampicillin/sulbactam .....	17	asceniv .....	97
ampicillin-sulbactam.....	17	ascomp/codeine.....	11
ampyra .....	69	asenapine maleate sl .....	44
amrix.....	116	ashlyna .....	90

asmanex hfa	111	azathioprine	101
asmanex twisthaler 120 metered doses	111	azelaic acid	71
asmanex twisthaler 14 metered doses	111	azelastine hcl	109, 111
asmanex twisthaler 30 metered doses	111	azelastine hydrochloride	111
asmanex twisthaler 60 metered doses	111	azelastine hydrochloride/fluticasone propionate	111
asparlas	34	azelex	71
aspirin/dipyridamole	58	azilect	43
aspirin/dipyridamole er	58	azithromycin	18
aspruzyo sprinkle	62	azmiro	90
astagraf xl	101	aztreonam	15
atazanavir	50	azurette	91
atazanavir sulfate	50	bacitracin	109
atelvia	105	bacitracin/polymyxin b	107
atenolol	60	baclofen	46
atenolol/chlorthalidone	62	bafiertam	70
atgam	97	balsalazide disodium	105
ativan	52	balversa	36
atomoxetine	67	balziva	91
atomoxetine hydrochloride	67	banzel	22
atorvaliq	64	baqsimi one pack	54
atorvastatin calcium	64	baqsimi two pack	55
atovaquone	42	baraclude	47
atovaquone/proguanil hcl	42	barhemsys	27
atovaquone/proguanil hydrochloride	42	basaglar kwikpen	55
atralin	71	basaglar tempo pen	55
atropine sulfate	107	bavencio	40
atrovent hfa	112	baxdela	18
aubagio	70	bcg vaccine	103
aubra eq	90	bd insulin syringe safetyglide/1ml/29g x 1/2	106
augmentin	17	b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16	106
augtyro	36	bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm	106
auranofin	98	bd insulin syringe ultra-fine/1ml/31g x 8mm	106
aurovela 1.5/30	90	bd pen needle/original/ultra-fine/29g x 12.7mm	106
aurovela 1/20	90	beizray	34
aurovela 24 fe	90	belbuca	9
aurovela fe 1.5/30	90	beleodaq	36
aurovela fe 1/20	90	belrapzo	31
auryxia	81	belsomra	117
austedo	69	benazepril hydrochloride	59, 62
austedo xr	69	benazepril hydrochloride/hydrochlorothiazide	62
austedo xr patient titration kit	68, 69	bendamustine hydrochloride	31
auvelity	24	bendeka	31
auvi-q	112	benlysta	98, 101
avastin	40	benzhydrocodone/acetaminophen	11
aveed	90	benznidazole	42
averi	90	benzoyl peroxide forte- hc	71
aviane	91	benzoyl peroxide	75
avlayah	84	benzoyl peroxide- hc	71
avmapki fakzynja co-pack	36	benztropine mesylate	42
avonex	70	beovu	107
avonex pen	70	bepotastine besilate	109
avopef	36	bepreve	109
avsola	101	berinert	96
avycaz	16	besivance	109
axtle	33	besponsa	40
ayuna	91	besremi	100
ayvakit	36	betaine anhydrous	84
azacitidine	34	betamethasone dipropionate	72
azasan	101	betamethasone dipropionate augmented	72

betamethasone valerate.....	72	bucapsol.....	51
betapace.....	60	budesonide.....	105, 111
betapace af.....	60	budesonide er.....	105
betaseron.....	70	budesonide/formoterol fumarate dihydrate.....	115
betaxolol hcl.....	60, 110	bumetanide.....	64
bethanechol chloride.....	88	bupap.....	69
bethkis.....	113	buphenyl.....	84
bevespi aerosphere.....	115	buprenex.....	14
bexagliflozin.....	53	buprenorphine.....	9
bexarotene.....	41	buprenorphine hcl.....	14
bexsero.....	103	buprenorphine hcl/naloxone hcl.....	14
beyfortus.....	97	buprenorphine hydrochloride/naloxone hydrochloride.....	14
bicalutamide.....	32	bupropion hydrochloride.....	24
bicillin l-a.....	17	bupropion hydrochloride er (sr).....	14, 24
biktarvy.....	48	bupropion hydrochloride er (xl).....	24
bimatoprost.....	110	buspiron hcl.....	51
bimzelx.....	98	buspiron hydrochloride.....	51
binosto.....	105	busulfan.....	31
bismuth subcitrate pot/metronidazole/tetracycline hydrochlo.....	82	busulfex.....	31
bisoprolol fumarate.....	60	butalbital/acetaminophen.....	69
bisoprolol fumarate/hydrochlorothiazide.....	62	butalbital/acetaminophen/caffeine/codeine.....	11
bivigam.....	97	butalbital/aspirin/caffeine.....	69
bizengri.....	40	butalbital/aspirin/caffeine/codeine.....	11
blenrep.....	40	butorphanol tartrate.....	11
bleomycin sulfate.....	34	butrans.....	9
blincyto.....	40	bylvay.....	82
blisovi 24 fe.....	91	bylvay (pellets).....	82
blisovi fe 1.5/30.....	91	byooviz.....	108
blisovi fe 1/20.....	91	cabenuva.....	48
blujepa.....	15	cabergoline.....	95
bonjesta.....	27	cablivi.....	58
bonsity.....	105	cabometyx.....	36
boostrix.....	103	cafergot.....	29
bortezomib.....	34	caffeine citrate.....	69
boruzu.....	34	calcipotriene.....	74
bosentan.....	113	calcipotriene/betamethasone dipropionate.....	74
bosulif.....	36	calcitonin salmon.....	105
botox.....	46	calcitonin-salmon.....	105
braftovi.....	36	calcitrene.....	74
brekiya.....	29	calcitriol.....	105
brenzavvy.....	53	calcium acetate.....	81
breo ellipta.....	115	calquence.....	36
breyna.....	115	cambia.....	8
breztri aerosphere.....	115	camila.....	94
briellyn.....	91	camptosar.....	36
brimonidine tartrate.....	71, 110	camrese.....	91
brimonidine tartrate/timolol maleate.....	107	camrese lo.....	91
brinsupri.....	115	camzyos.....	62
brinzolamide.....	110	canasa.....	105
briumvi.....	70	cancidas.....	28
briviact.....	19	candesartan cilexetil.....	59
brixadi.....	14	candesartan cilexetil/hydrochlorothiazide.....	62
bromfenac sodium.....	109	caplyta.....	44
bromocriptine mesylate.....	43	caprelsa.....	36
bromsite.....	109	captopril.....	59
bronchitol.....	115	captopril/hydrochlorothiazide.....	62
brovana.....	112	carac.....	74
brukinsa.....	36	carbagliu.....	76
		carbamazepine.....	22

carbamazepine er	22	chenodal	82
carbidopa	43	chlordiazepoxide hcl	52
carbidopa/levodopa	43	chlordiazepoxide hydrochloride	52
carbidopa/levodopa er	43	chlordiazepoxide hydrochloride/clidinium bromide	82
carbidopa/levodopa odt	43	chlordiazepoxide/amitriptyline	24
carbidopa/levodopa/entacapone	42	chlorhexidine gluconate	71
carbinoxamine maleate	111	chloroquine phosphate	42
carboplatin	31	chlorpromazine hcl	44
carboprost tromethamine	89	chlorpromazine hydrochloride	44
cardamyst	61	chlorthalidone	64
cardizem	61	chlorzoxazone	116
cardizem cd	61	cholbam	84
carglumic acid	76	cholestyramine light	65
carisoprodol	116	chorionic gonadotropin	89
carmustine	31	cialis	87
carteolol hcl	110	cibinqo	98
cartia xt	61	ciclodan	75
carvedilol	60	ciclopirox	75
carvedilol phosphate er	60	ciclopirox nail lacquer	75
casodex	32	ciclopirox olamine	75
caspofungin acetate	28	cidofovir	47
cayston	113	cilostazol	58
cefaclor	16	cimduo	49
cefadroxil	16	cimerli	108
cefazolin	16	cimzia	101
cefazolin sodium	16	cimzia starter kit	101
cefazolin sodium/dextrose	16	cinacalcet hydrochloride	105
cefdinir	16	cinqair	115
cefepime	16	cinryze	96
cefepime hydrochloride	16	ciprofloxacin	110
cefepime/dextrose	16	ciprofloxacin hcl	18
cefixime	16	ciprofloxacin hydrochloride	18, 109
cefotaxime sodium	16	ciprofloxacin i.v.-in d5w	18
cefotetan	16	ciprofloxacin/dexamethasone	110
cefoxitin sodium	16	cisplatin	31
cefpodoxime proxetil	16	citalopram hydrobromide	25
cefprozil	16	cladribine	33, 70
ceftaroline fosamil	16	claravis	71
ceftazidime	16	clarithromycin	18
ceftriaxone sodium	16	clarithromycin er	18
cefuroxime axetil	16	clemastine fumarate	111
cefuroxime sodium	16	clenpiq	82
celebrex	8	cleocin-t	75
celecoxib	8	cleviprex	61
cellcept	101	climara pro	91
cellcept intravenous	101	clindacin etz pledgets	15
celontin	21	clindagel	75
cephalexin	16, 17	clindamycin hcl	15
ceprotin	56	clindamycin hydrochloride	15
cequa	108	clindamycin palmitate hydrochloride	15
cerdelga	84	clindamycin phosphate	15, 75
cerezyme	84	clindamycin phosphate (once-daily)	75
cetirizine hydrochloride	111	clindamycin phosphate/benzoyl peroxide	71
chantix	14	clinimix 4.25%/dextrose 10%	76
chantix continuing month pak	14	clinimix 4.25%/dextrose 5%	76
chantix starting month pak	14	clinimix 5%/dextrose 15%	77
chateal	91	clinimix 5%/dextrose 20%	77
chateal eq	91	clinimix 6/5	77
chemet	80	clinimix 8/10	77

clinimix 8/14	77	cordran	72
clinimix e 2.75%/dextrose 5%	77	corlanor	62
clinimix e 4.25%/dextrose 10%	77	cortifoam	105
clinimix e 4.25%/dextrose 5%	78	cortisone acetate	88
clinimix e 5%/dextrose 15%	78	cortrophin	88
clinimix e 5%/dextrose 20%	78	cosela	106
clinimix e 8/10	78	cosentyx	98
clinimix e 8/14	78	cosentyx sensoready pen	98
clinisol sf 15%	78	cosentyx unoready	98
clinolipid	106	cotellic	36
clobazam	21	cotempla xr-odt	67
clobetasol propionate	72	coxanto	8
clobetasol propionate e	72	crenesity	84
clobex	72	creon	84
clofarabine	33	cresemba	28
clolar	33	crinone	94
clomid	94	cromolyn sodium	84, 109, 113
clomiphene citrate	95	cryselle	91
clomipramine hcl	26	cryselle-28	91
clomipramine hydrochloride	26	crysvita	84
clonazepam	21	ctexli	82
clonazepam odt	21	cubicin rf	15
clonidine	59	cuprimine	80
clonidine hydrochloride	59, 69	curity gauze pads 2	106
clonidine hydrochloride er	59	cutaquig	97
clopidogrel	58	cuvitru	97
clorazepate dipotassium	52	cuvposa	82
clotrimazole	28	cuvrior	80
clotrimazole/betamethasone dipropionate	74	cyclobenzaprine hydrochloride	116
clozapine	46	cyclobenzaprine hydrochloride er	116
clozapine odt	46	cyclophosphamide	31
clozaril	46	cyclophosphamide monohydrate	31
coartem	42	cycloserine	31
cobefny	69	cycloset	53
cobefny starter pack	69	cyclosporine	101, 108
codeine sulfate	11	cyclosporine modified	101
colazal	105	cymbalta	25
colchicine	29	cyproheptadine hcl	111
colesevelam hydrochloride	65	cyproheptadine hydrochloride	111
colestipol hydrochloride	65	cyramza	40
colistimethate sodium	15	cystadane	84
columvi	34	cystadrops	108
coly-mycin m	15	cystagon	84
combigan	108	cystaran	108
combivent respimat	115	cytarabine	33
combivir	49	cytarabine aqueous	33
combogesic	8	cytogam	97
cometriq	36	dabigatran etexilate	56
complera	48	dactinomycin	34
compro	27	dalbavancin hydrochloride	15
comtan	42	dalfampridine er	70
concerta	67	daliresp	113
conjugated estrogens	91	dalvance	15
conjupri	61	danazol	90
constulose	81	dantrium iv	46
contepo	15	dantrolene sodium	46
conzip	9	danyelza	40
copaxone	70	danziten	36
copiktra	36	dapagliflozin	66

dapsone	31, 75	dexmethylphenidate hydrochloride er	67
daptacel	103	dexrazoxane	41
daptomycin	15	dexrazoxane hydrochloride	41
daptomycin/sodium chloride	15	dextroamphetamine sulfate	67
daraprim	42	dextroamphetamine sulfate er	67
darifenacin hydrobromide er	87	dextrose 10%	78
darunavir	50	dextrose 5%	78
darzalex	40	dextrose 5%/sodium chloride 0.45%	78
darzalex faspro	40	dextrose 5%/sodium chloride 0.9%	78
dasatinib	36	dexycu	109
dasetta 1/35	91	dhivy	43
dasetta 7/7/7	91	diacomit	21
datroway	40	diazepam	21, 52
daunorubicin hydrochloride	34	diazepam intensol	52
daurismo	36	diazoxide	55
dawnzera	96	dibenzylamine	59
daybue	84	dichlorphenamide	85
daybue stix	69	diclegis	27
daysee	91	diclofenac epolamine	8
dayvigo	117	diclofenac potassium	8
ddavp	89	diclofenac sodium	8, 74, 109
deblitane	94	diclofenac sodium dr	8
decitabine	34	diclofenac sodium er	8
deferasirox	80	diclona	8
deferiprone	80	dicloxacillin sodium	17
deferoxamine mesylate	106	dicyclomine hcl	82
defitelio	62	dicyclomine hydrochloride	82
deflazacort	88	dificid	18
delstrigo	49	diflorasone diacetate	73
delyla	91	diflucan	28
demeclocycline hcl	18	diflunisal	8
demerol	11	difluprednate	109
demser	63	digoxin	60
denavir	75	dihydroergotamine mesylate	30
dengvaxia	103	dilantin	22
depen titratabs	80	dilaudid	11
depo-provera contraceptive	94	diltiazem hcl	61
depo-subq provera 104	94	diltiazem hcl cd	61
depo-testosterone	90	diltiazem hcl er	61
dermacinrx lidocaine	13	diltiazem hydrochloride	62
descovy	49	diltiazem hydrochloride er	62
desferal	106	dilt-xr	61
desipramine hydrochloride	26	dimethyl fumarate	70
desmoda	89	dimethyl fumarate starterpack	70
desmopressin acetate	89	dipentum	105
desogestrel/ethinyl estradiol	91	diphenhydramine hcl	111
desonide	72	diphenhydramine hydrochloride	111
desoximetasone	72, 73	diphenoxylate hydrochloride/atropine sulfate	81
desoxyn	67	diphenoxylate/atropine	82
desvenlafaxine er	25	disopyramide phosphate	60
detrol	87	disulfiram	13
detrol la	87	divalproex sodium dr	21
dexamethasone	88	divalproex sodium er	21
dexamethasone sodium phosphate	109	divigel	91
dexedrine	67	dobutamine hcl	63
dexilant	83	dobutamine hcl/d5w	63
dexlansoprazole	83	dobutamine hydrochloride/dextrose 5%	63
dexmethylphenidate hcl	67	docetaxel	34
dexmethylphenidate hydrochloride	67	dofetilide	60

dojolvi	85	edetate calcium disodium	82
dolishale	91	edluar	117
dolobid	8	edurant	49
donepezil hcl	23	edurant ped	49
donepezil hydrochloride	23	efavirenz	49
donepezil hydrochloride odt	23	efavirenz/emtricitabine/tenofovir disoproxil fumarate	49
dopamine hydrochloride	63	efavirenz/lamivudine/tenofovir disoproxil fumarate	49
dopamine hydrochloride/dextrose	63	efudex	74
dopamine/d5w	63	egrifta sv	89
doptelet	58	egrifta wr	89
doptelet sprinkle	58	ekterly	96
doryx mpc	19	elahere	40
dorzolamide hcl/timolol maleate	108	elaprase	85
dorzolamide hydrochloride	110	elelyso	85
dorzolamide hydrochloride/timolol maleate pf	108	elepsia xr	19
dotti	91	eletriptan hydrobromide	30
dovato	48	elfabrio	85
doxazosin mesylate	87	eligard	95
doxepin hcl	26	elinest	91
doxepin hydrochloride	26, 73, 117	eliquis	56, 57
doxercalciferol	105	eliquis starter pack	56
doxil	34	elitek	41
doxorubicin hcl	34	ella	106
doxorubicin hydrochloride	34	ellence	34
doxorubicin hydrochloride liposomal	34	elmiron	88
doxy 100	19	elrefxio	34
doxycycline	19	eltrombopag olamine	57
doxycycline hyclate	19, 71	eluryng	91
doxycycline monohydrate	19	elyxyb	8
doxylamine succinate/pyridoxine hydrochloride	27	elzonris	34
drizalma sprinkle	25	emblaveo	15
dronabinol	27	emcyt	32
droxia	33	emend	27
droxidopa	59	emend bipack	27
duaklir pressair	112	emend tripack	27
duexis	8	emflaza	88
dulera	115	emgality	29
duloxetine hydrochloride dr	25	empaveli	98
duobrii	74	empliciti	40
duopa	43	emrelis	40
dupixent	98	emrosi	31
duraclon	69	emsam	24
duramorph	11	emtricitabine	49
durysta	110	emtricitabine/rilpivirine/tenofovir disoproxil fumarate	49
dutasteride	87	emtricitabine/tenofovir disoproxil	49
dutasteride/tamsulosin hydrochloride	87	emtricitabine/tenofovir disoproxil fumarate	49
duvyzat	106	emtriva	49
dyanavel xr	67	emverm	42
dymista	111	emzahn	94
dysport	46	enalapril maleate	59
easy comfort insulin syringe/0.3ml/31g x 1/2	106	enalapril maleate/hydrochlorothiazide	63
easy comfort pen needles 29gx4mm	106	enbrel	101
easy touch safety pen needles/30g x 1/4	106	enbrel mini	101
ec-naproxen	8	enbrel sureclick	101
econazole nitrate	28	enbumyst	64
edaravone	69	endari	85
edarbi	59	endocet	11
edarbyclor	63	endometrin	94
edecrin	64	enflonsia	98

engerix-b	103	estring	91
enhertu	40	eszopiclone	117
enilloring	91	ethacrynate sodium	64
enjaymo	98	ethacrynic acid	64
enoxaparin sodium	57	ethambutol hydrochloride	31
enpresse-28	91	ethosuximide	21
ensacove	37	ethynodiol diacetate/ethinyl estradiol	91
enspryng	108	ethylol	34
enstilar	74	etodolac	8
entacapone	42	etonogestrel/ethinyl estradiol	91
entadfi	87	etopophos	36
entecavir	47	etoposide	36
entresto	63	etravirine	49
entyvio	98	eucrisa	73
entyvio pen	98	eulexin	32
enulose	81	euthyrox	95
envarsus xr	101	evenity	105
eohilia	105	everolimus	37, 101
epaned	59	evkeeza	63
epclusa	47, 48	evomela	31
epidiolex	19	evotaz	50
epinastine hcl	109	evrysdi	85
epinephrine	63, 112	exemestane	36
epitol	22	exenatide	53
epivir	49	exjade	80
epkinly	34	exkivity	37
eplerenone	65	exondys 51	85
epogen	57	exservan	69
epoprostenol sodium	113	extavia	70
eprontia	19	exxua	24
epsolay	75	exxua titration pack	24
eptifibatide	58	eylea	108
epzicom	49	ezallor sprinkle	65
eraxis	28	ezetimibe	65
erbitux	40	ezetimibe/simvastatin	65
ergoloid mesylates	23	fabhalta	57
ergomar	30	fabior	71
ergotamine tartrate/caffeine	30	fabrazyme	85
eribulin mesylate	34	falmina	91
erivedge	37	famciclovir	51
erleada	32	famotidine	83
erlotinib hydrochloride	37	fanapt	44
errin	94	fanapt titration pack a	44
ertaczo	28	fanapt titration pack b	44
ertapenem sodium	18	fanapt titration pack c	44
ery	75	fareston	32
eryped 400	18	farxiga	66
erythromycin	75, 109	fasenra	116
erythromycin dr	18	fasenra pen	115
erythromycin ethylsuccinate	18	faslodex	32
erythromycin/benzoyl peroxide	71	favlyxa	33
esbriet	115	febuxostat	29
escitalopram oxalate	25	feirza 1.5/30	91
eslicarbazine acetate	22	feirza 1/20	92
esomeprazole magnesium	83	felbamate	19
estarylla	91	felbatol	19
estazolam	117	felodipine er	61
estradiol	91	femlyv	92
estradiol/norethindrone acetate	91	femring	92

fenofibrate.....	64	fluphenazine hcl.....	44
fenofibrate micronized.....	64	fluphenazine hydrochloride.....	44
fenofibric acid dr.....	64	flurbiprofen.....	8
fenoglide.....	64	flurbiprofen sodium.....	109
fensolvi.....	89	fluticasone propionate.....	73, 111
fentanyl.....	9	fluticasone propionate/salmeterol.....	116
fentanyl citrate.....	11	fluticasone propionate/salmeterol diskus.....	116
fentanyl citrate oral transmucosal.....	11	fluvastatin.....	65
fentora.....	11	fluvastatin sodium er.....	65
ferric citrate.....	81	fluvoxamine maleate.....	25
ferriprox.....	80	fluvoxamine maleate er.....	25
ferriprox twice-a-day.....	80	fml forte.....	109
fesoterodine fumarate er.....	87	focalin.....	68
fetroja.....	17	focalin xr.....	68
fetzima.....	25	folotyn.....	33
fetzima titration pack.....	25	fomepizole.....	106
fexmid.....	116	fondaparinux sodium.....	57
fiasp.....	55	formoterol fumarate.....	112
fiasp flextouch.....	55	forteo.....	105
fiasp penfill.....	55	fortesta.....	90
fidaxomicin.....	18	forzinity.....	85
filspari.....	63	fosamax.....	105
filsuvez.....	74	fosamax plus d.....	105
finacea.....	71	fosamprenavir calcium.....	50
finasteride.....	87	foscarnet sodium.....	47
finngolimod hydrochloride.....	70	foscavir.....	47
fintepla.....	19	fosfomycin tromethamine.....	15
fioricet/codeine.....	11	fosinopril sodium.....	59
firazyr.....	96	fosinopril sodium/hydrochlorothiazide.....	63
firdapse.....	69	fosrenol.....	81
firmagon.....	95	fotivda.....	37
flac.....	110	fragmin.....	57
flarex.....	109	frindovyx.....	31
flavoxate hcl.....	87	frova.....	30
flebogamma dif.....	97	frovatriptan succinate.....	30
flecainide acetate.....	60	fruzaqla.....	37
flector.....	8	fulphila.....	57
fleqsuvy.....	46	fulvestrant.....	33
flolan.....	113	fulvicin p/g 165.....	28
flolipid.....	65	furoscix.....	64
floxuridine.....	33	furosemide.....	64
fluconazole.....	28	fuzeon.....	50
fluconazole in sodium chloride.....	28	fyarro.....	37
flucytosine.....	28	fyavolv.....	92
fludarabine phosphate.....	37	fycompa.....	19
fludrocortisone acetate.....	88	fylnetra.....	57
flunisolide.....	111	gabapentin.....	21
fluocinolone acetonide.....	73, 110	gabarone.....	21
fluocinolone acetonide body.....	73	gablofen.....	46, 47
fluocinolone acetonide ear drops.....	110	galafold.....	85
fluocinolone acetonide scalp.....	73	galantamine hydrobromide.....	23
fluocinolone acetonide topical.....	73	galantamine hydrobromide er.....	23
fluocinonide.....	73	galbriela.....	92
fluocinonide emulsified base.....	73	gallifrey.....	94
fluorometholone.....	109	gamastan.....	97
fluorouracil.....	33, 74	gamifant.....	98
fluoxetine dr.....	25	gammagard liquid.....	97
fluoxetine hydrochloride.....	25	gammagard liquid erc.....	97
fluphenazine decanoate.....	44	gammagard s/d iga less than 1mcg/ml.....	97

gammaked	97	guanfacine hydrochloride	59
gammaplex	97	guanfacine hydrochloride er	68
gamunex-c	97	gvoke hypopen 1-pack	55
ganciclovir	47	gvoke hypopen 2-pack	55
gardasil 9	103	gvoke kit	55
gastrocrom	85	gvoke pfs	55
gatifloxacin	109	haegarda	96
gattex	82	hailey 1.5/30	92
gavilyte-c	82	hailey 24 fe	92
gavilyte-g	82	hailey fe 1/20	92
gavilyte-n/flavor pack	82	halaven	34
gavreto	37	halcinonide	73
gazyva	40	halcion	117
gefitinib	37	halobetasol propionate	73
gelnique	87	haloette	92
gemcitabine hydrochloride	33	haloperidol	44
gemfibrozil	64	haloperidol decanoate	44
gentesa	87	haloperidol lactate	44
generlac	81	harliku	85
engraf	101, 102	harvoni	48
genotropin	89	havrix	103
genotropin miniquick	89	heather	94
gentamicin sulfate	14, 109	helidac therapy	82
gentamicin sulfate pediatric	14	hemabate	89
genvoya	48	hemangeol	60
geodon	44, 45	hemiclor	64
gilenya	70	hepagam b	97
gilotrif	37	heparin sodium	57
gimoti	82	heparin sodium/dextrose	57
givlaari	106	heplisav-b	103
glassia	85	herceptin	40
glatiramer acetate	70	herceptin hylecta	40
glatopa	70	hercessi	40
gleevec	37	hernexeos	37
gleostine	32	herzuma	40
glimepiride	53	hetlioz	117
glipizide	53	hetlioz lq	117
glipizide er	53	hiberix	103
glipizide xl	53	hizentra	97
glipizide/metformin hydrochloride	53	humalog	55
gloperba	29	humalog junior kwikpen	55
glucagen hypokit	55	humalog kwikpen	55
glucagon emergency kit	55	humalog mix 50/50	55
glucagon emergency kit for low blood sugar	55	humalog mix 50/50 kwikpen	55
glumetza	53	humalog mix 75/25	55
glyburide	53	humalog mix 75/25 kwikpen	55
glyburide/metformin hydrochloride	53	humatin	14
glycate	82	humatrope	89
glycerol phenylbutyrate	85	humira	102
glycopyrrolate	82	humira pediatric crohns disease starter pack	102
glydo	13	humira pen	102
glyxambi	53	humira pen-cd/uc/hs starter	102
gocovri	42	humira pen-pediatric uc starter pack	102
gomekli	37	humira pen-ps/uv starter	102
grafapex	32	humulin 70/30	55
granisetron hydrochloride	27	humulin 70/30 kwikpen	55
granix	57	humulin n	55
griseofulvin microsize	28	humulin n kwikpen	55
griseofulvin ultramicronsize	28	humulin r	55

humulin r u-500 (concentrated).....	55	imipramine pamoate.....	26
humulin r u-500 kwikpen .....	55	imiquimod .....	74
hycamtin .....	36	imiquimod pump.....	74
hydralazine hydrochloride .....	66	imitrex.....	30
hydrochlorothiazide .....	64	imitrex statdose refill .....	30
hydrocodone bitartrate er .....	9	imitrex statdose system.....	30
hydrocodone bitartrate/acetaminophen.....	12	imjudo.....	40
hydrocodone/acetaminophen .....	12	imkeldi .....	37
hydrocodone/ibuprofen.....	12	imovax rabies (h.d.c.v.) .....	104
hydrocortisone .....	73, 74, 88, 105	impavido .....	15
hydrocortisone acetate/pramoxine hydrochloride.....	74	impoyz .....	73
hydrocortisone butyrate.....	73	imuran .....	102
hydrocortisone butyrate (lipid) .....	73	imvexxy maintenance pack .....	92
hydrocortisone butyrate (lipophilic) .....	73	imvexxy starter pack .....	92
hydrocortisone valerate.....	73	inbrija.....	43
hydromorphone hcl .....	9, 12	incassia .....	94
hydromorphone hcl er .....	9	increlex .....	89
hydromorphone hydrochloride .....	10, 12	incruse ellipta.....	112
hydromorphone hydrochloride er .....	10	indapamide .....	64
hydroxychloroquine sulfate.....	42	inderal la .....	60
hydroxyurea .....	33	inderal xl .....	60
hydroxyzine hcl .....	111	indocin .....	8
hydroxyzine hydrochloride.....	111	indomethacin .....	8
hydroxyzine pamoate .....	111	indomethacin er .....	8
hyftor .....	73	infanrix .....	104
hyperhep b.....	97	inflectra .....	102
hyqvia .....	97	infliximab.....	102
hynuo .....	37	infumorph 200.....	10
hysingla er .....	10	infumorph 500.....	10
ibandronate sodium.....	105	ingrezza .....	69
ibrance.....	34, 37	inlexzo .....	33
ibsrela .....	81	inluriyo .....	33
ibtrozi.....	37	inlyta .....	37
ibu .....	8	innopran xl .....	60
ibuprofen.....	8	inpefa.....	66
ibuprofen lysine.....	8	inqovi .....	37
ibuprofen/famotidine.....	8	inrebic.....	34
icatibant acetate.....	96	insulin aspart.....	55
iclevia .....	92	insulin aspart flexpen .....	55
iclusig .....	37	insulin aspart penfill.....	55
icosapent ethyl.....	65	insulin lispro .....	55
idamycin pfs.....	34	intelcome.....	49
idarubicin hcl.....	34	intralipid .....	107
idarubicin hydrochloride .....	34	intrarosa.....	88
idhifa.....	37	introvale .....	92
idose tr.....	110	invega .....	45
ifosfamide .....	32	invega hafyera .....	45
igalmi .....	52	invega sustenna.....	45
ilaris .....	98	invega trinza .....	45
ilevro.....	109	invokamet .....	53
ilumya .....	98	invokamet xr .....	53
iluvien .....	109	invokana .....	66
imatinib mesylate .....	37	inzirgo.....	64
imbruvica .....	37	ipol inactivated ipv.....	104
imdelltra .....	34	ipratropium bromide .....	112
imfinzi .....	40	ipratropium bromide hfa .....	112
imipenem/cilastatin.....	18	ipratropium bromide/albuterol sulfate.....	116
imipramine hcl.....	26	iqirvo.....	82
imipramine hydrochloride .....	26	irbesartan.....	59

irbesartan/hydrochlorothiazide.....	63	junel fe 24.....	92
iressa.....	37	juxtapid.....	65
irinotecan.....	36	jylamvo.....	102
irinotecan hydrochloride.....	36	jynarque.....	80
isentress.....	48	jynneos.....	104
isentress hd.....	48	kabiven.....	79
isoniazid.....	31	kadcyla.....	40
isordil titradose.....	66	kalbitor.....	96
isosorbide dinitrate.....	66	kaletra.....	50
isosorbide dinitrate/hydralazine hydrochloride.....	63	kalliga.....	92
isosorbide mononitrate.....	66	kalydeco.....	113
isosorbide mononitrate er.....	66	kanjinti.....	40
isotretinoin.....	71	kanuma.....	85
isradipine.....	61	kariva.....	92
istodax.....	34	kelnor 1/35.....	92
isturisa.....	89	kelnor 1/50.....	92
itovebi.....	34	kenalog.....	73
itraconazole.....	28	kengreal.....	58
ivabradine hydrochloride.....	63	kepivance.....	71
ivermectin.....	42, 75	keppra.....	19
ivra.....	32	keppra xr.....	19
iwilfin.....	34	kerendia.....	66
ixempra kit.....	34	kerydin.....	28
ixiaro.....	104	kesimpta.....	70
iyuzeh.....	110	ketoconazole.....	28
izervay.....	108	ketoprofen.....	8
jadenu.....	80	ketorolac tromethamine.....	8, 109
jadenu sprinkle.....	80	keveyis.....	85
jaimiess.....	92	kevzara.....	98
jakafi.....	37	keytruda.....	40
jantoven.....	57	keytruda qlex.....	40
janumet.....	53	khapzory.....	41
janumet xr.....	53	khindivi.....	88
januvia.....	53	kimmtrak.....	34
jardiance.....	66	kimyrsa.....	15
jascayd.....	115	kineret.....	98
jatenzo.....	90	kinrix.....	104
javadin.....	59	kionex.....	81
javygtor.....	85	kirsty.....	55
jaypirca.....	37	kisqali.....	37
jaythari.....	88	kisqali femara 200 dose.....	34
jemperli.....	40	kisqali femara 400 dose.....	34
jencycla.....	94	kisqali femara 600 dose.....	35
jentadueto.....	53	kitabisk pak.....	113
jentadueto xr.....	53	klayesta.....	28
jevtana.....	34	klisyri.....	74
jinteli.....	92	klonopin.....	21
jobevne.....	40	klor-con 10.....	79
joenja.....	85	klor-con 8.....	79
jolessa.....	92	klor-con m10.....	79
journavx.....	8	klor-con m15.....	79
joyeaux.....	92	klor-con m20.....	79
jubbonti.....	106	kloxxado.....	14
jublia.....	28	komzifti.....	35
juluca.....	48	konvomep.....	83
junel 1.5/30.....	92	korlym.....	95
junel 1/20.....	92	korsuva.....	73
junel fe 1.5/30.....	92	koselugo.....	37
junel fe 1/20.....	92	kourzeq.....	71

krazati.....	37	lessina.....	92
krystexxa.....	29	letairis.....	113
kurvelo.....	92	letrozole.....	36
kuvan.....	85	leucovorin calcium.....	35
kygevvii.....	107	leukeran.....	32
kymbee.....	88	leukine.....	58
kyprolis.....	36	leuprolide acetate.....	95
kyxata.....	32	levabuterol.....	112
kyzatrex.....	90	levabuterol hcl.....	112
labetalol hydrochloride.....	60	levabuterol hydrochloride.....	112
lacosamide.....	22	levabuterol tartrate hfa.....	112
lactulose.....	81	levamlodipine.....	61
lagevrio.....	51	levetiracetam.....	20
lamictal.....	20	levetiracetam er.....	20
lamictal chewable dispersible.....	19	levetiracetam/sodium chloride.....	20
lamictal odt.....	19	levobunolol hcl.....	110
lamictal starter/taking carbamazepine/not taking valproate.....	19	levocetirizine dihydrochloride.....	111
lamictal xr.....	20	levofloxacin.....	18, 109
lamivudine.....	47, 49	levofloxacin in d5w.....	18
lamivudine/zidovudine.....	49	levoleucovorin.....	35
lamotrigine.....	20	levonest.....	92
lamotrigine er.....	20	levonorgestrel and ethinyl estradiol.....	92
lamotrigine odt.....	20	levonorgestrel/ethinyl estradiol.....	92
lamotrigine starter kit/blue.....	20	levora 0.15/30-28.....	92
lamotrigine starter kit/green.....	20	levorphanol tartrate.....	10
lamotrigine starter kit/orange.....	20	levo-t.....	95
lamotrigine titration.....	20	levothyroxine sodium.....	95
lamzede.....	85	levoxyl.....	95
lanreotide acetate.....	95	lexette.....	73
lansoprazole.....	84	lexiva.....	50
lanthanum carbonate.....	81	l-glutamine.....	85
lantus.....	55	lialda.....	105
lantus solostar.....	55	libervant.....	21
lapatinib ditosylate.....	37	librax.....	82
larin 1.5/30.....	92	libtayo.....	40
larin 1/20.....	92	licart.....	8
larin 24 fe.....	92	lidocaine.....	13, 60
larin fe 1.5/30.....	92	lidocaine hcl.....	13, 60, 71
larin fe 1/20.....	92	lidocaine hcl jelly.....	13
lasix onyu.....	64	lidocaine hydrochloride.....	13, 71
latanoprost.....	110	lidocaine hydrochloride jelly.....	13
latuda.....	45	lidocaine hydrochloride viscous.....	71
lazcluze.....	35	lidocaine viscous.....	71
ledipasvir/sofosbuvir.....	48	lidocaine/prilocaine.....	13
leflunomide.....	102	lidocan.....	13
lemtrada.....	98	lidoderm.....	13
lenalidomide.....	32	lidotral.....	13
lenvima 10 mg daily dose.....	37	lifyorli.....	38
lenvima 12mg daily dose.....	37	likmez.....	15
lenvima 14 mg daily dose.....	37	liletta.....	94
lenvima 18 mg daily dose.....	37	lincomycin hydrochloride.....	15
lenvima 20 mg daily dose.....	38	linezolid.....	15
lenvima 24 mg daily dose.....	38	linzess.....	81
lenvima 4 mg daily dose.....	38	liomny.....	95
lenvima 8 mg daily dose.....	38	lioresal intrathecal.....	47
leqembi iqlik.....	23	liothyronine sodium.....	95
leqvio.....	65	liqrev.....	113
lerochol.....	65	lisinopril.....	59
		lisinopril/hydrochlorothiazide.....	63

litfulo	98	lupron depot (3-month)	95
lithium	53	lupron depot (4-month)	95
lithium carbonate	53	lupron depot (6-month)	95
lithium carbonate er	53	lupron depot-ped (1-month)	95
lithobid	53	lupron depot-ped (3-month)	95
lithostat	88	lupron depot-ped (6-month)	89
livalo	65	lurasidone hydrochloride	45
livdelzi	82	lurbipr	8
livmarli	82, 83	lutera	92
livtency	47	lybalvi	45
loargys	85	lydexa	13
locoid	73	lyleq	94
locoid lipocream	73	lyllana	92
lodine	8	lymphir	35
lodoco	63	lynkuet	69
lodosyn	43	lynozyfic	35
lofena	8	lynparza	38
lofexidine hydrochloride	14	lyrica	21
lojaimiess	92	lysodren	35
lokelma	81	lytgobi	38
lomotil	82	lyumjev	56
lomustine	32	lyumjev kwikpen	55
lonsurf	35	lyvispah	47
loperamide hydrochloride	82	lyza	94
lopinavir/ritonavir	50	mafenide acetate	75
lopressor	60	magnesium sulfate	79
loqtorzi	40	malathion	75
lorazepam	52	maraviroc	50
lorazepam intensol	52	margenza	40
lorbrena	38	marinol	27
loreev xr	52	marlissa	92
losartan potassium	59	marplan	24
losartan potassium/hydrochlorothiazide	63	matulane	32
lotemax	109	matzim la	62
lotemax sm	109	mavenclad	70
loteprednol etabonate	109	mavyret	48
lotronex	82	maxalt	30
lovastatin	65	maxalt-mlt	30
lovaza	65	mayzent	70
lovenox	57	mayzent starter pack	70
low-ogestrel	92	meclizine hcl	27
loxapine	44	meclizine hydrochloride	27
loxapine succinate	44	medroxyprogesterone acetate	94
lo-zumandimine	92	mefloquine hydrochloride	42
lubiprostone	81	megestrol acetate	94
lucemyra	14	mekinist	38
lucentis	108	mektovi	38
luizza 1.5/30	92	meleya	94
luizza 1/20	92	meloxicam	8
lumakras	38	memantine hcl titration pak	23
lumigan	110	memantine hydrochloride	24
lumizyme	85	memantine hydrochloride er	23
lumryz	117	memantine/donepezil hydrochloride er	23
lumryz starter pack	117	menactra	104
lunesta	117	menest	92
lunsumio	40	menquadfi	104
lunsumio velo	40	menveo	104
lupkynis	102	meperidine hcl	12
lupron depot (1-month)	95	meperidine hydrochloride	12

mepren	42	mibelas 24 fe	93
mepsevii	85	micafungin	28
mercaptopurine	33	micafungin sodium/sodium chloride	28
meropenem	18	micafungin/sodium chloride	28
meropenem/sodium chloride	18	microgestin 1.5/30	93
mesalamine	105	microgestin 1/20	93
mesalamine dr	105	microgestin fe 1.5/30	93
mesalamine er	105	microgestin fe 1/20	93
mesna	41	midazolam hcl	52
mesnex	41	midazolam hydrochloride	20
mestinon	31	midodrine hydrochloride	59
mestinon timespan	30	mifepristone	95
metadate cd	68	migergot	30
metaxalone	116	miglitol	54
metformin hydrochloride	54	miglustat	85
metformin hydrochloride er	53, 54	migranal	30
methadone hcl	10	mili	93
methadone hydrochloride	10	milophene	95
methadone hydrochloride intensol	10	milrinone lactate	63
methadose	10	milrinone lactate in dextrose	63
methadose sugar-free	10	mimvey	93
methamphetamine hydrochloride	67	minocin	19
methazolamide	110	minocycline hcl	19
methenamine hippurate	15	minocycline hydrochloride	19
methenamine mandelate	15	minoxidil	66
methergine	107	minzoya	93
methimazole	96	miplyffa	85
methitest	90	mirtazapine	24
methocarbamol	116	mirtazapine odt	24
methotrexate	102	mirvaso	72
methotrexate sodium	102	misoprostol	83
methoxsalen	74	mitigo	10
methscopolamine bromide	82	mitomycin	35
methsuximide	21	mitoxantrone hcl	70
methyl dopa	59	m-m-r ii	104
methylergonovine maleate	107	modafinil	117
methylphenidate hydrochloride	68	modeyso	35
methylphenidate hydrochloride er	68	moexipril hydrochloride	59
methylphenidate hydrochloride er (cd)	68	molindone hydrochloride	44
methylphenidate hydrochloride er (dif)	68	mometasone furoate	73, 111
methylphenidate hydrochloride er (la)	68	monjuvi	40
methylphenidate hydrochloride er (osm)	68	mono-linyah	93
methylphenidate hydrochloride er (xr)	68	montelukast sodium	111
methylprednisolone	88	morphine sulfate	10, 12
methylprednisolone dose pack	88	morphine sulfate er	10
methylprednisolone sodium succinate	88	morphine sulfate/sodium chloride	12
methyltestosterone	90	motegrity	81
metoclopramide hcl	83	motofen	82
metoclopramide hydrochloride	83	mounjaro	54
metoclopramide odt	83	moxifloxacin hydrochloride/sodium hydrochloride	18
metolazone	64	moxifloxacin hydrochloride	18, 109
metopirone	107	mozobil	58
metoprolol succinate er	61	mresvia	104
metoprolol tartrate	61	ms contin	10
metronidazole	15, 72	mulpleta	58
metronidazole vaginal	15	multaq	60
metyrosine	63	mupirocin	75
mexiletine hydrochloride	60	mutamycin	35
miacalcin	106	mvasi	40

myalept.....	83	neo-synalar.....	74
mycamine.....	28	nereus.....	27
mycapssa.....	95	nerlynx.....	38
mycobutin.....	31	neulasta.....	58
mycophenolate mofetil.....	102	neulasta onpro kit.....	58
mycophenolic acid dr.....	102	neupogen.....	58
myfembree.....	96	neupro.....	43
myfortic.....	102	neurontin.....	21
myhibbin.....	102	nevanac.....	109
mylotarg.....	40	nevirapine.....	49
myobloc.....	47	nevirapine er.....	49
myqorzo.....	63, 65	nexavar.....	38
myrbetriq.....	87	nexiclon xr.....	59
mysoline.....	21	nexium.....	84
mytesi.....	82	nexletol.....	65
nabi-hb.....	97	nexlizet.....	65
nabumetone.....	8	nexplanon.....	94
nadolol.....	61	nexterone.....	60
nafcillin.....	17	nexviazyme.....	85
nafcillin sodium.....	17	ngenla.....	89
naglazyme.....	85	niacin er.....	65
nalbuphine hydrochloride.....	12	nicardipine hcl.....	61
nalocet.....	12	nicardipine hydrochloride/sodium chloride.....	61
naloxone hcl.....	14	nicotrol inhaler.....	14
naloxone hydrochloride.....	14	nicotrol ns.....	14
naltrexone hydrochloride.....	13	nifedipine er.....	61
namenda xr.....	24	niktimvo.....	102
namzaric.....	23	nilandron.....	32
naprelan.....	9	nilotinib d-tartrate.....	38
naprosyn.....	9	nilotinib hydrochloride.....	38
naproxen.....	9	nilutamide.....	32
naproxen dr.....	9	nimodipine.....	61
naproxen sodium.....	9	ninlaro.....	38
naproxen sodium cr.....	9	nipent.....	33
naproxen sodium er.....	9	nitazoxanide.....	42
naproxen/esomeprazole magnesium.....	9	nitisinone.....	85
naratriptan hcl.....	30	nitro-bid.....	66
natacyn.....	109	nitro-dur.....	66
nateglinide.....	54	nitrofurantoin.....	15
natesto.....	90	nitrofurantoin macrocrystals.....	15
nayzilam.....	20	nitrofurantoin monohydrate.....	15
nebivolol hydrochloride.....	61	nitrofurantoin monohydrate/macrocrystals.....	15
nebupent.....	42	nitroglycerin.....	66, 83
necon 0.5/35-28.....	93	nitroglycerin transdermal.....	66
nefazodone hydrochloride.....	25	nityr.....	85
neffy.....	63	nivestym.....	58
nelarabine.....	33	nizatidine.....	83
nemluvio.....	98	nora-be.....	94
neomycin sulfate.....	14	norditropin flexpro.....	89
neomycin/polymyxin/bacitracin.....	108	norelgestromin/ethinyl estradiol.....	93
neomycin/polymyxin/bacitracin/hydrocortisone.....	108	norethindrone.....	94
neomycin/polymyxin/dexamethasone.....	108	norethindrone acetate.....	93, 94
neomycin/polymyxin/gramicidin.....	108	norethindrone acetate/ethinyl estradiol.....	93
neomycin/polymyxin/hc.....	110	norethindrone acetate/ethinyl estradiol/ferrous fumarate.....	93
neomycin/polymyxin/hydrocortisone.....	110	norgesic.....	116
neo-polycin.....	108	norgesic forte.....	116
neo-polycin hc.....	108	norgestimate/ethinyl estradiol.....	93
neoprofen.....	9	noritate.....	72
neoral.....	102		

norliqva.....	61	nystop.....	29
norlyroc.....	94	nyvepria.....	58
norpace cr.....	60	ocaliva.....	83
norpramin.....	26	ocrevus.....	70
northera.....	59	ocrevus zunovo.....	70
nortrel 0.5/35 (28).....	93	octagam.....	97
nortrel 1/35.....	93	octreotide acetate.....	96
nortrel 7/7/7.....	93	odactra.....	98
nortriptyline hcl.....	26	odefsey.....	49
nortriptyline hydrochloride.....	26	odomzo.....	38
norvir.....	50	ofev.....	115
nourianz.....	42	ofloxacin.....	18, 109, 110
novarel.....	89	ogivri.....	40
novolin 70/30.....	56	ogsiveo.....	35
novolin 70/30 flexpen.....	56	ohtuvayre.....	113
novolin 70/30 flexpen relion.....	56	ojemda.....	35
novolin 70/30 relion.....	56	oljaara.....	38
novolin n.....	56	olanzapine.....	45
novolin n flexpen.....	56	olanzapine odt.....	45
novolin n flexpen relion.....	56	olanzapine/fluoxetine.....	24
novolin n relion.....	56	olmesartan medoxomil.....	59
novolin r.....	56	olmesartan medoxomil/hydrochlorothiazide.....	63
novolin r flexpen.....	56	olopatadine hcl.....	111
novolin r flexpen relion.....	56	olopatadine hydrochloride.....	109, 111
novolin r relion.....	56	olpruva.....	85
novolog.....	56	omega-3-acid ethyl esters.....	65
novolog flexpen.....	56	omegaven.....	107
novolog flexpen relion.....	56	omeprazole.....	84
novolog mix 70/30.....	56	omeprazole dr.....	84
novolog mix 70/30 prefilled flexpen.....	56	omeprazole/sodium bicarbonate.....	84
novolog mix 70/30 prefilled flexpen relion.....	56	omlonti.....	110
novolog mix 70/30 relion.....	56	omnipod 5 dexcom g7g6 intro kit (gen 5).....	107
novolog penfill.....	56	omnipod 5 dexcom g7g6 pods (gen 5).....	107
novolog relion.....	56	omnipod 5 g7 intro kit (gen 5).....	107
noxafil.....	28	omnipod 5 g7 pods (gen 5).....	107
nplate.....	58	omnipod 5 libre2 plus g6 intro gen 5.....	107
nubeqa.....	32	omnipod 5 libre2 plus g6 pods.....	107
nucala.....	116	omnipod classic pdm starter kit (gen 3).....	107
nucynta.....	12	omnipod classic pods (gen 3).....	107
nucynta er.....	10	omnipod dash intro kit (gen 4).....	107
nuedexta.....	69	omnipod dash pdm kit (gen 4).....	107
nulibry.....	85	omnipod dash pods (gen 4).....	107
nulojix.....	102	omnipod go 10 units/day.....	107
nuplazid.....	45	omnipod go 15 units/day.....	107
nurtec.....	29	omnipod go 20 units/day.....	107
nutrilipid.....	107	omnipod go 25 units/day.....	107
nutropin aq nuspin 10.....	89	omnipod go 30 units/day.....	107
nutropin aq nuspin 20.....	89	omnipod go 35 units/day.....	107
nutropin aq nuspin 5.....	89	omnipod go 40 units/day.....	107
nuvigil.....	117	omnitrope.....	89
nuzyra.....	19	omvoh.....	98
nyamyc.....	28	oncaspar.....	35
nylia 1/35.....	93	ondansetron hcl.....	27
nylia 7/7/7.....	93	ondansetron hydrochloride.....	27
nymalize.....	61	ondansetron odt.....	27
nypozi.....	58	onfi.....	21
nystatin.....	29	ongentys.....	43
nystatin/triamcinolone.....	74	onivyde.....	36
nystatin/triamcinolone acetoneide.....	74	onpattro.....	85

ontruzant.....	40	oxycodone hydrochloride .....	12
onureg .....	35	oxycodone hydrochloride er .....	10
onyda xr.....	68	oxycodone hydrochloride/acetaminophen.....	12
onzetra xsail.....	30	oxycodone/acetaminophen.....	12, 13
opdivo.....	40	oxycontin .....	10
opdivo qvantig.....	32	oxymorphone hydrochloride .....	13
opdualag.....	35	oxymorphone hydrochloride er .....	10
opfolda.....	85	oxymorphone hydrochlorideer .....	10
opipza.....	45	oxytrol.....	87
opsumit.....	114	ozempic.....	54
opvee.....	14	ozobax.....	47
opzelura.....	73	ozobax ds.....	47
oralone dental paste.....	71	pacerone.....	60
oravig.....	29	paclitaxel.....	35
orbactiv.....	15	paclitaxel protein-bound particles .....	35
orencia.....	98, 102	padcev.....	41
orencia clickject.....	98	palforzia initial dose escalation .....	99
orenitram .....	114	palforzia initial dose escalation 1-3 years.....	98
orenitram titration kit month 1 .....	114	palforzia initial dose escalation 4-17 years.....	98
orenitram titration kit month 2 .....	114	palforzia level 0 .....	99
orenitram titration kit month 3 .....	114	palforzia level 1 .....	99
orfadin .....	85	palforzia level 10.....	99
orgovyx.....	96	palforzia level 11 (maintenance).....	99
oriahnn .....	96	palforzia level 11 (titration) .....	99
orilissa .....	96	palforzia level 2.....	99
orkambi.....	113	palforzia level 3.....	99
orladeyo.....	96	palforzia level 4.....	99
orlynvah .....	15	palforzia level 5.....	99
ormalvi.....	85	palforzia level 6.....	99
orphenadrine citrate er .....	116	palforzia level 7.....	99
orphenadrine/aspirin/caffeine .....	116	palforzia level 8.....	99
orphengesic forte .....	116	palforzia level 9.....	99
orquidea.....	94	paliperidone er .....	45
orserdu .....	33	palonosetron hydrochloride .....	27
oseltamivir phosphate .....	51	palsonify .....	96
osenvelt .....	106	palynziq .....	85
osmolex er .....	43	pamelor .....	26
osphena.....	95	pancreaze.....	85, 86
otezla.....	74, 98	pandel.....	73
otezla xr.....	74	panretin .....	41
otezla/otezla xr 28 day treatment initiation pack.....	74	pantoprazole sodium.....	84
otrexup .....	102	panzyga.....	97
oxacillin sodium.....	17	paricalcitol.....	106
oxaliplatin.....	32	parnate .....	24
oxaprozin .....	9	paroxetine.....	25
oxaydo.....	12	paroxetine hcl .....	25
oxazepam .....	52	paroxetine hcl er .....	25
oxcarbazepine .....	22	paroxetine hydrochloride .....	25
oxcarbazepine er .....	22	paxil.....	26
oxervate.....	108	paxil cr .....	25
oxiconazole nitrate .....	29	paxlovid .....	51
oxistat.....	29	pazopanib hydrochloride .....	38
oxlumo.....	107	pediarix.....	104
xtellar xr.....	22	pedmark.....	107
oxybutynin chloride .....	87	pedvax hib .....	104
oxybutynin chloride er .....	87	peg-3350/electrolytes.....	83
oxycodone and acetaminophen.....	12	peg-3350/nacl/na bicarbonate/kcl.....	83
oxycodone hcl.....	12	pegasys .....	100, 102
oxycodone hcl er.....	10	pemazyre.....	38

pemetrexed	33, 35	pivya	17
pemetrexed disodium	33	plaquenil	42
pemfexy	33	plegridy	70
pemrydi rtu	33	plegridy starter pack	70
penbraya	104	plenamine	79
penciclovir	75	plerixafor	58
penicillamine	80	pliaglis	13
penicillin g sodium	17	podofilox	74
penicillin v potassium	17	pokonza	79
penmenvy	104	polivy	41
pennsaid	9	polycin	108
pentacel	104	polymyxin b sulfate/trimethoprim sulfate	108
pentamidine isethionate	42	pomalyst	32
pentazocine/naloxone hcl	13	pombiliti	86
pentoxifylline er	63	ponvory	70
pepcid	83	ponvory 14-day starter pack	70
perampanel	20	portia-28	93
percocet	13	portrazza	41
perforomist	112	posaconazole	29
perikabiven	79	posaconazole dr	29
perindopril erbumine	59	potassium chloride	79
periogard	71	potassium chloride er	79
perjeta	41	potassium chloride sr	79
permethrin	75	potassium citrate er	79
perphenazine	44	poteligeo	41
perphenazine/amitriptyline	24	pralatrexate	33
perseris	45	praluent	65
pertzye	86	pramipexole dihydrochloride	43
pheburane	86	pramipexole dihydrochloride er	43
phenelzine sulfate	24	pramosone	75
phenobarbital	22	prasugrel hydrochloride	58
phenobarbital sodium	21	pravastatin sodium	65
phenoxybenzamine hydrochloride	59	praziquantel	42
phenylephrine hydrochloride	59	prazosin hydrochloride	59
phenytek	23	pred mild	109
phenytoin	23	prednisolone	88
phenytoin infatabs	23	prednisolone acetate	109
phenytoin sodium extended	23	prednisolone sodium phosphate	88
phesgo	35	prednisone	88
philith	93	prednisone dr	88
photofrin	35	pregabalin	22
phyrago	38	pregnyl	89
piasky	99	pregnyl w/diluent benzyl alcohol/nacl	89
pifeltro	49	prehevbrio	104
pilocarpine hydrochloride	71, 110	premarin	93
pimecrolimus	73	premasol	79
pimtrea	93	premium lidocaine	13
pindolol	61	prempase	93
pioglitazone hcl	54	prempo	93
pioglitazone hcl/metformin hcl	54	prenatal	81
pioglitazone hydrochloride	54	prevacid	84
piperacillin sodium/tazobactam sodium	17	prevalite	65
piperacillin sodium/tazobactam sodium/nacl	17	prevymis	47
piqray 200mg daily dose	38	prezcobix	50
piqray 250mg daily dose	38	prezista	50, 51
piqray 300mg daily dose	38	prialt	69
pirfenidone	115	priftin	31
piroxicam	9	primaquine phosphate	42
pitavastatin calcium	65	primidone	22

priorix.....	104	qdolo.....	13
pristiq.....	26	qinlock.....	38
privigen.....	97	qivigy.....	97
proair digihaler.....	112	qlosi.....	110
probenecid.....	29	qtern.....	54
probenecid/colchicine.....	29	quadracel.....	104
prochlorperazine.....	27	qualaquin.....	42
prochlorperazine edisylate.....	27	qudexy xr.....	20
prochlorperazine maleate.....	27	quetiapine fumarate.....	45
procrit.....	58	quetiapine fumarate er.....	45
procto-med hc.....	105	quinapril hydrochloride.....	59
proctosol hc.....	105	quinapril/hydrochlorothiazide.....	63
proctozone-hc.....	105	quinidine sulfate.....	60
procysbi.....	86	quinine sulfate.....	42
progesterone.....	94	qulipta.....	29
prograf.....	103	qutenza.....	13
prolastin-c.....	86	qutenza (2 patch).....	13
prolate.....	13	qutenza (4 patch).....	13
prolensa.....	110	quviviq.....	117
proleukin.....	35	qvar redihaler.....	111
prolia.....	106	rabavert.....	104
promacta.....	58	rabeprazole sodium.....	84
promethazine hcl.....	27	rabeprazole sodium dr sprinkle.....	84
promethazine hydrochloride.....	27	radiaura.....	75
promethazine hydrochloride/phenylephrine hydrochloride.....	116	radicava.....	69
promethazine vc.....	116	radicava ors.....	69
promethegan.....	27	radicava ors starter kit.....	69
propafenone hcl.....	60	raldesy.....	26
propafenone hydrochloride.....	60	raloxifene hydrochloride.....	95
propafenone hydrochloride er.....	60	ramelteon.....	117
propranolol hcl.....	61	ramipril.....	59
propranolol hydrochloride.....	61	ranolazine er.....	63
propranolol hydrochloride er.....	61	rapamune.....	103
propylthiouracil.....	96	rapivab.....	51
proquad.....	104	rasagiline mesylate.....	43
prosol.....	80	rasuvo.....	103
protonix.....	84	ravicti.....	86
protriptyline hcl.....	26	rayaldee.....	106
provenge.....	99	rayos.....	89
proventil hfa.....	112	rebif.....	70
provigil.....	117	rebif rebidose.....	70
prozac.....	26	rebif rebidose titration pack.....	70
prucalopride.....	81	rebif titration pack.....	70
prudoxin.....	73	reblozyl.....	58
pulmicort.....	111	recarbrio.....	18
pulmicort flexhaler.....	111	recombivax hb.....	104
pulmozyme.....	113	recorlev.....	96
purixan.....	33	redemplo.....	65
pylera.....	83	regranex.....	75
pyquvi.....	88	relafen ds.....	9
pyrazinamide.....	31	relenza diskhaler.....	51
pyridostigmine bromide.....	31	releuko.....	58
pyridostigmine bromide er.....	31	relexxii.....	68
pyrimethamine.....	42	relistor.....	81
pyrukynd.....	86	relpax.....	30
pyrukynd taper pack.....	86	reltone.....	83
qalsody.....	69	relyvrio.....	69
qbrelis.....	59	remicade.....	103
		remodulin.....	114

renagel	81	rivelsa	93
renflexis	103	rivfloza	107
renvela	81	rizatriptan benzoate	30
repaglinide	54	rizatriptan benzoate odt	30
repatha	65	robaxin	117
repatha pushtronex system	65	robinul	82
repatha sureclick	65	robinul forte	82
restasis	108	rocklatan	108
restasis multidose	108	roflumilast	113
restoril	117	rovedon	58
retacrit	58	romidepsin	35
retevmo	38	romvimza	38
retin-a	72	ropinirole er	43
retin-a micro	72	ropinirole hcl	43
retin-a micro pump	72	ropinirole hydrochloride	43
retisert	110	rosuvastatin calcium	65
retrovir	49, 50	rosuvastatin/ezetimibe	65
retrovir iv infusion	49	rosyrah	93
revatio	114	roszet	65
revcovi	86	rotarix	104
revlimid	32	rotateq	104
revonto	47	rowasa	105
revuforj	35	roweepra	20
rexulti	45	roxycodone	13
reyataz	51	rozerem	117
reyvow	30	rozlytrek	38
rezdiffra	95	rubraca	38
rezlidhia	38	ruconest	97
rezurock	103	rufinamide	23
rezzayo	29	rukobia	50
rhapsido	99	ruxience	41
rhopressa	110	rybelsus	54
riabni	41	rybrevant	41
ribavirin	48, 116	rybrevant faspro	41
ridaura	99	ryclora	111
rifabutin	31	rydapt	38
rifadin	31	rylaze	35
rifampin	31	rystiggo	99
rilpivirine hydrochloride	49	rytary	43
rilutek	69	rytelo	35
riluzole	69	rythmol sr	60
rimantadine hydrochloride	51	ryzneuta	58
rinvoq	99	sabril	22
rinvoq lq	99	sacubitril/valsartan	63
risedronate sodium	106	saizen	89
risedronate sodium dr	106	saizenprep reconstitutionkit	89
risperdal	45	sajazir	97
risperdal consta	45	samsca	80
risperidone	45	sancuso	27
risperidone er	45	sandimmune	103
risperidone odt	45	sandostatin	96
ritalin	68	sandostatin lar depot	96
ritalin la	68	santyl	75
ritonavir	51	saphnelo	99
rituxan	41	saphris	45
rituxan hycela	41	sapropterin dihydrochloride	86
rivaroxaban	57	sarclisa	41
rivastigmine tartrate	23	savella	69
rivastigmine transdermal system	23	savella titration pack	69

saxagliptin hydrochloride.....	54	sodium chloride 0.9%.....	107
saxagliptin hydrochloride/metformin hydrochloride er.....	54	sodium edecrin .....	64
scemblix.....	38	sodium oxybate.....	117
scopolamine.....	27	sodium phenylacetate/sodium benzoate.....	107
sdamlo.....	61	sodium phenylbutyrate .....	86
secuado.....	46	sodium polystyrene sulfonate .....	81
seglentis .....	13	sodium sulfate/potassium sulfate/magnesium sulfate.....	83
segluromet.....	54	sofdra .....	75
selegiline hcl .....	43	sofosbuvir/velpatasvir.....	48
selenium sulfide .....	73	sogroya.....	89
selzentry .....	50	sohonos.....	47
sensipar.....	106	solifenacin succinate .....	87
sephience.....	86	soliqua 100/33 .....	54
serevent diskus.....	113	soliris .....	99
sernivo.....	73	soltamox .....	33
seroquel.....	46	soma.....	117
seroquel xr.....	46	somatuline depot.....	96
serostim.....	89	somavert.....	96
sertraline hcl .....	26	soolantra.....	75
sertraline hydrochloride .....	26	sorafenib.....	39
setlakin .....	93	sorafenib tosylate .....	38
sevelamer carbonate.....	81	sorilux .....	75
sevelamer hydrochloride .....	81	sotalol hcl.....	60
seysara.....	19	sotalol hcl (af) .....	60
sfrowasa.....	105	sotalol hydrochloride .....	60
sharobel.....	94	sotalol hydrochloride (af) .....	60
shingrix.....	104	sotalol hydrochloride af .....	60
signifor.....	96	sovaldi .....	48
signifor lar .....	96	sovuna.....	42
siklos .....	33	spevigo .....	73
sildenafil.....	114	spinraza .....	86
sildenafil citrate .....	114	spiriva handihaler.....	112
silenor.....	117	spiriva respimat.....	112
siliq.....	99	spironolactone .....	66
silodosin.....	87	spironolactone/hydrochlorothiazide .....	63
silver sulfadiazine.....	75	sporanox.....	29
simbrinza .....	108	spravato 56mg dose.....	24
simliya .....	93	spravato 84mg dose.....	24
simpesse .....	93	sprintec 28 .....	93
simponi .....	103	spritam.....	20
simponi aria .....	103	sprix.....	9
simulect .....	99	sprycel.....	39
simvastatin.....	65	sps.....	81
sirolimus .....	103	sronyx.....	93
sirturo .....	31	ssd.....	75
sitagliptin.....	54	stalevo 100 .....	43
sitavig .....	51	stalevo 125 .....	43
sivextro.....	15	stalevo 150 .....	43
skyclarys.....	107	stalevo 200 .....	43
skyla.....	94	stamaril.....	104
skyrizi .....	99	steglatro.....	66
skyrizi pen.....	99	steglujan .....	54
skytrofa.....	89	stelara.....	99
smoflipid .....	107	steqeyma .....	99, 100
soanz.....	64	stimufend.....	58
sodium bicarbonate.....	80	stiolto respimat.....	116
sodium bicarbonate/dextrose .....	80	stivarga.....	39
sodium chloride.....	80	stoboclo .....	106
sodium chloride 0.45%.....	80	strattera .....	68

strensiq.....	86	tacrolimus.....	73, 103
streptomycin sulfate.....	14	tadalafil.....	87, 114
stribild.....	48	tadliq.....	114
striverdi respimat.....	113	tafinlar.....	39
stromectol.....	42	tagrisso.....	39
sublocade.....	14	takhzyro.....	97
suboxone.....	14	taltz.....	100
subvenite.....	20	talvey.....	35
subvenite starter kit/blue.....	20	talzenna.....	39
subvenite starter kit/green.....	20	tamiflu.....	51
subvenite starter kit/orange.....	20	tamoxifen citrate.....	33
sucraid.....	86	tamsulosin hydrochloride.....	88
sucralfate.....	83	tapentadol hydrochloride er.....	10
sulconazole nitrate.....	29	tarceva.....	39
sulfacetamide sodium.....	109	targretin.....	41
sulfacetamide sodium/prednisolone sodium phosphate.....	108	tarina 24 fe.....	93
sulfadiazine.....	18	tarina fe 1/20.....	93
sulfamethoxazole/trimethoprim.....	18	tarina fe 1/20 eq.....	93
sulfamethoxazole/trimethoprim ds.....	18	tarpeyo.....	105
sulfasalazine.....	105	tascenso odt.....	70
sulfatrim pediatric.....	18	tasigna.....	39
sulindac.....	9	tasimelteon.....	117
sumatriptan.....	30	tasmar.....	43
sumatriptan succinate.....	30	tavaborole.....	29
sumatriptan succinate refill.....	30	tavalisse.....	59
sumatriptan/naproxen sodium.....	30	tavneos.....	100
sunitinib malate.....	39	taysofy.....	93
sunlenca.....	50	tazarotene.....	72
sunosi.....	117	tazicef.....	17
supprelin la.....	96	tazorac.....	72
suprep bowel prep kit.....	83	taztia xt.....	62
sustol.....	27	tazverik.....	39
susvimo.....	108	tdvax.....	104
sutab.....	83	tecentriq.....	41
sutent.....	39	tecentriq hybreza.....	41
syfovre.....	108	tecfidera.....	71
sylvant.....	100	tecfidera starter pack.....	70
symbravo.....	30	tecvayli.....	35
symbyax.....	24	teflaro.....	17
symdeko.....	113	tegsedi.....	86
symfi.....	49	telmisartan.....	59
symfi lo.....	49	telmisartan/amlodipine.....	63
symlinpen 120.....	54	telmisartan/hydrochlorothiazide.....	64
symlinpen 60.....	54	temazepam.....	117
sympazan.....	22	temodar.....	32
symproic.....	81	temsirolimus.....	39
symtuza.....	51	tencon.....	69
synagis.....	97	tenivac.....	104
synarel.....	96	tenofovir disoproxil fumarate.....	50
syndros.....	27	tepadina.....	32
synjardy.....	54	tepezza.....	100
synjardy xr.....	54	tepmetko.....	39
synthroid.....	95	tepylute.....	32
syprine.....	80	terazosin hcl.....	88
tabloid.....	33	terazosin hydrochloride.....	88
tabrecta.....	39	terbinafine hcl.....	29
tachosil.....	107	terbutaline sulfate.....	113
taclonex.....	75	terconazole.....	29
		teriflunomide.....	71

teriparatide.....	106	topicort.....	74
testim.....	90	topiramate.....	20
testosterone.....	90	topiramate er.....	20
testosterone cypionate.....	90	topotecan hcl.....	36
testosterone enanthate.....	90	topotecan hydrochloride.....	36
testosterone pump.....	90	toremifene citrate.....	33
testosterone topical solution.....	90	torisel.....	39
tetanus/diphtheria toxoids-adsorbed adult.....	104	torpenz.....	39
tetrabenazine.....	69	torsemid.....	64
tetracycline hydrochloride.....	19	tosymra.....	30
tevimbra.....	41	toujeo max solostar.....	56
tezruly.....	88	toujeo solostar.....	56
tezspire.....	116	toviaz.....	87
thalomid.....	32	tracleer.....	114
theophylline er.....	113	tradjenta.....	54
thiola.....	88	tramadol hcl er.....	11
thiola ec.....	88	tramadol hydrochloride.....	13
thioridazine hydrochloride.....	44	tramadol hydrochloride er.....	11
thiotepa.....	32	tramadol hydrochloride/acetaminophen.....	13
thiothixene.....	44	trandolapril.....	59
thymoglobulin.....	98	trandolapril/verapamil hcl er.....	64
thyrogen.....	95	tranexamic acid.....	58
tiadylt er.....	62	transderm-scop.....	27
tiagabine hydrochloride.....	22	tranylcypromine sulfate.....	25
tibsovo.....	39	travasol.....	80
ticagrelor.....	59	travatan z.....	110
tice bcg.....	35	travoprost.....	110
ticovac.....	104	trazimera.....	41
tigecycline.....	16	trazodone hydrochloride.....	26
tiglutik.....	69	treanda.....	32
timolol maleate.....	30, 110	trecator.....	31
tinidazole.....	16	trelegy ellipta.....	116
tiopronin.....	88	tristar mixject.....	96
tiopronin dr.....	88	tremfya.....	100
tiotropium bromide.....	112	tremfya induction pack for crohns disease/ulcerative colitis.....	100
tisseel.....	57	tremfya pen.....	100
tivdak.....	41	treprostinil.....	114
tivicay.....	48	tresiba.....	56
tivicay pd.....	48	tresiba flextouch.....	56
tizanidine hcl.....	47	tretinoin.....	41, 72
tizanidine hydrochloride.....	47	tretinoin microsphere.....	72
tlando.....	90	tretinoin microsphere pump.....	72
tobi.....	113	treximet.....	30
tobi podhaler.....	113	trezix.....	13
tobradex.....	108	triamcinolone acetonide.....	74
tobramycin.....	109, 113	triamcinolone acetonide dental paste.....	71
tobramycin sulfate.....	15	triamterene.....	64
tobramycin/dexamethasone.....	108	triamterene/hydrochlorothiazide.....	64
tolcapone.....	43	triazolam.....	117
tolectin 600.....	9	tridacaine.....	13
tolmetin sodium.....	9	tridacaine ii.....	13
tolsura.....	29	tridacaine iii.....	13
tolterodine tartrate.....	87	trientine hydrochloride.....	81
tolterodine tartrate er.....	87	tri-estarylla.....	93
tolvaptan.....	80, 81	trifluoperazine hcl.....	44
tonmya.....	69	trifluoperazine hydrochloride.....	44
topamax.....	20	trifluridine.....	109
topamax sprinkle.....	20	trihexyphenidyl hcl.....	42
topicalaine.....	13		

trihexyphenidyl hydrochloride	42	ultravate	74
trijardy xr	54	undecatrex	90
trikafta	113	unithroid	95
trileptal	23	unituxin	41
tri-linyah	93	unloxcyt	41
tri-lo-mili	93	uptravi	114
trimethobenzamide hydrochloride	27	uptravi titration pack	114
trimethoprim	16	uro-sp	87
tri-mili	93	ursodiol	83
trimipramine maleate	26	ustekinumab	100
trintellix	26	uvadex	75
triptodur	96	uzedy	46
trisenox	35	vabomere	18
tri-sprintec	93	vabrinty	96
triumeq	50	vabysmo	108
triumeq pd	50	vafseo	58
trivora-28	93	valacyclovir hydrochloride	51
tri-vylibra	93	valchlor	32
trodelvy	41	valcyte	47
trogarzo	50	valganciclovir	47
trokendi xr	21	valganciclovir hydrochloride	47
trophamine	80	valium	52
tropium chloride	87	valproic acid	21
tropium chloride er	87	valrubicin	35
trudhesa	30	valsartan	59
trulance	81	valsartan/hydrochlorothiazide	64
trulicity	54	valstar	35
trumenba	104	valtoco 10 mg dose	22
truqap	39	valtoco 15 mg dose	22
truvada	50	valtoco 20 mg dose	22
truxima	41	valtoco 5 mg dose	22
tryngolza	65	valtrex	51
tudorza pressair	112	valtya 1/35	94
tukysa	39	valtya 1/50	94
turalio	39	vanadom	117
turqoz	93	vancocin	16
twinrix	104	vancomycin hcl	16
tyblume	94	vancomycin hydrochloride	16
tybost	50	vanflyta	39
tydemy	94	vanos	74
tyenne	100	vanrafia	88
tygacil	16	vaqta	104
tykerb	39	varenicline starting month	14
tymlos	106	varenicline tartrate	14
typhim vi	104	varivax	104
tyruko	71	varizig	98
tyrvaya	14	varubi	28
tysabri	71	vasotec	59
tyvaso	114	vaxchora	104
tyvaso dpi institutional kit	114	vaxelis	104
tyvaso dpi maintenance kit	114	vecamyl	64
tyvaso dpi titration kit	114	vectibix	41
tyvaso refill kit	114	vectical	75
tyvaso starter kit	114	vegzelma	41
ubrelvy	29	veklury	51
uceris	105	velcade	35
udenycya	58	veletri	114
udenycya onbody	58	velphoro	81
ultomiris	100	velsipity	100

veltassa .....	81	vitrakvi .....	39
vemlidy .....	47	vivimusta .....	32
venclexta .....	39	vivitrol .....	13
venclexta starting pack .....	39	vivjoa .....	29
venlafaxine besylate er .....	26	vivotif .....	104
venlafaxine hcl .....	26	vizimpro .....	39
venlafaxine hydrochloride .....	26	vocabria .....	48
venlafaxine hydrochloride er .....	26	vogelxo .....	90
ventavis .....	114	vogelxo pump .....	90
ventolin hfa .....	113	vonjo .....	35
venxxiva .....	88	voquezna .....	83
veopoz .....	100	voquezna dual pak .....	16
veozah .....	69	voquezna triple pak .....	16
verapamil hcl .....	62	voranigo .....	41, 42
verapamil hcl er .....	62	voraxaze .....	42
verapamil hcl sr .....	62	voriconazole .....	29
verapamil hydrochloride .....	62	vosevi .....	48
verapamil hydrochloride er .....	62	vothient .....	39
verapamil hydrochloride sr .....	62	vowst .....	83
veregen .....	75	vozzogo .....	86
verkazia .....	108	voyxact .....	103
verquvo .....	66	vpriv .....	86
versacloz .....	46	vraylar .....	46
verzenio .....	39	vtama .....	75
vesicare .....	87	vuity .....	110
vesicare ls .....	87	vumerity .....	71
vestura .....	94	vyepti .....	30
vevye .....	108	vyfemla .....	94
vfend .....	29	vyjuvek .....	51
vfend iv .....	29	vykat xr .....	107
v-go 20 .....	107	vylibra .....	94
v-go 30 .....	107	vyloy .....	41
v-go 40 .....	107	vyndamax .....	64
vibativ .....	16	vyndaqel .....	86
viberzi .....	82	vyondys 53 .....	86
vidaza .....	35	vyscoxa .....	9
vienva .....	94	vyvgart .....	100
vigabatrin .....	22	vyvgart hydrulo .....	31, 100
vigadrone .....	22	vyxeos .....	33
vigafyde .....	22	vyzulta .....	110
vigpoder .....	22	wainua .....	86
viibryd .....	26	wakix .....	117
vijoice .....	39	warfarin sodium .....	57
vilamit mb .....	87	wayrilz .....	59
vilazodone hydrochloride .....	26	welireg .....	86
viltepso .....	86	wellbutrin sr .....	24
vimizim .....	86	wellbutrin xl .....	24
vimkunya .....	104	wera .....	94
vimovo .....	9	wezlana .....	100
vimpat .....	23	winlevi .....	72
vinblastine sulfate .....	35	winrevair .....	114
vincristine sulfate .....	35	winrho sdf .....	98
viokace .....	86	wixela inhub .....	116
viorele .....	94	wynzora .....	75
viracept .....	51	wyost .....	106
virazole .....	116	xacduro .....	16
viread .....	50	xadago .....	43
vistogard .....	107	xalkori .....	39
visudyne .....	108	xanax .....	52

xanax xr	52	zaleplon	117
xarah fe	94	zaltrap	35
xarelto	57	zanaflex	47
xarelto starter pack	57	zanosar	32
xatmep	103	zarxio	58
xcopri	23	zavesca	86
xdemvy	109	zegalogue	55
xeljanz	100	zegeid	84
xeljanz xr	100	zejula	39
xelpros	110	zelapar	43
xelria fe	94	zelboraf	39
xelstrym	67	zelsuvmi	76
xembify	98	zelvysia	86
xenazine	69	zemaira	86
xenpozyme	80	zembrace symtouch	30
xeomin	47	zemdri	15
xerava	19	zemplar	106
xerese	75	zenatane	72
xermelo	82	zenpep	87
xgeva	106	zenzedi	67
xiaflex	86	zepatier	48
xifaxan	83	zeposia	71
xigduo xr	54	zeposia 7-day starter pack	71
xiidra	109	zeposia starter kit	71
xipere	110	zepzelca	32
xofluza	51	zerbaxa	17
xolair	100	zevalin y-90	41
xolremdi	58	zevtera	17
xopenex hfa	113	ziagen	50
xospata	39	zidovudine	50
xphozah	81	ziextenzo	58
xpovio	39	ziihera	41
xpovio 60 mg twice weekly	39	zilbrysq	100
xpovio 80 mg twice weekly	39	zileuton er	112
xromi	33	zimhi	14
xtampza er	11	zinplava	83
xtandi	32	ziprasidone hcl	46
xulane	94	ziprasidone mesylate	46
xultophy 100/3.6	54	zipsor	9
xuriden	86	zirabev	41
xyosted	90	zirgan	109
xyrem	117	zitivimet	54
xyvona	11	zitivimet xr	54
xywav	117	zokinvy	107
yargesa	86	zoladex	96
yervoy	41	zoledronic acid	106
yf-vax	104	zolinza	35
yimmugo	98	zolmitriptan	30
yondelis	32	zolmitriptan odt	30
yonsa	32	zolpidem tartrate	117
yosprala	59	zolpidem tartrate er	117
yupelri	112	zomacton	89
yutiq	110	zomig	30
yutrepia	114	zonalon	74
yuvafem	94	zonegran	23
yuvezzi	109	zonisade	23
yuviwel	86	zonisamide	23
zafemy	94	zorbtive	83
zafirlukast	112	zortress	103

zoryve.....	74, 75
zovia 1/35.....	94
zovirax.....	76
ztalmy.....	22
ztlido.....	13
zubsolv.....	14
zunveyl.....	23
zurnai.....	14
zurzuvae.....	24
zyclara.....	75
zyclara pump.....	75
zydelig.....	40

zyflo.....	112
zykadia.....	40
zylet.....	109
zynlonta.....	41
zynyz.....	41
zypitamag.....	65
zyprexa.....	46
zyprexa relprevv.....	46
zyprexa zydis.....	46
zytiga.....	32
zyvox.....	16