



Retiree RxCare Formulario Premier 5T 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

Numero de ID del Formulario 26256, Versión 17

Este formulario se actualizó el 10/1/2026. No hemos hecho cambios en este formulario desde 9/17/2026. 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", "nosotros" 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 9/17/2026. 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 Retiree RxCare?

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 Jubilados 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, Jubilados 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://retireerxcarepdp.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 cubriéndoo el medicamento que se está cambiando. Para más información, consulte la sección siguiente titulada "¿Cómo solicito una excepción al Formulario de Jubilados de 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 entre en vigor. Alternativamente, cuando un miembro solicita una renovación del medicamento, Pueden 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 proporcionemos 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 9/17/2026. 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 70. 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 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 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 5T

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 70.

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	Genéricos preferidos
2	Genéricos
3	Marcas preferidas
4	Medicamentos no preferidos
5	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
Analgesics		
Analgesics		
JOURNAVX TABLET 50MG	4	QL (30 EA per 90 days)
Nonsteroidal Anti-inflammatory Drugs		
celecoxib capsule 100mg, 200mg, 400mg, 50mg	2	QL (60 EA per 30 days)
diclofenac potassium tablet 50mg	3	
diclofenac sodium dr tablet delayed release 25mg, 50mg, 75mg	2	
diclofenac sodium er tablet extended release 24 hour 100mg	3	
diclofenac sodium gel 1%	2	QL (1000 GM per 30 days)
diclofenac sodium topical solution 1.5%	4	PA
diflunisal tablet 500mg	3	
ec-naproxen tablet delayed release 500mg	4	
etodolac capsule 200mg, 300mg	3	
etodolac tablet 400mg, 500mg	3	
flurbiprofen tablet 100mg, 50mg	2	
ibuprofen suspension 100mg/5ml	2	
ibuprofen tablet 400mg, 600mg, 800mg	1	
ibu tablet 400mg, 600mg, 800mg	1	
indomethacin er capsule extended release 75mg	3	
indomethacin capsule 25mg, 50mg	2	
ketorolac tromethamine +rfd injection 30mg/ml	4	
ketorolac tromethamine injection 15mg/ml, 30mg/ml, 60mg/2ml	4	
ketorolac tromethamine tablet 10mg	4	QL (20 EA per 30 days)
meloxicam tablet 15mg, 7.5mg	1	
nabumetone tablet 500mg, 750mg	2	
naproxen dr tablet delayed release 375mg	2	
naproxen dr tablet delayed release 500mg	4	
naproxen sodium tablet 275mg, 550mg	3	
naproxen tablet 250mg, 375mg, 500mg	1	
oxaprozin tablet 600mg	3	
piroxicam capsule 10mg, 20mg	3	
sulindac tablet 150mg, 200mg	2	
Opioid Analgesics, Long-acting		
buprenorphine patch weekly 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr, 7.5mcg/hr	4	QL (4 EA per 28 days)
fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr	4	
methadone hcl solution 5mg/5ml	3	
methadone hcl tablet 10mg, 5mg	2	
methadone hydrochloride intensol concentrate 10mg/ml	3	
methadone hydrochloride concentrate 10mg/ml	3	
methadone hydrochloride solution 10mg/5ml	3	
morphine sulfate er tablet extended release 100mg, 15mg, 200mg, 30mg, 60mg	3	
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5MG, 18MG, 27MG, 36MG, 9MG	3	
Opioid Analgesics, Short-acting		
acetaminophen/codeine phosphate tablet 300mg; 60mg	2	

Drug Name	Drug Tier	Requirements/Limits
acetaminophen/codeine solution 120mg/5ml; 12mg/5ml	3	
acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg, 300mg; 60mg	2	
endocet tablet 325mg; 5mg	2	
endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg	3	
fentanyl citrate oral transmucosal lozenge on a handle 200mcg	4	PA
fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg	5	PA
hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml	3	
hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg	2	
hydrocodone/acetaminophen tablet 325mg; 7.5mg	2	
hydromorphone hcl injection 10mg/ml, 4mg/ml	4	
hydromorphone hcl tablet 2mg, 4mg	2	
hydromorphone hcl tablet 8mg	4	
hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml	4	
morphine sulfate injection 10mg/ml, 4mg/ml	2	
morphine sulfate oral solution 100mg/5ml, 10mg/5ml, 20mg/5ml	3	
morphine sulfate tablet 15mg, 30mg	3	
oxycodone hydrochloride solution 5mg/5ml	3	
oxycodone hydrochloride tablet 10mg, 15mg, 5mg	2	
oxycodone hydrochloride tablet 20mg, 30mg	3	
oxycodone/acetaminophen tablet 325mg; 5mg	2	
oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg	3	
tramadol hydrochloride/acetaminophen tablet 325mg; 37.5mg	2	
tramadol hydrochloride tablet 50mg	1	

Anesthetics

Local Anesthetics

lidocaine/prilocaine cream 2.5%; 2.5%	2	QL (30 GM per 30 days) PA
lidocaine ointment 5%	3	QL (150 GM per 30 days) PA
lidocaine patch 5%	4	PA
premium lidocaine ointment 5%	3	QL (150 GM per 30 days) PA

Anti-Addiction/Substance Abuse Treatment Agents

Alcohol Deterrents/Anti-craving

acamprosate calcium dr tablet delayed release 333mg	4	
disulfiram tablet 250mg, 500mg	3	
naltrexone hydrochloride tablet 50mg	2	
VIVITROL INJECTION 380MG	5	

Opioid Dependence

buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg, 2mg; 8mg; 2mg	2	
buprenorphine hcl tablet sublingual 2mg, 8mg	2	
buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg	3	

Opioid Reversal Agents

Drug Name	Drug Tier	Requirements/Limits
KLOXXADO LIQUID 8MG/0.1ML	4	
<i>naloxone hcl injection 4mg/10ml</i>	2	
<i>naloxone hydrochloride injection 0.4mg/ml</i>	2	
<i>naloxone hydrochloride injection 2mg/2ml</i>	3	
<i>naloxone hydrochloride liquid 4mg/0.1ml</i>	3	
OPVEE SOLUTION 2.7MG/0.1ML	3	
REXTOVY LIQUID 4MG/0.25ML	4	
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	QL (60 EA per 30 days)
NICOTROL NS SOLUTION 10MG/ML	4	QL (360 ML per 365 days)
TYRVAYA SOLUTION 0.03MG/ACT	4	QL (8.4 ML per 30 days)
<i>varenicline starting month tablet therapy pack 0</i>	4	QL (504 EA per 365 days)
<i>varenicline tartrate continuing month tablet 1mg</i>	4	QL (504 EA per 365 days)
<i>varenicline tartrate tablet 0.5mg, 1mg</i>	4	QL (504 EA per 365 days)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	4	
ARIKAYCE SUSPENSION 590MG/8.4ML	5	PA
<i>gentamicin sulfate pediatric injection 10mg/ml</i>	3	
<i>gentamicin sulfate cream 0.1%</i>	3	
<i>gentamicin sulfate injection 40mg/ml</i>	3	
<i>gentamicin sulfate ointment 0.1%</i>	3	
HUMATIN CAPSULE 250MG	5	
<i>neomycin sulfate tablet 500mg</i>	2	
<i>streptomycin sulfate injection 1gm</i>	5	
<i>tobramycin sulfate injection 1.2gm/30ml, 1.2gm, 10mg/ml, 40mg/ml, 80mg/2ml</i>	4	
Antibacterials, Other		
<i>aztreonam injection 1gm, 2gm</i>	4	
<i>clindacin etz pledgets swab 1%</i>	3	
<i>clindamycin hcl capsule 300mg</i>	2	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	
<i>clindamycin palmitate hydrochloride solution reconstituted 75mg/5ml</i>	4	
<i>clindamycin phosphate cream 2%</i>	4	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	3	
<i>clindamycin phosphate swab 1%</i>	3	
<i>colistimethate sodium injection 150mg</i>	4	
DAPTOMYCIN/SODIUM CHLORIDE INJECTION 1000MG/100ML; 0.9%, 350MG/50ML; 0.9%, 500MG/50ML; 0.9%, 700MG/100ML; 0.9%	4	
<i>daptomycin injection 350mg, 500mg</i>	4	
<i>fosfomycin tromethamine packet 3gm</i>	4	
IMPAVIDO CAPSULE 50MG	5	
<i>linezolid injection 600mg/300ml</i>	4	
<i>linezolid suspension reconstituted 100mg/5ml</i>	5	QL (1800 ML per 28 days)
<i>linezolid tablet 600mg</i>	4	QL (56 EA per 28 days)
<i>methenamine hippurate tablet 1gm</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole vaginal gel 0.75%</i>	3	
<i>metronidazole injection 500mg/100ml</i>	2	
<i>metronidazole tablet 250mg, 500mg</i>	1	
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	3	
<i>nitrofurantoin monohydrate/macrocrystals capsule 100mg</i>	2	
<i>nitrofurantoin monohydrate capsule 100mg</i>	2	
<i>tigecycline injection 50mg</i>	4	
<i>tinidazole tablet 250mg, 500mg</i>	4	
<i>trimethoprim tablet 100mg</i>	2	
<i>vancomycin hcl injection 10gm</i>	3	
<i>vancomycin hydrochloride capsule 125mg</i>	4	QL (120 EA per 30 days)
<i>vancomycin hydrochloride capsule 250mg</i>	4	QL (240 EA per 30 days)
VANCOMYCIN HYDROCHLORIDE INJECTION 1.75GM, 2GM	3	
<i>vancomycin hydrochloride injection 1gm, 500mg, 750mg</i>	3	
VOQUEZNA DUAL PAK THERAPY PACK 500MG; 20MG	4	PA
VOQUEZNA TRIPLE PAK THERAPY PACK 500MG; 500MG; 20MG	4	PA
Beta-lactam, Cephalosporins		
<i>cefaclor capsule 250mg, 500mg</i>	2	
<i>cefaclor suspension reconstituted 250mg/5ml</i>	4	
<i>cefadroxil capsule 500mg</i>	2	
<i>cefadroxil suspension reconstituted 250mg/5ml, 500mg/5ml</i>	2	
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	4	
CEFAZOLIN INJECTION 2GM, 3GM	4	
<i>cefdinir capsule 300mg</i>	2	
<i>cefdinir suspension reconstituted 125mg/5ml, 250mg/5ml</i>	2	
<i>cefepime hydrochloride injection 100gm, 2gm</i>	4	
CEFEPIME/DEXTROSE INJECTION 2GM/50ML; 5%	4	
<i>cefepime injection 1gm/50ml, 1gm, 2gm/100ml, 2gm</i>	4	
<i>cefixime capsule 400mg</i>	4	
<i>cefotaxime sodium injection 1gm, 2gm</i>	2	
<i>cefotetan injection 1gm, 2gm</i>	4	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	3	
<i>cefpodoxime proxetil suspension reconstituted 100mg/5ml, 50mg/5ml</i>	3	
<i>cefpodoxime proxetil tablet 100mg, 200mg</i>	4	
<i>cefprozil suspension reconstituted 125mg/5ml, 250mg/5ml</i>	3	
<i>cefprozil tablet 250mg, 500mg</i>	2	
<i>ceftaroline fosamil injection 400mg, 600mg</i>	5	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	3	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	3	
<i>cefuroxime axetil tablet 250mg, 500mg</i>	2	
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	3	
<i>cephalexin capsule 250mg, 500mg</i>	2	
<i>cephalexin suspension reconstituted 125mg/5ml, 250mg/5ml</i>	2	
TAZICEF INJECTION 6GM	3	
<i>tazicef injection 1gm, 2gm</i>	3	
TEFLARO INJECTION 400MG, 600MG	5	
Beta-lactam, Penicillins		

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin/clavulanate potassium er tablet extended release 12 hour 1000mg; 62.5mg</i>	4	
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	4	
<i>amoxicillin/clavulanate potassium tablet chewable 200mg; 28.5mg, 400mg; 57mg</i>	2	
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	2	
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	4	
<i>amoxicillin/potassium clavulanate tablet chewable 200mg; 28.5mg, 400mg; 57mg</i>	2	
<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>	2	
<i>amoxicillin tablet 500mg, 875mg</i>	1	
<i>ampicillin sodium injection 10gm, 125mg, 1gm, 2gm</i>	3	
<i>ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm, 2gm; 1gm</i>	3	
<i>ampicillin/sulbactam injection 1gm; 0.5gm, 2gm; 1gm</i>	3	
<i>ampicillin capsule 500mg</i>	2	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	4	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium capsule 250mg, 500mg</i>	2	
<i>nafcillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>penicillin g sodium injection 5000000unit</i>	5	
<i>penicillin v potassium solution reconstituted 125mg/5ml, 250mg/5ml</i>	2	
<i>penicillin v potassium tablet 250mg, 500mg</i>	2	
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	4	
Carbapenems		
<i>ertapenem sodium injection 1gm</i>	4	
<i>imipenem/cilastatin injection 250mg; 250mg, 500mg; 500mg</i>	3	
<i>meropenem injection 1gm, 2gm, 500mg</i>	3	
Macrolides		
<i>azithromycin injection 500mg</i>	3	
<i>azithromycin packet 1gm</i>	2	
<i>azithromycin suspension reconstituted 100mg/5ml, 200mg/5ml</i>	2	
<i>azithromycin tablet 250mg, 500mg, 600mg</i>	1	
<i>clarithromycin er tablet extended release 24 hour 500mg</i>	4	
<i>clarithromycin suspension reconstituted 125mg/5ml, 250mg/5ml</i>	4	
<i>clarithromycin tablet 250mg, 500mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
DIFICID TABLET 200MG	5	
<i>erythromycin dr tablet delayed release 250mg, 333mg, 500mg</i>	4	
<i>fidaxomicin tablet 200mg</i>	5	
Quinolones		
<i>ciprofloxacin hcl tablet 750mg</i>	1	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg, 750mg</i>	1	
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%, 400mg/200ml; 5%</i>	3	
<i>levofloxacin in d5w injection 5%; 250mg/50ml, 5%; 500mg/100ml, 5%; 750mg/150ml</i>	4	
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin oral solution 25mg/ml</i>	4	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride injection 400mg/250ml; 0.8%</i>	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	3	
Sulfonamides		
<i>sulfadiazine tablet 500mg</i>	5	
<i>sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg</i>	1	
<i>sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml</i>	3	
<i>sulfamethoxazole/trimethoprim tablet 400mg; 80mg</i>	1	
Tetracyclines		
<i>demeclocycline hcl tablet 150mg, 300mg</i>	4	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	2	
<i>doxycycline hyclate injection 100mg</i>	4	
<i>doxycycline hyclate tablet 100mg</i>	2	
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tablet 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tablet 150mg, 75mg</i>	3	
<i>doxycycline suspension reconstituted 25mg/5ml</i>	3	
<i>minocycline hcl capsule 75mg</i>	3	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	3	
<i>tetracycline hydrochloride capsule 250mg, 500mg</i>	3	
Anticonvulsants		
Anticonvulsants, Other		
<i>brivaracetam solution 10mg/ml</i>	4	PA
<i>brivaracetam tablet 100mg, 10mg, 25mg, 50mg, 75mg</i>	4	PA
BRIVIACT SOLUTION 10MG/ML	5	PA
BRIVIACT TABLET 100MG, 10MG, 25MG, 50MG, 75MG	5	PA
EPIDIOLEX SOLUTION 100MG/ML	5	PA
EPRONTIA SOLUTION 25MG/ML	4	
<i>felbamate suspension 600mg/5ml</i>	4	
<i>felbamate tablet 400mg, 600mg</i>	4	
FINTEPLA SOLUTION 2.2MG/ML	5	PA
FYCOMPA SUSPENSION 0.5MG/ML	5	
FYCOMPA TABLET 2MG	4	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	5	

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine er tablet extended release 24 hour 100mg, 200mg, 250mg, 25mg, 300mg, 50mg</i>	4	
<i>lamotrigine odt tablet disintegrating 200mg</i>	4	
<i>lamotrigine starter kit/blue kit 25mg</i>	4	
<i>lamotrigine starter kit/green kit 0</i>	4	
<i>lamotrigine starter kit/orange kit 0</i>	4	
<i>lamotrigine tablet chewable 25mg, 5mg</i>	2	
<i>lamotrigine tablet 100mg, 150mg, 200mg, 25mg</i>	1	
<i>levetiracetam er tablet extended release 24 hour 500mg, 750mg</i>	3	
<i>levetiracetam solution 100mg/ml</i>	2	
<i>levetiracetam tablet disintegrating soluble 250mg, 500mg</i>	4	
<i>levetiracetam tablet 1000mg, 250mg, 500mg, 750mg</i>	2	
NAYZILAM SOLUTION 5MG/0.1ML	4	QL (10 EA per 30 days)
<i>perampanel suspension 0.5mg/ml</i>	5	
<i>perampanel tablet 2mg</i>	4	
<i>perampanel tablet 10mg, 12mg, 4mg, 6mg, 8mg</i>	5	
<i>roweepra tablet 500mg</i>	2	
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG, 250MG, 500MG, 750MG	4	
<i>subvenite starter kit/blue kit 25mg</i>	4	
<i>subvenite starter kit/green kit 0</i>	4	
<i>subvenite starter kit/orange kit 0</i>	4	
SUBVENITE SUSPENSION 10MG/ML	4	
<i>subvenite tablet 100mg, 150mg, 200mg, 25mg</i>	1	
<i>topiramate capsule sprinkle 15mg, 25mg, 50mg</i>	3	
<i>topiramate solution 25mg/ml</i>	4	
<i>topiramate tablet 100mg, 200mg, 25mg, 50mg</i>	1	
<i>valproic acid capsule 250mg</i>	2	
<i>valproic acid solution 250mg/5ml</i>	2	
Calcium Channel Modifying Agents		
<i>ethosuximide capsule 250mg</i>	3	
<i>ethosuximide solution 250mg/5ml</i>	3	
<i>methsuximide capsule 300mg</i>	4	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
<i>clobazam suspension 2.5mg/ml</i>	4	
<i>clobazam tablet 10mg, 20mg</i>	4	
<i>clonazepam odt tablet disintegrating 2mg</i>	4	QL (300 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	4	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	5	PA
DIACOMIT PACKET 250MG, 500MG	5	PA
<i>diazepam gel 10mg, 2.5mg, 20mg</i>	4	
<i>divalproex sodium dr capsule delayed release sprinkle 125mg</i>	2	
<i>divalproex sodium dr tablet delayed release 125mg, 250mg, 500mg</i>	2	
<i>divalproex sodium er tablet extended release 24 hour 250mg, 500mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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>	4	QL (2160 ML per 30 days)
<i>gabapentin tablet 800mg</i>	2	QL (150 EA per 30 days)
<i>gabapentin tablet 600mg</i>	2	QL (180 EA per 30 days)
LIBERVANT FILM 10MG, 12.5MG, 15MG, 5MG, 7.5MG	4	QL (10 EA per 30 days)
<i>phenobarbital elixir 20mg/5ml</i>	4	
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	4	
<i>pregabalin capsule 300mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin solution 20mg/ml</i>	4	QL (900 ML per 30 days)
<i>primidone tablet 125mg, 250mg, 50mg</i>	2	
SYMPAZAN FILM 10MG, 5MG	4	
SYMPAZAN FILM 20MG	5	
<i>tiagabine hydrochloride tablet 12mg, 16mg, 2mg, 4mg</i>	4	
VALTOCO 10 MG DOSE LIQUID 10MG/0.1ML	5	QL (10 EA per 30 days)
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5MG/0.1ML	5	QL (10 EA per 30 days)
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10MG/0.1ML	5	QL (10 EA per 30 days)
VALTOCO 5 MG DOSE LIQUID 5MG/0.1ML	5	QL (10 EA per 30 days)
<i>vigabatrin packet 500mg</i>	5	PA
<i>vigabatrin tablet 500mg</i>	5	PA
<i>vigadrone packet 500mg</i>	5	PA
<i>vigadrone tablet 500mg</i>	5	PA
VIGAFYDE SOLUTION 100MG/ML	5	PA
<i>vigpoder packet 500mg</i>	5	PA
ZTALMY SUSPENSION 50MG/ML	5	PA
Sodium Channel Agents		
<i>carbamazepine er capsule extended release 12 hour 100mg, 200mg, 300mg</i>	4	
<i>carbamazepine er tablet extended release 12 hour 100mg, 200mg, 400mg</i>	3	
<i>carbamazepine suspension 100mg/5ml</i>	3	
<i>carbamazepine tablet chewable 100mg, 200mg</i>	2	
<i>carbamazepine tablet 200mg</i>	3	
DILANTIN CAPSULE 30MG	4	
<i>epitol tablet 200mg</i>	3	
<i>eslicarbazepine acetate tablet 200mg, 400mg, 600mg, 800mg</i>	4	
<i>lacosamide solution 10mg/ml</i>	4	
<i>lacosamide tablet 100mg, 150mg, 200mg, 50mg</i>	4	
<i>oxcarbazepine suspension 300mg/5ml</i>	4	
<i>oxcarbazepine tablet 150mg, 300mg, 600mg</i>	2	
PHENYTEK CAPSULE 200MG, 300MG	2	
<i>phenytoin infatabs tablet chewable 50mg</i>	2	
<i>phenytoin sodium extended capsule 100mg, 200mg, 300mg</i>	2	
<i>phenytoin suspension 125mg/5ml</i>	2	
<i>phenytoin tablet chewable 50mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>rufinamide suspension 40mg/ml</i>	5	
<i>rufinamide tablet 200mg</i>	4	
<i>rufinamide tablet 400mg</i>	5	
XCOPRI TABLET THERAPY PACK 0	4	PA; (14 X 12.5 MG & 14 X 25 MG)
XCOPRI TABLET THERAPY PACK 0	5	PA; (14 X 150 MG & 14 X 200 MG)
XCOPRI TABLET THERAPY PACK 0	5	PA; (14 X 50 MG & 14 X 100 MG)
XCOPRI TABLET THERAPY PACK 0	5	PA; 100 MG & 150 MG TABS (250 MG DAILY DOSE)
XCOPRI TABLET THERAPY PACK 0	5	PA; 150 MG & 200 MG TABS (350 MG DAILY DOSE)
XCOPRI TABLET 100MG, 150MG, 200MG, 25MG, 50MG	5	PA
ZONISADE SUSPENSION 100MG/5ML	4	ST
<i>zonisamide capsule 100mg, 25mg, 50mg</i>	2	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
<i>ergoloid mesylates tablet 1mg</i>	4	
<i>memantine/donepezil hydrochloride er capsule extended release 24 hour 10mg; 14mg, 10mg; 21mg, 10mg; 28mg</i>	3	QL (30 EA per 30 days)
<i>Cholinesterase Inhibitors</i>		
<i>donepezil hcl tablet disintegrating 10mg, 5mg</i>	2	
<i>donepezil hcl tablet 10mg</i>	1	
<i>donepezil hcl tablet 23mg</i>	4	
<i>donepezil hydrochloride tablet 10mg, 5mg</i>	1	
<i>galantamine hydrobromide er capsule extended release 24 hour 16mg, 24mg, 8mg</i>	4	
<i>galantamine hydrobromide solution 4mg/ml</i>	4	
<i>galantamine hydrobromide tablet 12mg, 4mg, 8mg</i>	4	
<i>rivastigmine tartrate capsule 1.5mg, 3mg, 4.5mg, 6mg</i>	2	
<i>rivastigmine transdermal system patch 24 hour 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr</i>	4	
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak tablet 0</i>	2	
<i>memantine hydrochloride er capsule extended release 24 hour 14mg, 21mg, 28mg, 7mg</i>	4	QL (30 EA per 30 days)
<i>memantine hydrochloride tablet 10mg, 5mg</i>	2	
Antidepressants		
<i>Antidepressants, Other</i>		
AUVELITY TITRATION PACK TABLET EXTENDED RELEASE THERAPY PACK 0; 0	4	QL (102 EA per 365 days)
AUVELITY TABLET EXTENDED RELEASE 105MG; 45MG	4	QL (60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg</i>	2	QL (60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	2	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hydrochloride tablet 100mg, 75mg</i>	2	
EXXUA TITRATION PACK TABLET EXTENDED RELEASE 24 HOUR 18.2MG	5	ST
EXXUA TABLET EXTENDED RELEASE 24 HOUR 36.3MG, 54.5MG, 72.6MG	5	QL (30 EA per 30 days) ST
EXXUA TABLET EXTENDED RELEASE 24 HOUR 18.2MG	5	ST
<i>mirtazapine odt tablet disintegrating 15mg, 30mg, 45mg</i>	3	
<i>mirtazapine tablet 15mg, 30mg, 45mg, 7.5mg</i>	2	
SPRAVATO 56MG DOSE SOLUTION THERAPY PACK 28MG/DEVICE	5	PA
SPRAVATO 84MG DOSE SOLUTION THERAPY PACK 28MG/DEVICE	5	PA
ZURZUVAE CAPSULE 30MG	5	QL (14 EA per 14 days) PA
ZURZUVAE CAPSULE 20MG, 25MG	5	QL (28 EA per 14 days) PA
Monoamine Oxidase Inhibitors		
EMSAM PATCH 24 HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR	5	QL (30 EA per 30 days) ST
MARPLAN TABLET 10MG	4	
<i>phenelzine sulfate tablet 15mg</i>	3	
<i>tranylcypromine sulfate tablet 10mg</i>	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide solution 10mg/5ml</i>	4	
<i>citalopram hydrobromide tablet 10mg, 20mg, 40mg</i>	1	
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	2	QL (120 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	2	QL (30 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	4	QL (60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	4	QL (90 EA per 30 days)
<i>duloxetine hydrochloride dr capsule delayed release particles 120mg, 80mg, 90mg</i>	2	QL (30 EA per 30 days)
<i>duloxetine hydrochloride dr capsule delayed release particles 20mg, 60mg</i>	2	QL (60 EA per 30 days)
<i>duloxetine hydrochloride dr capsule delayed release particles 30mg</i>	2	QL (90 EA per 30 days)
<i>escitalopram oxalate solution 5mg/5ml</i>	3	
<i>escitalopram oxalate tablet 10mg, 20mg, 5mg</i>	1	
FETZIMA TITRATION PACK CAPSULE ER 24 HOUR THERAPY PACK 0	4	QL (56 EA per 365 days) ST
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 20MG, 40MG, 80MG	4	QL (30 EA per 30 days) ST
<i>fluoxetine hydrochloride capsule 10mg, 20mg, 40mg</i>	1	
<i>fluoxetine hydrochloride solution 20mg/5ml</i>	4	
<i>fluvoxamine maleate tablet 100mg, 25mg, 50mg</i>	2	
<i>nefazodone hydrochloride tablet 100mg, 150mg, 200mg, 250mg, 50mg</i>	4	
<i>paroxetine hcl tablet 30mg, 40mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hydrochloride suspension 10mg/5ml</i>	4	
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	2	
RALDESY SOLUTION 10MG/ML	5	
<i>sertraline hcl concentrate 20mg/ml</i>	3	
<i>sertraline hcl tablet 50mg</i>	1	
<i>sertraline hydrochloride tablet 100mg, 25mg</i>	1	
<i>trazodone hydrochloride tablet 100mg, 150mg, 25mg, 50mg, 75mg</i>	1	
TRINTELLIX TABLET 10MG, 20MG, 5MG	4	QL (30 EA per 30 days)
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg, 37.5mg, 75mg</i>	2	
<i>venlafaxine hydrochloride tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	2	
<i>vilazodone hydrochloride tablet 10mg, 20mg, 40mg</i>	4	QL (30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	3	
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i>	3	
<i>amoxapine tablet 100mg, 150mg, 25mg, 50mg</i>	4	
<i>clomipramine hydrochloride capsule 25mg, 50mg, 75mg</i>	4	
<i>desipramine hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i>	4	
<i>doxepin hcl capsule 75mg</i>	3	
<i>doxepin hcl concentrate 10mg/ml</i>	4	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	
<i>imipramine hcl tablet 25mg, 50mg</i>	4	
<i>imipramine hydrochloride tablet 10mg</i>	4	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	
<i>nortriptyline hcl solution 10mg/5ml</i>	4	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	
<i>protriptyline hcl tablet 10mg, 5mg</i>	4	
<i>trimipramine maleate capsule 100mg, 25mg, 50mg</i>	4	
Antiemetics		
Antiemetics, Other		
<i>compro suppository 25mg</i>	4	
<i>meclizine hcl tablet 12.5mg, 25mg</i>	4	
<i>meclizine hydrochloride tablet 25mg</i>	4	
<i>prochlorperazine maleate tablet 10mg, 5mg</i>	2	
<i>prochlorperazine suppository 25mg</i>	4	
<i>promethazine hcl suppository 12.5mg</i>	4	
<i>promethazine hydrochloride plain solution 6.25mg/5ml</i>	3	
<i>promethazine hydrochloride solution 6.25mg/5ml</i>	3	
<i>promethazine hydrochloride suppository 25mg</i>	4	
<i>promethazine hydrochloride tablet 12.5mg, 25mg, 50mg</i>	2	
<i>promethegan suppository 12.5mg, 25mg</i>	4	
<i>scopolamine patch 72 hour 1mg/3days</i>	4	
Emetogenic Therapy Adjuncts		

Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant capsule therapy pack 0</i>	4	QL (6 EA per 30 days) B/D; (THERAPY PACK 80 & 125 MG)
<i>aprepitant capsule 40mg</i>	4	QL (1 EA per 30 days) B/D
<i>aprepitant capsule 80mg</i>	4	QL (8 EA per 30 days) B/D
<i>aprepitant capsule 125mg</i>	5	QL (2 EA per 30 days) B/D
<i>dronabinol capsule 10mg, 2.5mg, 5mg</i>	4	QL (60 EA per 30 days) PA
<i>ondansetron hcl solution 4mg/5ml</i>	4	QL (450 ML per 30 days) B/D
<i>ondansetron hydrochloride tablet 4mg, 8mg</i>	1	B/D
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	2	B/D

Antifungals

Antifungals

<i>ABELCET INJECTION 5MG/ML</i>	4	B/D
<i>amphotericin b liposome injection 50mg</i>	5	B/D
<i>amphotericin b injection 50mg</i>	4	B/D
<i>caspofungin acetate injection 50mg, 70mg</i>	4	
<i>clotrimazole cream 1%</i>	2	QL (90 GM per 30 days)
<i>clotrimazole solution 1%</i>	2	QL (60 ML per 30 days)
<i>clotrimazole troche 10mg</i>	3	
<i>CRESEMBA CAPSULE 186MG, 74.5MG</i>	5	PA
<i>econazole nitrate cream 1%</i>	2	
<i>fluconazole in sodium chloride injection 200mg/100ml; 0.9%, 400mg/200ml; 0.9%</i>	3	
<i>fluconazole suspension reconstituted 10mg/ml, 40mg/ml</i>	3	
<i>fluconazole tablet 100mg, 150mg, 200mg, 50mg</i>	2	
<i>flucytosine capsule 250mg, 500mg</i>	5	
<i>griseofulvin microsize suspension 125mg/5ml</i>	4	
<i>griseofulvin microsize tablet 500mg</i>	4	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	4	
<i>itraconazole capsule 100mg</i>	4	PA
<i>JUBLIA SOLUTION 10%</i>	5	
<i>ketoconazole cream 2%</i>	2	QL (90 GM per 30 days)
<i>ketoconazole shampoo 2%</i>	2	
<i>ketoconazole tablet 200mg</i>	2	
<i>klayesta powder 100000unit/gm</i>	2	QL (120 GM per 30 days)
<i>miconazole injection 100mg, 50mg</i>	4	
<i>nyamyc powder 100000unit/gm</i>	2	QL (120 GM per 30 days)
<i>nystatin cream 100000unit/gm</i>	2	
<i>nystatin ointment 100000unit/gm</i>	2	
<i>nystatin powder 100000unit/gm</i>	2	QL (120 GM per 30 days)
<i>nystatin suspension 100000unit/ml</i>	2	
<i>nystatin tablet 500000unit</i>	3	
<i>nystop powder 100000unit/gm</i>	2	QL (120 GM per 30 days)
<i>posaconazole dr tablet delayed release 100mg</i>	5	PA
<i>posaconazole suspension 40mg/ml</i>	5	PA
<i>terbinafine hcl tablet 250mg</i>	2	QL (84 EA per 180 days)
<i>terconazole cream 0.4%, 0.8%</i>	3	
<i>voriconazole injection 200mg</i>	5	PA
<i>voriconazole suspension reconstituted 40mg/ml</i>	5	
<i>voriconazole tablet 200mg, 50mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
Antigout Agents		
Antigout Agents		
<i>allopurinol tablet 100mg, 300mg</i>	1	
<i>colchicine tablet 0.6mg</i>	3	
<i>febuxostat tablet 40mg, 80mg</i>	4	
<i>probenecid/colchicine tablet 0.5mg; 500mg</i>	2	
<i>probenecid tablet 500mg</i>	2	
Antimigraine Agents		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
AIMOVIG INJECTION 140MG/ML	3	QL (1 ML per 28 days) PA
AIMOVIG INJECTION 70MG/ML	3	QL (2 ML per 28 days) PA
EMGALITY INJECTION 120MG/ML	3	QL (2 ML per 28 days) PA
EMGALITY INJECTION 100MG/ML	5	QL (3 ML per 28 days) PA
NURTEC TABLET DISINTEGRATING 75MG	5	QL (18 EA per 30 days) PA
QULIPTA TABLET 10MG, 30MG, 60MG	5	QL (30 EA per 30 days) PA
UBRELVIY TABLET 100MG, 50MG	5	QL (16 EA per 30 days) PA
Ergot Alkaloids		
<i>dihydroergotamine mesylate solution 4mg/ml</i>	4	QL (8 ML per 30 days) PA
<i>ergotamine tartrate/cafeine tablet 100mg; 1mg</i>	3	QL (24 EA per 28 days)
Prophylactic		
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	3	
Serotonin (5-HT) Receptor Agonist		
<i>naratriptan hcl tablet 1mg, 2.5mg</i>	3	QL (9 EA per 30 days)
<i>rizatriptan benzoate odt tablet disintegrating 10mg, 5mg</i>	3	QL (18 EA per 30 days)
<i>rizatriptan benzoate tablet 10mg, 5mg</i>	2	QL (18 EA per 30 days)
<i>sumatriptan succinate injection 6mg/0.5ml</i>	4	QL (5 ML per 30 days)
<i>sumatriptan succinate tablet 100mg, 25mg, 50mg</i>	2	QL (9 EA per 30 days)
<i>sumatriptan solution 20mg/act, 5mg/act</i>	4	QL (12 EA per 30 days)
<i>zolmitriptan tablet 2.5mg, 5mg</i>	3	QL (12 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine bromide tablet 60mg</i>	2	
VYVGART HYTRULO INJECTION 180MG/ML; 2000UNIT/ML	5	PA
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone tablet 100mg, 25mg</i>	3	
<i>rifabutin capsule 150mg</i>	4	
Antituberculars		
<i>cycloserine capsule 250mg</i>	5	
<i>ethambutol hydrochloride tablet 100mg, 400mg</i>	2	
ISONIAZID INJECTION 100MG/ML	4	
<i>isoniazid syrup 50mg/5ml</i>	4	
<i>isoniazid tablet 100mg, 300mg</i>	1	
PRIFTIN TABLET 150MG	4	
<i>pyrazinamide tablet 500mg</i>	3	
<i>rifampin capsule 150mg, 300mg</i>	3	
<i>rifampin injection 600mg</i>	4	
<i>rifapentine tablet 150mg</i>	4	
SIRTURO TABLET 100MG, 20MG	5	

Drug Name	Drug Tier	Requirements/Limits
TRECTOR TABLET 250MG	4	
Antineoplastics		
Alkylating Agents		
<i>cisplatin injection 100mg/100ml</i>	4	
<i>cyclophosphamide capsule 25mg, 50mg</i>	3	B/D
GLEOSTINE CAPSULE 10MG, 40MG	4	
GLEOSTINE CAPSULE 100MG	5	
LEUKERAN TABLET 2MG	5	
<i>lomustine capsule 10mg, 40mg</i>	4	
<i>lomustine capsule 100mg</i>	5	
MATULANE CAPSULE 50MG	5	
VALCHLOR GEL 0.016%	5	PA
Antiandrogens		
<i>abiraterone acetate tablet 250mg</i>	4	PA
<i>abiraterone acetate tablet 500mg</i>	5	PA
<i>abirtega tablet 250mg</i>	4	PA
<i>bicalutamide tablet 50mg</i>	2	
ERLEADA TABLET 240MG, 60MG	5	PA
EULEXIN CAPSULE 125MG	4	
<i>nilutamide tablet 150mg</i>	5	
NUBEQA TABLET 300MG	5	PA
XTANDI CAPSULE 40MG	5	PA
XTANDI TABLET 40MG, 80MG	5	PA
YONSA TABLET 125MG	5	PA
Antiangiogenic Agents		
<i>lenalidomide capsule 10mg, 15mg, 2.5mg, 20mg, 25mg, 5mg</i>	5	PA
<i>pomalidomide capsule 3mg, 4mg</i>	5	PA
<i>pomalidomide capsule 1mg, 2mg</i>	5	QL (30 EA per 30 days) PA
POMALYST CAPSULE 3MG, 4MG	5	PA
POMALYST CAPSULE 1MG, 2MG	5	QL (30 EA per 30 days) PA
THALOMID CAPSULE 100MG, 150MG, 200MG, 50MG	5	PA
Antiestrogens/Modifiers		
EMCYT CAPSULE 140MG	5	
ETCAMAH TABLET 75MG	5	PA
INLURIYO TABLET 200MG	5	PA
ORSERDU TABLET 345MG, 86MG	5	PA
SOLTAMOX SOLUTION 10MG/5ML	5	
<i>tamoxifen citrate tablet 10mg, 20mg</i>	2	
<i>toremifene citrate tablet 60mg</i>	4	
VEPPANU TABLET 200MG	5	PA
VEPPANU TABLET 100MG	5	QL (30 EA per 30 days) PA
Antimetabolites		
DROXIA CAPSULE 200MG, 300MG, 400MG	3	
<i>hydroxyurea capsule 500mg</i>	2	
<i>mercaptopurine suspension 2000mg/100ml</i>	5	
<i>mercaptopurine tablet 50mg</i>	3	
TABLOID TABLET 40MG	5	
Antineoplastics, Other		
AKEEGA TABLET 500MG; 100MG, 500MG; 50MG	5	PA
IBRANCE TABLET 100MG, 125MG, 75MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
INREBIC CAPSULE 100MG	5	PA
ITOVEBI TABLET 9MG	5	PA
ITOVEBI TABLET 3MG	5	QL (60 EA per 30 days) PA
IWILFIN TABLET 192MG	5	PA
KISQALI FEMARA 200 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA
KISQALI FEMARA 400 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA
KISQALI FEMARA 600 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA
KOMZIFTI CAPSULE 200MG	5	PA
LAZCLUZE TABLET 240MG	5	PA
LAZCLUZE TABLET 80MG	5	QL (60 EA per 30 days) PA
<i>leucovorin calcium tablet 10mg, 15mg, 25mg, 5mg</i>	3	
LONSURF TABLET 6.14MG; 15MG, 8.19MG; 20MG	5	PA
LYSODREN TABLET 500MG	5	
MODEYSO CAPSULE 125MG	5	PA
OGSIVEO TABLET 100MG, 150MG, 50MG	5	PA
OJEMDA SUSPENSION RECONSTITUTED 25MG/ML	5	PA
OJEMDA TABLET 100MG	5	PA
ONUREG TABLET 200MG, 300MG	5	PA
PHESGO INJECTION 2000UNIT/ML; 60MG/ML; 60MG/ML, 2000UNIT/ML; 80MG/ML; 40MG/ML	5	PA
REVUFORJ TABLET 110MG, 160MG, 25MG	5	PA
VONJO CAPSULE 100MG	5	PA
ZENBEXUS CAPSULE 0.75MG, 1MG	5	PA
ZOLINZA CAPSULE 100MG	5	PA
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tablet 1mg</i>	1	
<i>exemestane tablet 25mg</i>	4	
<i>letrozole tablet 2.5mg</i>	2	
Enzyme Inhibitors		
AVMAPKI FAKZYNJA CO-PACK THERAPY PACK 0.8MG; 200MG	5	PA
<i>topotecan hcl injection 4mg</i>	5	
<i>topotecan hydrochloride injection 4mg/4ml</i>	5	
Molecular Target Inhibitors		
ALECENSA CAPSULE 150MG	5	PA
ALUNBRIG TABLET THERAPY PACK 0	5	QL (60 EA per 365 days) PA
ALUNBRIG TABLET 30MG	5	QL (120 EA per 30 days) PA
ALUNBRIG TABLET 180MG, 90MG	5	QL (30 EA per 30 days) PA
AUGTYRO CAPSULE 160MG, 40MG	5	PA
AYVAKIT TABLET 100MG, 200MG, 25MG, 300MG, 50MG	5	QL (30 EA per 30 days) PA
BALVERSA TABLET 3MG, 4MG, 5MG	5	PA
BEQALZI STARTER PACK TABLET THERAPY PACK 0	5	QL (88 EA per 365 days) PA
BEQALZI TABLET 80MG	5	QL (120 EA per 30 days) PA
BEQALZI TABLET 20MG	5	QL (28 EA per 28 days) PA
BEQALZI TABLET 1MG, 5MG	5	QL (44 EA per 365 days) PA
BOSULIF CAPSULE 100MG, 50MG	5	PA
BOSULIF TABLET 100MG, 400MG, 500MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
<i>bosutinib tablet 100mg, 400mg, 500mg</i>	5	PA
BRAFTOVI CAPSULE 75MG	5	PA
BRUKINSA CAPSULE 80MG	5	PA
BRUKINSA TABLET 160MG	5	PA
CABOMETYX TABLET 40MG, 60MG	5	PA
CABOMETYX TABLET 20MG	5	QL (30 EA per 30 days) PA
CALQUENCE CAPSULE 100MG	5	PA
CALQUENCE TABLET 100MG	5	PA
CAPRELSA TABLET 300MG	5	PA
CAPRELSA TABLET 100MG	5	QL (60 EA per 30 days) PA
CAVHANZA TABLET DISINTEGRATING 60MG, 80MG	5	PA
COMETRIQ KIT 0, 20MG	5	PA
COPIKTRA CAPSULE 15MG, 25MG	5	PA
COTELLIC TABLET 20MG	5	PA
DANZITEN TABLET 71MG, 95MG	5	PA
<i>dasatinib tablet 100mg, 140mg, 20mg, 50mg, 70mg, 80mg</i>	5	PA
DAURISMO TABLET 100MG, 25MG	5	PA
ENSACOVE CAPSULE 100MG, 25MG	5	PA
ERIVEDGE CAPSULE 150MG	5	PA
<i>erlotinib hydrochloride tablet 100mg, 150mg, 25mg</i>	4	PA
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	PA
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL (30 EA per 30 days) PA
EXKIVITY CAPSULE 40MG	5	
FOTIVDA CAPSULE 0.89MG, 1.34MG	5	PA
FRUZAQLA CAPSULE 1MG, 5MG	5	PA
GAVRETO CAPSULE 100MG	5	PA
<i>gefitinib tablet 250mg</i>	5	PA
GILOTRIF TABLET 20MG, 30MG, 40MG	5	QL (30 EA per 30 days) PA
GOMEKLI CAPSULE 1MG, 2MG	5	PA
GOMEKLI TABLET SOLUBLE 1MG	5	PA
HERNEXEOS TABLET 60MG	5	PA
HYRNUO TABLET 10MG	5	PA
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	PA
IBTROZI CAPSULE 200MG	5	PA
ICLUSIG TABLET 30MG, 45MG	5	PA
ICLUSIG TABLET 10MG, 15MG	5	QL (30 EA per 30 days) PA
IDHIFA TABLET 100MG, 50MG	5	QL (30 EA per 30 days) PA
<i>imatinib mesylate tablet 100mg</i>	3	PA
<i>imatinib mesylate tablet 400mg</i>	4	PA
IMBRUVICA CAPSULE 140MG	5	QL (120 EA per 30 days) PA
IMBRUVICA CAPSULE 70MG	5	QL (28 EA per 28 days) PA
IMBRUVICA SUSPENSION 70MG/ML	5	PA
IMBRUVICA TABLET 420MG	5	PA
IMBRUVICA TABLET 140MG, 280MG	5	QL (28 EA per 28 days) PA
IMKELDI SOLUTION 80MG/ML	5	PA
INLYTA TABLET 1MG, 5MG	5	PA
INQOVI TABLET 100MG; 35MG	5	PA
JAKAFI XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG, 33MG, 44MG, 55MG	5	QL (30 EA per 30 days) PA
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
JAKAFI TABLET 10MG	5	QL (60 EA per 30 days) PA
JAYPIRCA TABLET 100MG	5	PA
JAYPIRCA TABLET 50MG	5	QL (30 EA per 30 days) PA
JIDEYTRO TABLET 100MG	5	QL (30 EA per 30 days) PA
JIDEYTRO TABLET 25MG	5	QL (90 EA per 30 days) PA
KISQALI TABLET THERAPY PACK 200MG	5	PA
KOSELUGO CAPSULE SPRINKLE 5MG, 7.5MG	5	PA
KOSELUGO CAPSULE 10MG, 25MG	5	PA
KRAZATI TABLET 200MG	5	PA
<i>lapatinib ditosylate tablet 250mg</i>	5	PA
LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA
LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA
LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA
LIFYORLI CAPSULE THERAPY PACK 0	5	PA
LORBRENA TABLET 100MG, 25MG	5	PA
LUMAKRAS TABLET 120MG, 240MG, 320MG	5	PA
LYNPARZA TABLET 100MG, 150MG	5	PA
LYTGOBI TABLET THERAPY PACK 4MG	5	PA; 12 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	5	PA; 16 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	5	PA; 20 MG DAILY DOSE
MEKINIST SOLUTION RECONSTITUTED 0.05MG/ML	5	PA
MEKINIST TABLET 0.5MG, 2MG	5	PA
MEKTOVI TABLET 15MG	5	PA
NERLYNX TABLET 40MG	5	QL (180 EA per 30 days) PA
NILOTINIB D-TARTRATE CAPSULE 150MG, 200MG, 50MG	5	PA
<i>nilotinib hydrochloride capsule 150mg, 200mg, 50mg</i>	5	PA
NINLARO CAPSULE 2.3MG, 3MG, 4MG	5	PA
ODOMZO CAPSULE 200MG	5	PA
OJJAARA TABLET 100MG, 200MG	5	PA
OJJAARA TABLET 150MG	5	QL (30 EA per 30 days) PA
<i>pazopanib hydrochloride tablet 200mg, 400mg</i>	5	PA
PEMAZYRE TABLET 13.5MG, 4.5MG, 9MG	5	QL (30 EA per 30 days) PA
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	5	PA
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK 0	5	PA
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
QINLOCK TABLET 50MG	5	PA
RASONQUE TABLET 100MG	5	QL (120 EA per 30 days) PA
RASONQUE TABLET 150MG	5	QL (60 EA per 30 days) PA
RETEVMO CAPSULE 40MG, 80MG	5	PA
RETEVMO TABLET 120MG, 160MG	5	PA
RETEVMO TABLET 80MG	5	QL (60 EA per 30 days) PA
RETEVMO TABLET 40MG	5	QL (90 EA per 30 days) PA
REZLIDHIA CAPSULE 150MG	5	PA
ROMVIMZA CAPSULE 14MG, 20MG, 30MG	5	PA
ROZLYTREK CAPSULE 100MG, 200MG	5	PA
ROZLYTREK PACKET 50MG	5	PA
RUBRACA TABLET 250MG, 300MG	5	PA
RUBRACA TABLET 200MG	5	QL (120 EA per 30 days) PA
RYDAPT CAPSULE 25MG	5	PA
SCEMBLIX TABLET 100MG	5	QL (120 EA per 30 days) PA
SCEMBLIX TABLET 40MG	5	QL (240 EA per 30 days) PA
SCEMBLIX TABLET 20MG	5	QL (60 EA per 30 days) PA
<i>sorafenib tosylate tablet 200mg</i>	5	PA
<i>sorafenib tablet 200mg</i>	5	PA
STIVARGA TABLET 40MG	5	PA
<i>sunitinib malate capsule 12.5mg, 25mg, 37.5mg, 50mg</i>	5	PA
TABRECTA TABLET 150MG, 200MG	5	QL (120 EA per 30 days) PA
TAFINLAR CAPSULE 50MG, 75MG	5	PA
TAFINLAR TABLET SOLUBLE 10MG	5	PA
TAGRISSE TABLET 80MG	5	PA
TAGRISSE TABLET 40MG	5	QL (30 EA per 30 days) PA
TALZENNA CAPSULE 0.1MG, 0.25MG, 0.35MG, 0.5MG, 0.75MG, 1MG	5	PA
TAZVERIK TABLET 200MG	5	PA
TEPMETKO TABLET 225MG	5	PA
TIBSOVO TABLET 250MG	5	PA
<i>torpenz tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL (30 EA per 30 days) PA
TRUQAP TABLET THERAPY PACK 160MG, 200MG	5	PA
TRUQAP TABLET 160MG, 200MG	5	PA
TUKYSA TABLET 150MG, 50MG	5	PA
TURALIO CAPSULE 125MG	5	PA
VANFLYTA TABLET 17.7MG, 26.5MG	5	PA
VENCLEXTA STARTING PACK TABLET THERAPY PACK 0	5	PA
VENCLEXTA TABLET 10MG	4	PA
VENCLEXTA TABLET 100MG, 50MG	5	PA
VERZENIO TABLET 100MG, 150MG, 200MG, 50MG	5	PA
VITRAKVI CAPSULE 100MG, 25MG	5	PA
VITRAKVI SOLUTION 20MG/ML	5	PA
VIZIMPRO TABLET 15MG, 30MG, 45MG	5	PA
XALKORI CAPSULE SPRINKLE 150MG, 20MG, 50MG	5	PA
XALKORI CAPSULE 200MG, 250MG	5	PA
XOSPATA TABLET 40MG	5	PA
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 5	5	PA
20MG		

Drug Name	Drug Tier	Requirements/Limits
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 5 20MG	5	PA
XPOVIO TABLET THERAPY PACK 10MG, 40MG, 50MG, 60MG, 80MG	5	PA
<i>yulithira tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	4	QL (30 EA per 30 days) PA
ZEJULA TABLET 200MG, 300MG	5	PA
ZEJULA TABLET 100MG	5	QL (30 EA per 30 days) PA
ZELBORAF TABLET 240MG	5	PA
ZYDELIG TABLET 100MG, 150MG	5	PA
ZYKADIA TABLET 150MG	5	PA
Monoclonal Antibodies/Antibody-Drug Conjugates		
TEVIMBRA INJECTION 100MG/10ML, 150MG/15ML	5	PA
Retinoids		
<i>bexarotene capsule 75mg</i>	5	PA
<i>bexarotene gel 1%</i>	5	PA
PANRETIN GEL 0.1%	5	
<i>tretinoin capsule 10mg</i>	5	
Treatment Adjuncts		
MESNA TABLET 400MG	5	
VORANIGO TABLET 40MG	5	PA
VORANIGO TABLET 10MG	5	QL (60 EA per 30 days) PA
Antiparasitics		
Anthelmintics		
<i>albendazole tablet 200mg</i>	4	
<i>ivermectin tablet 3mg, 6mg</i>	2	PA
<i>praziquantel tablet 600mg</i>	4	
Antiprotozoals		
ALINIA SUSPENSION RECONSTITUTED 100MG/5ML	5	
<i>atovaquone/proguanil hcl tablet 62.5mg; 25mg</i>	3	
<i>atovaquone/proguanil hydrochloride tablet 250mg; 100mg</i>	3	
<i>atovaquone suspension 750mg/5ml</i>	4	
<i>benznidazole tablet 100mg, 12.5mg</i>	3	
<i>chloroquine phosphate tablet 250mg, 500mg</i>	3	
COARTEM TABLET 20MG; 120MG	4	
<i>hydroxychloroquine sulfate tablet 100mg, 200mg</i>	2	
<i>mefloquine hydrochloride tablet 250mg</i>	2	
<i>nitazoxanide tablet 500mg</i>	5	
<i>pentamidine isethionate injection 300mg</i>	3	
<i>pentamidine isethionate inhalation solution reconstituted 300mg</i>	3	B/D
<i>primaquine phosphate tablet 26.3mg</i>	3	
<i>pyrimethamine tablet 25mg</i>	5	PA
<i>quinine sulfate capsule 324mg</i>	3	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tablet 0.5mg, 1mg, 2mg</i>	2	
<i>trihexyphenidyl hydrochloride tablet 2mg, 5mg</i>	4	
Antiparkinson Agents, Other		
<i>entacapone tablet 200mg</i>	3	
Dopamine Agonists		

Drug Name	Drug Tier	Requirements/Limits
<i>bromocriptine mesylate capsule 5mg</i>	4	
<i>bromocriptine mesylate tablet 2.5mg</i>	4	
<i>pramipexole dihydrochloride tablet 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1.5mg, 1mg</i>	2	
<i>ropinirole er tablet extended release 24 hour 12mg, 2mg, 4mg, 6mg, 8mg</i>	4	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa er tablet extended release 25mg; 100mg, 50mg; 200mg</i>	3	
<i>carbidopa/levodopa odt tablet disintegrating 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	4	
<i>carbidopa/levodopa tablet 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	2	
<i>carbidopa tablet 25mg</i>	4	
INBRIJA CAPSULE 42MG	5	PA
RYTARY CAPSULE EXTENDED RELEASE 23.75MG; 95MG, 36.25MG; 145MG, 48.75MG; 195MG, 61.25MG; 245MG	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tablet 0.5mg, 1mg</i>	4	
<i>selegiline hcl capsule 5mg</i>	3	
<i>selegiline hcl tablet 5mg</i>	3	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hydrochloride concentrate 100mg/ml, 30mg/ml</i>	4	
<i>chlorpromazine hydrochloride tablet 100mg, 10mg, 200mg, 25mg, 50mg</i>	4	
<i>fluphenazine decanoate injection 25mg/ml</i>	4	
<i>fluphenazine hcl concentrate 5mg/ml</i>	4	
<i>fluphenazine hydrochloride elixir 2.5mg/5ml</i>	4	
<i>fluphenazine hydrochloride injection 2.5mg/ml</i>	4	
<i>fluphenazine hydrochloride tablet 10mg, 1mg, 2.5mg, 5mg</i>	4	
<i>haloperidol decanoate injection 100mg/ml, 50mg/ml</i>	3	
<i>haloperidol lactate injection 5mg/ml</i>	2	
<i>haloperidol concentrate 2mg/ml</i>	2	
<i>haloperidol tablet 0.5mg, 10mg, 1mg, 2mg, 5mg</i>	2	
<i>haloperidol tablet 20mg</i>	3	
<i>loxapine capsule 10mg, 25mg, 50mg, 5mg</i>	2	
<i>molindone hydrochloride tablet 10mg, 25mg, 5mg</i>	4	
<i>perphenazine tablet 16mg, 2mg, 4mg, 8mg</i>	3	
<i>pimozide tablet 1mg, 2mg</i>	4	
<i>thioridazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	3	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hcl tablet 10mg, 2mg, 5mg</i>	3	
<i>trifluoperazine hydrochloride tablet 1mg</i>	3	
2nd Generation/Atypical		

Drug Name	Drug Tier	Requirements/Limits
ABILIFY MAINTENA INJECTION 300MG, 400MG	5	
<i>aripiprazole odt tablet disintegrating 10mg, 15mg</i>	4	QL (60 EA per 30 days)
<i>aripiprazole solution 1mg/ml</i>	4	QL (750 ML per 30 days)
<i>aripiprazole tablet 10mg, 15mg, 20mg, 2mg, 30mg, 5mg</i>	2	QL (30 EA per 30 days)
ARISTADA INITIO INJECTION 675MG/2.4ML	5	
ARISTADA INJECTION 1064MG/3.9ML, 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML	5	
<i>asenapine maleate sl tablet sublingual 10mg, 2.5mg, 5mg</i>	4	QL (60 EA per 30 days)
BYSANTI TITRATION PACK A TABLET THERAPY PACK 0	4	QL (16 EA per 365 days) ST
BYSANTI TITRATION PACK B TABLET THERAPY PACK 0	4	QL (24 EA per 365 days) ST
BYSANTI TITRATION PACK C TABLET THERAPY PACK 0	4	QL (16 EA per 365 days) ST
BYSANTI TABLET 1MG	5	QL (180 EA per 30 days) ST
BYSANTI TABLET 10MG, 12MG, 2MG, 4MG, 6MG, 8MG	5	QL (60 EA per 30 days) ST
CAPLYTA CAPSULE 10.5MG, 21MG, 42MG	5	QL (30 EA per 30 days) PA
FANAPT TITRATION PACK A TABLET 0	4	QL (16 EA per 365 days) ST
FANAPT TITRATION PACK B TABLET 0	4	QL (24 EA per 365 days) ST
FANAPT TITRATION PACK C TABLET 0	4	QL (16 EA per 365 days) ST
FANAPT TABLET 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	5	QL (60 EA per 30 days) ST
INVEGA HAFYERA INJECTION 1092MG/3.5ML, 1560MG/5ML	5	ST
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	
INVEGA TRINZA INJECTION 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML	5	
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	4	QL (30 EA per 30 days)
<i>lurasidone hydrochloride tablet 80mg</i>	4	QL (60 EA per 30 days)
LYBALVI TABLET 10MG; 10MG, 15MG; 10MG, 20MG; 10MG, 5MG; 10MG	5	QL (30 EA per 30 days) ST
NUPLAZID CAPSULE 34MG	5	PA
NUPLAZID TABLET 10MG	5	PA
<i>olanzapine odt tablet disintegrating 10mg, 15mg, 20mg, 5mg</i>	3	QL (30 EA per 30 days)
<i>olanzapine injection 10mg</i>	4	
<i>olanzapine tablet 10mg, 15mg, 2.5mg, 20mg, 5mg, 7.5mg</i>	2	QL (30 EA per 30 days)
OPIPZA FILM 2MG	5	QL (30 EA per 30 days) PA
OPIPZA FILM 10MG, 5MG	5	QL (90 EA per 30 days) PA
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	4	QL (60 EA per 30 days)
PERSERIS INJECTION 120MG, 90MG	5	
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate tablet 100mg, 150mg, 200mg, 25mg, 50mg</i>	2	QL (90 EA per 30 days)
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG	5	QL (30 EA per 30 days)
<i>risperidone er injection 12.5mg, 25mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone er injection 37.5mg, 50mg</i>	5	
<i>risperidone odt tablet disintegrating 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	4	QL (60 EA per 30 days)
<i>risperidone solution 1mg/ml</i>	2	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)
SECUADO PATCH 24 HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	5	QL (30 EA per 30 days) ST
UZEDY INJECTION 100MG/0.28ML, 125MG/0.35ML, 150MG/0.42ML, 200MG/0.56ML, 250MG/0.7ML, 50MG/0.14ML, 75MG/0.21ML	5	
VRAYLAR CAPSULE 0.5MG, 0.75MG, 1.5MG, 3MG, 4.5MG, 6MG	5	QL (30 EA per 30 days)
<i>ziprasidone hcl capsule 20mg, 40mg, 60mg, 80mg</i>	3	QL (60 EA per 30 days)
<i>ziprasidone mesylate injection 20mg</i>	4	QL (60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	4	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	5	
Treatment-Resistant		
<i>clozapine odt tablet disintegrating 200mg</i>	4	QL (120 EA per 30 days)
<i>clozapine odt tablet disintegrating 150mg</i>	4	QL (180 EA per 30 days)
<i>clozapine odt tablet disintegrating 100mg, 25mg</i>	4	QL (270 EA per 30 days)
<i>clozapine odt tablet disintegrating 12.5mg</i>	4	QL (90 EA per 30 days)
<i>clozapine tablet 50mg</i>	3	QL (180 EA per 30 days)
<i>clozapine tablet 25mg</i>	3	QL (270 EA per 30 days)
<i>clozapine tablet 200mg</i>	4	QL (120 EA per 30 days)
<i>clozapine tablet 100mg</i>	4	QL (270 EA per 30 days)
VERSACLOZ SUSPENSION 50MG/ML	5	QL (540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tablet 10mg, 20mg</i>	2	
<i>baclofen tablet 5mg</i>	3	
<i>dantrolene sodium capsule 100mg, 25mg, 50mg</i>	4	
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>ganciclovir injection 500mg/10ml, 500mg</i>	2	B/D
LIVTENCITY TABLET 200MG	5	
PREVYMIS PACKET 120MG, 20MG	5	
PREVYMIS TABLET 240MG, 480MG	5	
<i>valganciclovir hydrochloride solution reconstituted 50mg/ml</i>	5	
<i>valganciclovir tablet 450mg</i>	3	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil tablet 10mg</i>	4	
BARACLUDE SOLUTION 0.05MG/ML	5	QL (600 ML per 30 days)
<i>entecavir tablet 0.5mg, 1mg</i>	4	QL (30 EA per 30 days)
<i>lamivudine tablet 100mg</i>	3	
Anti-hepatitis C (HCV) Agents		
MAVYRET PACKET 50MG; 20MG	5	QL (560 EA per 365 days) PA

Drug Name	Drug Tier	Requirements/Limits
MAVYRET TABLET 100MG; 40MG	5	QL (336 EA per 365 days) PA
<i>ribavirin tablet 200mg</i>	3	
<i>sofosbuvir/velpatasvir tablet 400mg; 100mg</i>	5	QL (84 EA per 365 days) PA
VOSEVI TABLET 400MG; 100MG; 100MG	5	QL (84 EA per 365 days) PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY TABLET 30MG; 120MG; 15MG, 50MG; 200MG; 25MG	5	QL (30 EA per 30 days)
BIXLENVO TABLET 75MG; 50MG	5	QL (30 EA per 30 days)
CABENUVA INJECTION 400MG/2ML; 600MG/2ML, 600MG/3ML; 900MG/3ML	5	
DOVATO TABLET 50MG; 300MG	5	QL (30 EA per 30 days)
GENVOYA TABLET 150MG; 150MG; 200MG; 10MG	5	QL (30 EA per 30 days)
ISENTRESS HD TABLET 600MG	5	QL (60 EA per 30 days)
ISENTRESS PACKET 100MG	5	QL (60 EA per 30 days)
ISENTRESS TABLET CHEWABLE 25MG	3	QL (180 EA per 30 days)
ISENTRESS TABLET CHEWABLE 100MG	5	QL (180 EA per 30 days)
ISENTRESS TABLET 400MG	5	QL (60 EA per 30 days)
JULUCA TABLET 50MG; 25MG	5	QL (30 EA per 30 days)
STRIBILD TABLET 150MG; 150MG; 200MG; 300MG	5	QL (30 EA per 30 days)
TIVICAY PD TABLET SOLUBLE 5MG	4	QL (180 EA per 30 days)
TIVICAY TABLET 10MG	4	QL (30 EA per 30 days)
TIVICAY TABLET 25MG	5	QL (30 EA per 30 days)
TIVICAY TABLET 50MG	5	QL (60 EA per 30 days)
VOCABRIA TABLET 30MG	5	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
DELSTRIGO TABLET 100MG; 300MG; 300MG	5	QL (30 EA per 30 days)
EDURANT PED TABLET SOLUBLE 2.5MG	5	QL (180 EA per 30 days)
EDURANT TABLET 25MG	5	QL (30 EA per 30 days)
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg</i>	3	QL (30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg, 600mg; 300mg; 300mg</i>	5	QL (30 EA per 30 days)
<i>efavirenz capsule 200mg, 50mg</i>	4	QL (90 EA per 30 days)
<i>efavirenz tablet 600mg</i>	4	QL (30 EA per 30 days)
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate tablet 200mg; 25mg; 300mg</i>	5	QL (30 EA per 30 days)
<i>etravirine tablet 100mg</i>	4	QL (60 EA per 30 days)
<i>etravirine tablet 200mg</i>	5	QL (60 EA per 30 days)
IDVYNZO TABLET 100MG; 0.25MG	5	QL (30 EA per 30 days)
INTELENCE TABLET 25MG	4	QL (120 EA per 30 days)
<i>nevirapine er tablet extended release 24 hour 400mg</i>	4	QL (30 EA per 30 days)
<i>nevirapine suspension 50mg/5ml</i>	3	QL (1200 ML per 30 days)
<i>nevirapine tablet 200mg</i>	2	QL (60 EA per 30 days)
PIFELTRO TABLET 100MG	5	QL (30 EA per 30 days)
<i>rilpivirine hydrochloride tablet 25mg</i>	5	QL (30 EA per 30 days)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate/lamivudine tablet 600mg; 300mg</i>	4	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>abacavir solution 20mg/ml</i>	4	QL (960 ML per 30 days)
<i>abacavir tablet 300mg</i>	3	QL (60 EA per 30 days)
CIMDUO TABLET 300MG; 300MG	5	QL (30 EA per 30 days)
DESCOVY TABLET 120MG; 15MG, 200MG; 25MG	5	QL (30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	2	QL (30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg</i>	4	QL (30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	5	QL (30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	4	QL (30 EA per 30 days)
<i>emtricitabine capsule 200mg</i>	4	QL (30 EA per 30 days)
EMTRIVA SOLUTION 10MG/ML	4	QL (850 ML per 30 days)
<i>lamivudine/zidovudine tablet 150mg; 300mg</i>	3	QL (60 EA per 30 days)
<i>lamivudine solution 10mg/ml</i>	3	QL (960 ML per 30 days)
<i>lamivudine tablet 150mg</i>	2	QL (60 EA per 30 days)
<i>lamivudine tablet 300mg</i>	3	QL (30 EA per 30 days)
ODEFSEY TABLET 200MG; 25MG; 25MG	5	QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate tablet 300mg</i>	4	QL (30 EA per 30 days)
TRIUMEQ PD TABLET SOLUBLE 60MG; 5MG; 30MG	4	QL (180 EA per 30 days)
TRIUMEQ TABLET 600MG; 50MG; 300MG	5	QL (30 EA per 30 days)
VIREAD POWDER 40MG/GM	5	QL (240 GM per 30 days)
VIREAD TABLET 150MG, 200MG, 250MG	5	QL (30 EA per 30 days)
<i>zidovudine capsule 100mg</i>	3	QL (180 EA per 30 days)
<i>zidovudine syrup 50mg/5ml</i>	3	QL (1920 ML per 30 days)
<i>zidovudine tablet 300mg</i>	3	QL (60 EA per 30 days)
Anti-HIV Agents, Other		
FUZEON INJECTION 90MG	5	
<i>maraviroc tablet 300mg</i>	5	QL (120 EA per 30 days)
<i>maraviroc tablet 150mg</i>	5	QL (60 EA per 30 days)
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG	5	QL (60 EA per 30 days)
SELZENTRY SOLUTION 20MG/ML	5	
SELZENTRY TABLET 25MG	4	QL (480 EA per 30 days)
SELZENTRY TABLET 75MG	5	QL (60 EA per 30 days)
SUNLENCA INJECTION 463.5MG/1.5ML	5	
SUNLENCA TABLET THERAPY PACK 300MG	5	QL (10 EA per 365 days); (5 X 300 MG Pack)
SUNLENCA TABLET THERAPY PACK 300MG	5	QL (8 EA per 365 days); (4 X 300 MG Pack)
SUNLENCA TABLET 300MG	5	QL (24 EA per 168 days)
TYBOST TABLET 150MG	3	QL (30 EA per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPSULE 250MG	5	QL (120 EA per 30 days)
<i>atazanavir sulfate capsule 300mg</i>	4	QL (30 EA per 30 days)
<i>atazanavir capsule 150mg</i>	4	
<i>atazanavir capsule 200mg</i>	4	QL (60 EA per 30 days)
<i>darunavir tablet 800mg</i>	4	QL (30 EA per 30 days)
<i>darunavir tablet 600mg</i>	4	QL (60 EA per 30 days)
EVOTAZ TABLET 300MG; 150MG	5	QL (30 EA per 30 days)
<i>fosamprenavir calcium tablet 700mg</i>	5	QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
KALETRA SOLUTION 400MG/5ML; 100MG/5ML	4	
LEXIVA SUSPENSION 50MG/ML	4	QL (1800 ML per 30 days)
<i>lopinavir/ritonavir solution 400mg/5ml; 100mg/5ml</i>	4	
<i>lopinavir/ritonavir tablet 100mg; 25mg, 200mg; 50mg</i>	4	
NORVIR PACKET 100MG	4	QL (360 EA per 30 days)
PREZCOBIX TABLET 150MG; 675MG, 150MG; 800MG	5	QL (30 EA per 30 days)
PREZISTA SUSPENSION 100MG/ML	5	QL (400 ML per 30 days)
PREZISTA TABLET 75MG	4	QL (300 EA per 30 days)
PREZISTA TABLET 150MG	5	QL (180 EA per 30 days)
REYATAZ PACKET 50MG	5	QL (180 EA per 30 days)
<i>ritonavir tablet 100mg</i>	3	QL (360 EA per 30 days)
SYMTUZA TABLET 150MG; 800MG; 200MG; 10MG	5	QL (30 EA per 30 days)
VIRACEPT TABLET 625MG	5	QL (120 EA per 30 days)
VIRACEPT TABLET 250MG	5	QL (300 EA per 30 days)
Anti-influenza Agents		
<i>amantadine hcl capsule 100mg</i>	2	
<i>amantadine hcl solution 50mg/5ml</i>	2	
<i>oseltamivir phosphate capsule 75mg</i>	2	QL (110 EA per 365 days)
<i>oseltamivir phosphate capsule 30mg</i>	2	QL (168 EA per 365 days)
<i>oseltamivir phosphate capsule 45mg</i>	2	QL (84 EA per 365 days)
<i>oseltamivir phosphate suspension reconstituted 6mg/ml</i>	3	QL (1080 ML per 365 days)
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5MG/BLISTER	4	QL (240 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	3	
Antiherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	
<i>acyclovir suspension 200mg/5ml</i>	4	
<i>acyclovir tablet 400mg, 800mg</i>	2	
<i>famciclovir tablet 125mg, 250mg, 500mg</i>	3	
<i>valacyclovir hydrochloride tablet 1gm, 500mg</i>	3	QL (120 EA per 30 days)
VYJUVEK GEL 0	5	PA
Antiviral, Coronavirus Agents		
LAGEVRIO CAPSULE 200MG	3	QL (40 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL (11 EA per 5 days); (300mg-100mg Day 1; 150mg-100mg Days 2-5 Pak)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL (20 EA per 5 days); (150mg-100mg Pak)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL (30 EA per 5 days); (300mg-100mg Pak)
XOCOVA TABLET 125MG	3	QL (7 EA per 5 days)
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl tablet 15mg</i>	1	
<i>buspirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	1	
Benzodiazepines		
<i>alprazolam tablet 0.25mg, 0.5mg, 1mg</i>	2	QL (120 EA per 30 days)
<i>alprazolam tablet 2mg</i>	2	QL (150 EA per 30 days)
<i>clorazepate dipotassium tablet 15mg</i>	4	QL (180 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clorazepate dipotassium tablet 7.5mg</i>	4	QL (360 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	4	QL (720 EA per 30 days)
<i>diazepam intensol concentrate 5mg/ml</i>	2	
<i>diazepam concentrate 5mg/ml</i>	2	
<i>diazepam solution 5mg/5ml</i>	2	
<i>diazepam tablet 10mg</i>	2	QL (120 EA per 30 days)
<i>diazepam tablet 5mg</i>	2	QL (240 EA per 30 days)
<i>diazepam tablet 2mg</i>	2	QL (300 EA per 30 days)
<i>lorazepam intensol concentrate 2mg/ml</i>	3	
<i>lorazepam tablet 2mg</i>	2	QL (150 EA per 30 days)
<i>lorazepam tablet 0.5mg, 1mg</i>	2	QL (90 EA per 30 days)
Bipolar Agents		
<i>Bipolar Agents, Other</i>		
IGALMI FILM 120MCG, 180MCG	4	PA
<i>Mood Stabilizers</i>		
<i>lithium carbonate er tablet extended release 300mg, 450mg</i>	2	
<i>lithium carbonate capsule 150mg, 300mg, 600mg</i>	1	
<i>lithium carbonate tablet 300mg</i>	1	
<i>lithium solution 8meq/5ml</i>	2	
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
<i>acarbose tablet 100mg, 25mg, 50mg</i>	2	
<i>dapagliflozin/metformin hydrochloride er tablet extended release 24 hour 10mg; 1000mg, 10mg; 500mg, 5mg; 1000mg, 5mg; 500mg</i>	3	
<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	
<i>glyburide micronized tablet 1.5mg, 3mg, 6mg</i>	1	
<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	3	
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG, 1000MG; 50MG, 500MG; 50MG	3	
JANUMET TABLET 1000MG; 50MG, 500MG; 50MG	3	
JANUVIA TABLET 100MG, 25MG, 50MG	3	QL (30 EA per 30 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG	3	
JENTADUETO TABLET 2.5MG; 1000MG, 2.5MG; 500MG, 2.5MG; 850MG	3	
<i>metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg</i>	1	
<i>metformin hydrochloride er tablet extended release 24 hour 1000mg, 500mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hydrochloride solution 500mg/5ml</i>	1	
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</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	3	QL (2 ML per 28 days) PA
<i>nateglinide tablet 120mg, 60mg</i>	1	
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL (3 ML per 28 days) PA
OZEMPIC TABLET 4MG, 9MG	3	QL (30 EA per 30 days) PA
OZEMPIC TABLET 1.5MG	3	QL (60 EA per 365 days) PA
<i>pioglitazone hcl/metformin hcl tablet 500mg; 15mg, 850mg; 15mg</i>	2	
<i>pioglitazone hcl tablet 45mg</i>	1	
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	
<i>repaglinide tablet 0.5mg, 1mg, 2mg</i>	1	
RYBELSUS TABLET 14MG, 7MG	3	QL (30 EA per 30 days) PA
RYBELSUS TABLET 3MG	3	QL (60 EA per 365 days) PA
<i>sitagliptin phosphate/metformin hydrochloride tablet 1000mg; 50mg, 500mg; 50mg</i>	3	
<i>sitagliptin phosphate tablet 100mg, 25mg, 50mg</i>	3	QL (30 EA per 30 days)
SOLIQUA 100/33 INJECTION 100UNIT/ML; 33MCG/ML	3	
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 25MG; 1000MG, 5MG; 1000MG	3	
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG, 5MG; 500MG	3	
TRADJENTA TABLET 5MG	3	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	3	
TRULICITY INJECTION 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	3	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	3	
Glycemic Agents		
BAQSIMI ONE PACK POWDER 3MG/DOSE	3	
BAQSIMI TWO PACK POWDER 3MG/DOSE	3	
<i>diazoxide suspension 50mg/ml</i>	5	
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	3	
<i>glucagon emergency kit injection 1mg</i>	3	
GVOKE HYPOPEN 1-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	3	
GVOKE HYPOPEN 2-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	3	
GVOKE KIT INJECTION 1MG/0.2ML	3	
GVOKE PFS INJECTION 0.5MG/0.1ML, 1MG/0.2ML	3	
Insulins		
FIASP FLEXTOUCH INJECTION 100UNIT/ML	3	
FIASP PENFILL INJECTION 100UNIT/ML	3	
FIASP INJECTION 100UNIT/ML	3	
HUMALOG JUNIOR KWIKPEN INJECTION 100UNIT/ML	3	

Drug Name	Drug Tier	Requirements/Limits
HUMALOG KWIKPEN INJECTION 100UNIT/ML, 200UNIT/ML	3	
HUMALOG MIX 50/50 KWIKPEN INJECTION 50UNIT/ML; 50UNIT/ML	3	
HUMALOG MIX 50/50 INJECTION 50UNIT/ML; 50UNIT/ML	3	
HUMALOG MIX 75/25 KWIKPEN INJECTION 25UNIT/ML; 75UNIT/ML	3	
HUMALOG MIX 75/25 INJECTION 25UNIT/ML; 75UNIT/ML	3	
HUMALOG INJECTION 100UNIT/ML	3	
HUMULIN 70/30 KWIKPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	
HUMULIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	
HUMULIN N KWIKPEN INJECTION 100UNIT/ML	3	
HUMULIN N INJECTION 100UNIT/ML	3	
HUMULIN R U-500 (CONCENTRATED) INJECTION 500UNIT/ML	3	
HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML	3	
HUMULIN R INJECTION 100UNIT/ML	3	
INSULIN ASPART FLEXPEN INJECTION 100UNIT/ML	3	
INSULIN ASPART PENFILL INJECTION 100UNIT/ML	3	
INSULIN ASPART INJECTION 100UNIT/ML	3	
<i>insulin lispro injection 100unit/ml</i>	3	
LANTUS SOLOSTAR INJECTION 100UNIT/ML	3	
LANTUS INJECTION 100UNIT/ML	3	
LYUMJEV KWIKPEN INJECTION 100UNIT/ML, 200UNIT/ML	3	
LYUMJEV INJECTION 100UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN N FLEXPEN RELION INJECTION 100UNIT/ML	3	
NOVOLIN N FLEXPEN INJECTION 100UNIT/ML	3	
NOVOLIN N RELION INJECTION 100UNIT/ML	3	
NOVOLIN N INJECTION 100UNIT/ML	3	
NOVOLIN R FLEXPEN RELION INJECTION 100UNIT/ML	3	
NOVOLIN R FLEXPEN INJECTION 100UNIT/ML	3	
NOVOLIN R RELION INJECTION 100UNIT/ML	3	
NOVOLIN R INJECTION 100UNIT/ML	3	
NOVOLOG FLEXPEN RELION INJECTION 100UNIT/ML	3	
NOVOLOG FLEXPEN INJECTION 100UNIT/ML	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG PENFILL INJECTION 100UNIT/ML	3	
NOVOLOG RELION INJECTION 100UNIT/ML	3	
NOVOLOG INJECTION 100UNIT/ML	3	
TOUJEO MAX SOLOSTAR INJECTION 300UNIT/ML	3	
TOUJEO SOLOSTAR INJECTION 300UNIT/ML	3	
TRESIBA FLEXTOUCH INJECTION 100UNIT/ML, 200UNIT/ML	3	
TRESIBA INJECTION 100UNIT/ML	3	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
<i>dabigatran etexilate capsule 110mg, 150mg, 75mg</i>	4	QL (60 EA per 30 days)
ELIQUIS STARTER PACK TABLET THERAPY PACK 5MG	3	QL (148 EA per 365 days)
ELIQUIS CAPSULE SPRINKLE 0.15MG	3	QL (84 EA per 28 days)
ELIQUIS TABLET SOLUBLE 0.5MG	3	QL (140 EA per 28 days)
ELIQUIS TABLET SOLUBLE 0.5MG	3	QL (420 EA per 28 days); PACK 3 X 0.5 MG (1.5 MG)
ELIQUIS TABLET SOLUBLE 0.5MG	3	QL (560 EA per 28 days); PACK 4 X 0.5 MG (2 MG)
ELIQUIS TABLET 5MG	3	
ELIQUIS TABLET 2.5MG	3	QL (60 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>	4	
<i>fondaparinux sodium injection 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	4	
<i>fondaparinux sodium injection 10mg/0.8ml</i>	5	
FRAGMIN INJECTION 2500UNIT/0.2ML	4	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	
<i>heparin sodium injection 5000unit/ml</i>	3	
<i>jantoven tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	
<i>warfarin sodium tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	
XARELTO STARTER PACK TABLET THERAPY PACK 0	3	QL (102 EA per 365 days)
XARELTO SUSPENSION RECONSTITUTED 1MG/ML	3	QL (600 ML per 30 days)
XARELTO TABLET 10MG, 20MG	3	QL (30 EA per 30 days)
XARELTO TABLET 2.5MG	3	QL (360 EA per 30 days)
XARELTO TABLET 15MG	3	QL (60 EA per 30 days)
<i>Blood Products and Modifiers, Other</i>		
<i>anagrelide hydrochloride capsule 0.5mg, 1mg</i>	3	
<i>eltrombopag olamine packet 12.5mg, 25mg</i>	5	PA
<i>eltrombopag olamine tablet 12.5mg, 25mg, 50mg, 75mg</i>	5	PA
MIMRYLO INJECTION 19MG, 28MG, 9.5MG	5	QL (4 EA per 28 days) PA
MIMRYLO INJECTION 41MG, 54MG	5	QL (8 EA per 28 days) PA
NEULASTA ONPRO KIT INJECTION 6MG/0.6ML	5	PA
NEULASTA INJECTION 4MG/0.4ML, 6MG/0.6ML	5	PA
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA

Drug Name	Drug Tier	Requirements/Limits
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	5	PA
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJECTION 40000UNIT/ML	5	PA
UDENYCA ONBODY INJECTION 6MG/0.6ML	5	PA
UDENYCA INJECTION 6MG/0.6ML	5	PA
XOLREMDI CAPSULE 100MG	5	QL (120 EA per 30 days) PA
ZARXIO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	5	
Hemostasis Agents		
tranexamic acid tablet 650mg	3	
Platelet Modifying Agents		
aspirin/dipyridamole er capsule extended release 12 hour 25mg; 200mg	4	
aspirin/dipyridamole capsule extended release 12 hour 25mg; 4 200mg	4	
CABLIVI INJECTION 11MG	5	QL (30 EA per 30 days) PA
cilostazol tablet 100mg, 50mg	2	
clopidogrel tablet 75mg	1	
clopidogrel tablet 300mg	2	
DOPTELET TABLET 20MG	5	PA
prasugrel hydrochloride tablet 10mg, 5mg	2	
ticagrelor tablet 60mg, 90mg	3	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine hydrochloride tablet 0.05mg, 0.1mg, 0.2mg, 0.3mg	1	
clonidine patch weekly 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr	4	
droxidopa capsule 100mg	4	PA
droxidopa capsule 200mg, 300mg	5	PA
guanfacine hydrochloride tablet 1mg, 2mg	4	
METHYLDOPA TABLET 250MG, 500MG	4	
midodrine hydrochloride tablet 10mg, 2.5mg, 5mg	2	
Alpha-adrenergic Blocking Agents		
prazosin hydrochloride capsule 1mg, 2mg, 5mg	2	
Angiotensin II Receptor Antagonists		
azilsartan medoxomil tablet 40mg, 80mg	4	
candesartan cilexetil tablet 16mg, 32mg, 4mg, 8mg	1	
EDARBI TABLET 40MG, 80MG	4	
irbesartan tablet 150mg, 300mg, 75mg	1	
losartan potassium tablet 100mg, 25mg, 50mg	1	
olmesartan medoxomil tablet 20mg, 40mg, 5mg	1	
telmisartan tablet 20mg, 40mg, 80mg	1	
valsartan tablet 160mg, 320mg, 40mg, 80mg	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hydrochloride tablet 10mg, 20mg, 40mg, 5mg	1	
captopril tablet 100mg, 12.5mg, 25mg, 50mg	2	
enalapril maleate tablet 10mg, 2.5mg, 20mg, 5mg	1	
fosinopril sodium tablet 10mg, 20mg, 40mg	1	
lisinopril tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg	1	
moexipril hydrochloride tablet 15mg, 7.5mg	2	
perindopril erbumine tablet 2mg, 4mg, 8mg	2	

Drug Name	Drug Tier	Requirements/Limits
<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	
Antiarrhythmics		
<i>amiodarone hydrochloride tablet 200mg</i>	1	
<i>amiodarone hydrochloride tablet 100mg, 400mg</i>	3	
<i>digoxin solution 0.05mg/ml</i>	4	
<i>digoxin tablet 125mcg, 250mcg</i>	2	
<i>digoxin tablet 62.5mcg</i>	4	
<i>digox tablet 125mcg, 250mcg</i>	2	
<i>dofetilide capsule 125mcg, 250mcg, 500mcg</i>	4	
<i>flecainide acetate tablet 100mg, 150mg, 50mg</i>	2	
<i>mexiletine hydrochloride capsule 150mg</i>	3	
<i>mexiletine hydrochloride capsule 200mg, 250mg</i>	4	
MULTAQ TABLET 400MG	3	
PACERONE TABLET 200MG	2	
PACERONE TABLET 100MG	3	
<i>propafenone hcl tablet 150mg, 225mg, 300mg</i>	2	
<i>propafenone hydrochloride er capsule extended release 12 hour 225mg, 325mg, 425mg</i>	4	
<i>propafenone hydrochloride tablet 150mg, 225mg, 300mg</i>	2	
<i>quinidine sulfate tablet 200mg, 300mg</i>	4	
<i>sotalol hcl tablet 120mg, 160mg, 240mg</i>	2	
<i>sotalol hydrochloride (af) tablet 120mg, 160mg, 80mg</i>	2	
<i>sotalol hydrochloride tablet 120mg, 160mg, 80mg</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride capsule 200mg, 400mg</i>	2	
<i>atenolol tablet 100mg, 25mg, 50mg</i>	1	
<i>betaxolol hcl tablet 10mg, 20mg</i>	3	
<i>bisoprolol fumarate tablet 10mg, 5mg</i>	2	
<i>carvedilol tablet 12.5mg, 25mg, 3.125mg, 6.25mg</i>	1	
<i>labetalol hydrochloride tablet 100mg, 200mg, 300mg</i>	2	
<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>	2	
<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 20mg, 5mg</i>	3	
<i>pindolol tablet 10mg, 5mg</i>	3	
<i>propranolol hcl tablet 40mg</i>	2	
<i>propranolol hydrochloride er capsule extended release 24 hour 120mg, 160mg, 60mg, 80mg</i>	2	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tablet 10mg, 2.5mg, 5mg</i>	1	
<i>felodipine er tablet extended release 24 hour 10mg, 2.5mg, 5mg</i>	2	
<i>isradipine capsule 2.5mg, 5mg</i>	4	
<i>nifedipine er tablet extended release 24 hour 30mg, 60mg, 90mg</i>	2	
<i>nimodipine capsule 30mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
Calcium Channel Blocking Agents, Nondihydropyridines		
cartia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg	2	
dilt-xr capsule extended release 24 hour 120mg, 180mg, 240mg	2	
diltiazem hcl cd capsule extended release 24 hour 360mg	2	
diltiazem hcl er capsule extended release 12 hour 120mg, 60mg, 90mg	4	
diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg	2	
diltiazem hcl er tablet extended release 24 hour 420mg	4	
diltiazem hcl tablet 30mg, 60mg	2	
diltiazem hydrochloride er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg	2	
diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg	4	
diltiazem hydrochloride tablet 120mg, 90mg	2	
matzim la tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg, 420mg	4	
taztia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg	2	
tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
verapamil hcl er capsule extended release 24 hour 120mg, 180mg, 240mg	3	
verapamil hcl er tablet extended release 120mg	2	
verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg, 360mg	3	
verapamil hydrochloride er tablet extended release 180mg, 240mg	2	
verapamil hydrochloride sr capsule extended release 24 hour 240mg, 360mg	3	
verapamil hydrochloride tablet 120mg, 40mg, 80mg	1	
Cardiovascular Agents, Other		
aliskiren tablet 150mg, 300mg	2	
amiloride/hydrochlorothiazide tablet 5mg; 50mg	2	
amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg	1	
amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 160mg, 5mg; 320mg	1	
amlodipine/olmesartan medoxomil tablet 10mg; 20mg, 10mg; 40mg, 5mg; 20mg, 5mg; 40mg	1	
atenolol/chlorthalidone tablet 100mg; 25mg, 50mg; 25mg	2	
benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg	1	
bisoprolol fumarate/hydrochlorothiazide tablet 10mg; 6.25mg, 2.5mg; 6.25mg, 5mg; 6.25mg	2	
candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg, 32mg; 12.5mg, 32mg; 25mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>captopril/hydrochlorothiazide tablet 25mg; 15mg, 25mg; 25mg, 50mg; 15mg, 50mg; 25mg</i>	2	
EDARBYCLOR TABLET 40MG; 12.5MG, 40MG; 25MG	4	
<i>enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg, 5mg; 12.5mg</i>	1	
ENTRESTO CAPSULE SPRINKLE 15MG; 16MG, 6MG; 6MG	3	QL (240 EA per 30 days)
<i>fosinopril sodium/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg</i>	2	
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg, 12.5mg; 300mg</i>	1	
<i>isosorbide dinitrate/hydralazine hydrochloride tablet 37.5mg; 20mg</i>	4	
<i>ivabradine hydrochloride tablet 5mg, 7.5mg</i>	4	QL (60 EA per 30 days)
<i>lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg</i>	1	
<i>metyrosine capsule 250mg</i>	5	PA
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg</i>	1	
<i>pentoxifylline er tablet extended release 400mg</i>	2	
<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>	3	
<i>sacubitril/valsartan tablet 24mg; 26mg</i>	3	QL (180 EA per 30 days)
<i>sacubitril/valsartan tablet 49mg; 51mg, 97mg; 103mg</i>	3	QL (60 EA per 30 days)
<i>spironolactone/hydrochlorothiazide tablet 25mg; 25mg</i>	2	
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 12.5mg; 80mg, 25mg; 80mg</i>	1	
<i>trandolapril/verapamil hcl er tablet extended release 1mg; 240mg, 2mg; 180mg, 2mg; 240mg, 4mg; 240mg</i>	2	
<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	
VYNDAMAX CAPSULE 61MG	5	QL (30 EA per 30 days) PA
Diuretics, Loop		
<i>bumetanide injection 0.25mg/ml</i>	2	
<i>bumetanide tablet 0.5mg, 1mg, 2mg</i>	2	
<i>furosemide injection 10mg/ml</i>	2	
<i>furosemide oral solution 10mg/ml, 40mg/5ml</i>	1	
<i>furosemide tablet 20mg, 40mg, 80mg</i>	1	
<i>torsemide tablet 100mg, 10mg, 20mg, 5mg</i>	1	
Diuretics, Potassium-sparing		
<i>amiloride hcl tablet 5mg</i>	1	
<i>triamterene capsule 100mg, 50mg</i>	4	
Diuretics, Thiazide		
<i>chlorthalidone tablet 25mg, 50mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>metolazone tablet 10mg, 2.5mg, 5mg</i>	2	
Dyslipidemics, Fibrin Acid Derivatives		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	2	
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	2	
<i>fenofibric acid dr capsule delayed release 135mg, 45mg</i>	3	
<i>gemfibrozil tablet 600mg</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium tablet 10mg, 20mg, 40mg, 80mg</i>	1	
<i>fluvastatin sodium er tablet extended release 24 hour 80mg</i>	4	
<i>fluvastatin capsule 20mg, 40mg</i>	4	
<i>lovastatin tablet 10mg, 20mg, 40mg</i>	1	
<i>pitavastatin calcium tablet 1mg, 2mg, 4mg</i>	4	
<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	
Dyslipidemics, Other		
<i>cholestyramine light packet 4gm</i>	4	
<i>cholestyramine light powder 4gm/dose</i>	4	
<i>cholestyramine packet 4gm</i>	3	
<i>cholestyramine powder 4gm/dose</i>	3	
<i>colesevelam hydrochloride tablet 625mg</i>	4	
<i>colestipol hydrochloride granules 5gm</i>	4	
<i>colestipol hydrochloride packet 5gm</i>	4	
<i>colestipol hydrochloride tablet 1gm</i>	3	
<i>ezetimibe/simvastatin tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg</i>	2	
<i>ezetimibe tablet 10mg</i>	2	
<i>icosapent ethyl capsule 0.5gm, 1gm</i>	4	
NEXLETOL TABLET 180MG	4	QL (30 EA per 30 days) PA
NEXLIZET TABLET 180MG; 10MG	4	QL (30 EA per 30 days) PA
<i>niacin er tablet extended release 1000mg, 500mg, 750mg</i>	3	
<i>omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm</i>	3	
PRALUENT INJECTION 150MG/ML, 75MG/ML	3	QL (2 ML per 28 days) PA
<i>prevalite packet 4gm</i>	4	
<i>prevalite powder 4gm/dose</i>	4	
REPATHA PUSHTRONEX SYSTEM INJECTION 420MG/3.5ML	3	QL (7 ML per 28 days) PA
REPATHA SURECLICK INJECTION 140MG/ML	3	QL (3 ML per 28 days) PA
REPATHA INJECTION 140MG/ML	3	QL (3 ML per 28 days) PA
TRYNGOLZA INJECTION 50MG/0.8ML, 80MG/0.8ML	5	QL (0.8 ML per 28 days) PA
Mineralocorticoid Receptor Antagonists		
<i>eplerenone tablet 25mg, 50mg</i>	3	
KERENDIA TABLET 10MG, 20MG, 40MG	4	QL (30 EA per 30 days) PA
<i>spironolactone tablet 100mg, 25mg, 50mg</i>	1	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
<i>dapagliflozin tablet 10mg, 5mg</i>	3	QL (30 EA per 30 days)
JARDIANCE TABLET 10MG, 25MG	3	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Vasodilators, Direct-acting Arterial/Venous		
isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg	2	
isosorbide mononitrate er tablet extended release 24 hour 120mg, 30mg, 60mg	1	
isosorbide mononitrate tablet 10mg, 20mg	2	
nitro-bid ointment 2%	4	
nitroglycerin transdermal patch 24 hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr	2	
nitroglycerin transdermal ointment 2%	4	
nitroglycerin solution 0.4mg/spray	4	
nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg	2	
VERQUVO TABLET 10MG, 2.5MG, 5MG	3	QL (30 EA per 30 days) PA
Vasodilators, Direct-acting Arterial		
hydralazine hydrochloride tablet 10mg, 25mg, 50mg	1	
hydralazine hydrochloride tablet 100mg	2	
minoxidil tablet 10mg, 2.5mg	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg	3	QL (60 EA per 30 days); Extended-release capsule 10mg
amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg	3	QL (60 EA per 30 days); Extended-release capsule 15mg
amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg	3	QL (60 EA per 30 days); Extended-release capsule 20mg
amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg	3	QL (60 EA per 30 days); Extended-release capsule 25mg
amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg	3	QL (60 EA per 30 days); Extended-release capsule 30mg
amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg	3	QL (60 EA per 30 days); Extended-release capsule 5mg
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	3	QL (90 EA per 30 days)
dextroamphetamine sulfate er capsule extended release 24 hour 15mg	4	QL (120 EA per 30 days)
dextroamphetamine sulfate er capsule extended release 24 hour 10mg	4	QL (180 EA per 30 days)
dextroamphetamine sulfate er capsule extended release 24 hour 5mg	4	QL (60 EA per 30 days)
dextroamphetamine sulfate tablet 10mg	3	QL (180 EA per 30 days)
dextroamphetamine sulfate tablet 5mg	3	QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride capsule 25mg</i>	4	QL (30 EA per 30 days)
<i>atomoxetine hydrochloride capsule 10mg</i>	4	QL (60 EA per 30 days)
<i>atomoxetine capsule 100mg, 18mg, 25mg, 40mg, 60mg, 80mg</i>	4	QL (30 EA per 30 days)
<i>atomoxetine capsule 10mg</i>	4	QL (60 EA per 30 days)
<i>dexmethylphenidate hcl tablet 10mg, 5mg</i>	3	QL (60 EA per 30 days)
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	3	QL (60 EA per 30 days)
<i>guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 3mg, 4mg</i>	3	
<i>methylphenidate hydrochloride er (dif) tablet extended release 27mg, 54mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er (dif) tablet extended release 36mg</i>	4	QL (60 EA per 30 days)
<i>methylphenidate hydrochloride er (osm) tablet extended release 18mg, 27mg, 54mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er (osm) tablet extended release 36mg</i>	4	QL (60 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 24 hour 27mg, 54mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 24 hour 36mg</i>	4	QL (60 EA per 30 days)
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	4	
<i>methylphenidate hydrochloride tablet 10mg, 20mg, 5mg</i>	2	QL (90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL (56 EA per 365 days) PA; (12mg & 18mg & 24mg & 30mg Pack)
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	5	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	5	QL (30 EA per 30 days) PA
AUSTEDO TABLET 12MG, 6MG, 9MG	5	QL (120 EA per 30 days) PA
<i>butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg</i>	3	
COBENFY STARTER PACK CAPSULE THERAPY PACK 20MG; 0	5	QL (112 EA per 365 days) PA
COBENFY CAPSULE 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	5	QL (60 EA per 30 days) PA
<i>dextromethorphan hydrobromide/quinidine sulfate capsule 20mg; 10mg</i>	5	PA
INGREZZA CAPSULE SPRINKLE 60MG, 80MG	5	QL (30 EA per 30 days) PA
INGREZZA CAPSULE SPRINKLE 40MG	5	QL (60 EA per 30 days) PA
INGREZZA CAPSULE THERAPY PACK 0	5	QL (56 EA per 365 days) PA
INGREZZA CAPSULE 60MG, 80MG	5	QL (30 EA per 30 days) PA
INGREZZA CAPSULE 40MG	5	QL (60 EA per 30 days) PA
NUDEXTA CAPSULE 20MG; 10MG	5	PA
<i>riluzole tablet 50mg</i>	4	
<i>tetrabenazine tablet 12.5mg</i>	4	PA
<i>tetrabenazine tablet 25mg</i>	5	PA
VEOZAH TABLET 45MG	4	QL (30 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
Fibromyalgia Agents		
<i>milnacipran hydrochloride titration pack miscellaneous 0</i>	3	QL (110 EA per 365 days)
<i>milnacipran hydrochloride tablet 100mg, 12.5mg, 25mg, 50mg</i>	3	QL (60 EA per 30 days)
SAVELLA TITRATION PACK MISCELLANEOUS 0	3	QL (110 EA per 365 days)
SAVELLA TABLET 100MG, 12.5MG, 25MG, 50MG	3	QL (60 EA per 30 days)
Multiple Sclerosis Agents		
AVONEX PEN INJECTION 30MCG/0.5ML	5	QL (4 EA per 28 days) PA
AVONEX INJECTION 30MCG/0.5ML	5	QL (4 EA per 28 days) PA
BETASERON INJECTION 0.3MG	5	QL (15 EA per 30 days) PA
<i>dalfampridine er tablet extended release 12 hour 10mg</i>	3	QL (60 EA per 30 days) PA
<i>dimethyl fumarate starterpack capsule delayed release therapy pack 0</i>	4	QL (120 EA per 365 days) PA
<i>dimethyl fumarate capsule delayed release 120mg, 240mg</i>	4	QL (60 EA per 30 days) PA
<i> fingolimod hydrochloride capsule 0.5mg</i>	5	QL (30 EA per 30 days) PA
<i>glatiramer acetate injection 40mg/ml</i>	5	QL (12 ML per 28 days) PA
<i>glatiramer acetate injection 20mg/ml</i>	5	QL (30 ML per 30 days) PA
KESIMPTA INJECTION 20MG/0.4ML	5	QL (0.4 ML per 28 days) PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	4	QL (14 EA per 365 days) PA; (7 tablet Starter Pack)
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	5	QL (24 EA per 365 days) PA; (12 tablet Starter Pack)
MAYZENT TABLET 0.25MG	5	QL (120 EA per 30 days) PA
MAYZENT TABLET 1MG, 2MG	5	QL (30 EA per 30 days) PA
REBIF REBIDOSE TITRATION PACK INJECTION 0	5	QL (8.4 ML per 365 days) PA
REBIF REBIDOSE INJECTION 22MCG/0.5ML, 44MCG/0.5ML	5	QL (6 ML per 28 days) PA
REBIF TITRATION PACK INJECTION 0	5	QL (8.4 ML per 365 days) PA
REBIF INJECTION 22MCG/0.5ML, 44MCG/0.5ML	5	QL (6 ML per 28 days) PA
VUMERITY CAPSULE DELAYED RELEASE 231MG	5	QL (120 EA per 30 days) PA
Dental and Oral Agents		
Dental and Oral Agents		
<i>chlorhexidine gluconate solution 0.12%</i>	1	
<i>doxycycline hyclate tablet 20mg</i>	3	
<i>kourzeq paste 0.1%</i>	3	
<i>lidocaine hydrochloride viscous solution 2%</i>	2	
<i>lidocaine viscous solution 2%</i>	2	
<i>oralone dental paste paste 0.1%</i>	3	
<i>periogard solution 0.12%</i>	1	
<i>pilocarpine hydrochloride tablet 5mg, 7.5mg</i>	4	
<i>triamcinolone acetonide dental paste paste 0.1%</i>	3	
Dermatological Agents		
Acne and Rosacea Agents		
ACCUTANE CAPSULE 10MG, 20MG, 30MG, 40MG	4	
<i>acitretin capsule 10mg, 17.5mg, 25mg</i>	4	
<i>adapalene/benzoyl peroxide gel 0.1%; 2.5%</i>	3	
<i>amnesteem capsule 10mg, 20mg, 30mg, 40mg</i>	4	
<i>azelaic acid gel 15%</i>	4	QL (100 GM per 30 days)
<i>claravis capsule 10mg, 20mg, 30mg, 40mg</i>	4	
<i>clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	4	
FINACEA FOAM 15%	3	QL (50 GM per 30 days)
<i>isotretinoin capsule 10mg, 20mg, 30mg, 40mg</i>	4	
<i>metronidazole cream 0.75%</i>	2	
<i>metronidazole gel 0.75%</i>	3	
<i>metronidazole gel 1%</i>	4	
<i>tazarotene cream 0.1%</i>	4	QL (60 GM per 30 days)
<i>tretinoin cream 0.025%</i>	3	PA
<i>tretinoin cream 0.05%</i>	4	PA
<i>zenatane capsule 10mg, 20mg, 30mg, 40mg</i>	4	
Dermatitis and Pruritus Agents		
ADBRY INJECTION 150MG/ML	5	QL (6 ML per 28 days) PA
ADBRY INJECTION 300MG/2ML	5	QL (8 ML per 28 days) PA
<i>ala-cort cream 1%</i>	2	
<i>alclometasone dipropionate cream 0.05%</i>	2	
<i>alclometasone dipropionate ointment 0.05%</i>	2	
<i>ammonium lactate cream 12%</i>	2	
<i>ammonium lactate lotion 12%</i>	2	
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	
<i>betamethasone dipropionate augmented gel 0.05%</i>	4	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	2	
<i>betamethasone dipropionate augmented ointment 0.05%</i>	3	
<i>betamethasone dipropionate cream 0.05%</i>	3	
<i>betamethasone dipropionate lotion 0.05%</i>	3	
<i>betamethasone dipropionate ointment 0.05%</i>	4	
<i>betamethasone valerate cream 0.1%</i>	3	
<i>betamethasone valerate lotion 0.1%</i>	3	
<i>betamethasone valerate ointment 0.1%</i>	2	
<i>clobetasol propionate cream 0.05%</i>	2	
<i>clobetasol propionate cream 0.05%</i>	2	
<i>clobetasol propionate foam 0.05%</i>	2	
<i>clobetasol propionate gel 0.05%</i>	3	
<i>clobetasol propionate ointment 0.05%</i>	2	
<i>clobetasol propionate shampoo 0.05%</i>	4	
<i>clobetasol propionate solution 0.05%</i>	3	
<i>desonide cream 0.05%</i>	3	
<i>desonide ointment 0.05%</i>	2	QL (120 GM per 30 days)
<i>desoximetasone cream 0.25%</i>	3	QL (100 GM per 30 days)
<i>desoximetasone ointment 0.25%</i>	3	
EBGLYSS INJECTION 250MG/2ML	5	PA
EUCRISA OINTMENT 2%	4	PA
<i>fluocinolone acetonide body oil 0.01%</i>	3	
<i>fluocinolone acetonide scalp oil 0.01%</i>	3	
<i>fluocinolone acetonide topical oil 0.01%</i>	3	
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	3	
<i>fluocinolone acetonide ointment 0.025%</i>	3	
<i>fluocinolone acetonide solution 0.01%</i>	3	
<i>fluocinonide cream 0.1%</i>	2	QL (120 GM per 30 days)
<i>fluocinonide cream 0.05%</i>	2	QL (60 GM per 30 days)
<i>fluocinonide gel 0.05%</i>	2	QL (60 GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide ointment 0.05%</i>	2	QL (60 GM per 30 days)
<i>fluocinonide solution 0.05%</i>	2	QL (60 ML per 30 days)
<i>fluticasone propionate cream 0.05%</i>	2	
<i>fluticasone propionate ointment 0.005%</i>	2	
<i>halobetasol propionate cream 0.05%</i>	3	
<i>halobetasol propionate ointment 0.05%</i>	4	
<i>hydrocortisone valerate cream 0.2%</i>	3	QL (60 GM per 30 days)
<i>hydrocortisone cream 1%, 2.5%</i>	2	
<i>hydrocortisone lotion 2.5%</i>	2	
<i>hydrocortisone ointment 2.5%</i>	2	
<i>hydrocortisone ointment 1%</i>	2	QL (100 GM per 30 days)
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate ointment 0.1%</i>	2	
<i>mometasone furoate solution 0.1%</i>	2	
<i>pimecrolimus cream 1%</i>	4	
<i>selenium sulfide lotion 2.5%</i>	2	
SPEVIGO INJECTION 150MG/ML, 300MG/2ML	5	QL (4 ML per 28 days) PA
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	1	
<i>triamcinolone acetonide lotion 0.1%</i>	2	
<i>triamcinolone acetonide lotion 0.025%</i>	3	
<i>triamcinolone acetonide ointment 0.025%, 0.1%</i>	1	
<i>triamcinolone acetonide ointment 0.5%</i>	2	
<i>triderm cream 0.5%</i>	2	
Dermatological Agents, Other		
<i>calcipotriene cream 0.005%</i>	4	QL (120 GM per 30 days)
<i>calcipotriene ointment 0.005%</i>	4	QL (120 GM per 30 days)
<i>calcipotriene solution 0.005%</i>	3	QL (60 ML per 30 days)
<i>clotrimazole/betamethasone dipropionate cream 0.05%; 1%</i>	2	QL (90 GM per 30 days)
<i>diclofenac sodium gel 3%</i>	4	QL (300 GM per 30 days) ST
FLUOROURACIL CREAM 0.5%	4	
<i>fluorouracil cream 5%</i>	2	QL (40 GM per 30 days)
<i>fluorouracil solution 2%, 5%</i>	3	
<i>imiquimod cream 5%</i>	3	QL (48 EA per 30 days)
<i>nystatin/triamcinolone acetonide cream 100000unit/gm; 1mg/gm</i>	2	
<i>nystatin/triamcinolone acetonide ointment 100000unit/gm; 0.1%</i>	2	
<i>nystatin/triamcinolone cream 100000unit/gm; 1mg/gm</i>	2	
<i>nystatin/triamcinolone ointment 100000unit/gm; 0.1%</i>	2	
OTEZLA TABLET 20MG, 30MG	5	QL (60 EA per 30 days) PA
<i>podofilox solution 0.5%</i>	3	
SANTYL OINTMENT 250UNIT/GM	4	
<i>silver sulfadiazine cream 1%</i>	2	
<i>ssd cream 1%</i>	2	
Pediculicides/Scabicides		
<i>malathion lotion 0.5%</i>	4	
<i>permethrin cream 5%</i>	3	
Topical Anti-infectives		
<i>acyclovir ointment 5%</i>	4	QL (60 GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ciclodan solution 8%</i>	2	PA
<i>ciclopirox nail lacquer solution 8%</i>	2	PA
<i>ciclopirox olamine cream 0.77%</i>	2	
<i>ciclopirox gel 0.77%</i>	2	
<i>ciclopirox shampoo 1%</i>	3	
<i>ciclopirox suspension 0.77%</i>	3	
<i>clindamycin phosphate lotion 1%</i>	4	QL (75 ML per 30 days)
<i>clindamycin phosphate topical solution 1%</i>	2	QL (60 ML per 30 days)
<i>ery pad 2%</i>	3	
<i>erythromycin gel 2%</i>	3	
<i>erythromycin solution 2%</i>	2	
<i>mupirocin cream 2%</i>	3	
<i>mupirocin ointment 2%</i>	2	QL (110 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
AMINOSYN II INJECTION 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	4	B/D
<i>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</i>	4	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	4	B/D
<i>carglumic acid tablet soluble 200mg</i>	5	
<i>dextrose 5%/sodium chloride 0.45% injection 5%; 0.45%</i>	4	
<i>dextrose 5%/sodium chloride 0.9% injection 5%; 0.9%</i>	4	
<i>dextrose 5% injection 5%</i>	2	
<i>klor-con 10 tablet extended release 10meq</i>	2	
<i>klor-con 8 tablet extended release 8meq</i>	2	
<i>klor-con m10 tablet extended release 10meq</i>	2	
<i>klor-con m15 tablet extended release 15meq</i>	2	
<i>klor-con m20 tablet extended release 20meq</i>	2	
<i>klor-con packet 20meq</i>	4	
<i>magnesium sulfate injection 50%</i>	3	

Drug Name	Drug Tier	Requirements/Limits
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	4	B/D
<i>potassium chloride er capsule extended release 10meq, 8meq</i>	2	
<i>potassium chloride er tablet extended release 10meq, 15meq, 20meq, 8meq</i>	2	
<i>potassium chloride injection 10meq/100ml, 20meq/100ml, 40meq/100ml</i>	2	
<i>potassium chloride packet 20meq</i>	4	
<i>potassium chloride oral solution 10%, 20%</i>	4	
<i>potassium citrate er tablet extended release 1080mg, 15meq, 540mg</i>	4	
<i>sodium chloride 0.45% injection 0.45%</i>	3	
<i>sodium chloride injection 0.45%, 0.9%</i>	3	
Electrolyte/Mineral/Metal Modifiers		
CHEMET CAPSULE 100MG	5	
<i>deferasirox packet 180mg, 360mg, 90mg</i>	5	PA
<i>deferasirox tablet soluble 125mg, 250mg</i>	4	PA
<i>deferasirox tablet soluble 500mg</i>	5	PA
<i>deferasirox tablet 90mg</i>	3	PA
<i>deferasirox tablet 180mg, 360mg</i>	4	PA
JYNARQUE TABLET 15MG, 30MG	5	QL (120 EA per 30 days) PA
<i>penicillamine tablet 250mg</i>	5	
<i>tolvaptan tablet 15mg, 30mg</i>	5	QL (120 EA per 30 days) PA; (Generic for Jynarque)
<i>trientine hydrochloride capsule 250mg</i>	5	PA
Phosphate Binders		
<i>calcium acetate capsule 667mg</i>	4	
<i>calcium acetate tablet 667mg</i>	3	
VELPHORO TABLET CHEWABLE 500MG	5	
Potassium Binders		
<i>kionex suspension 15gm/60ml</i>	3	
LOKELMA PACKET 10GM, 5GM	4	QL (90 EA per 30 days)
<i>sodium polystyrene sulfonate powder 0</i>	3	
<i>sodium polystyrene sulfonate suspension 15gm/60ml</i>	3	
SPS SUSPENSION 15GM/60ML	3	
VELTASSA PACKET 16.8GM, 1GM, 25.2GM, 8.4GM	4	
Vitamins		
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 21mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>		
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose solution 10gm/15ml</i>	2	
<i>enulose solution 10gm/15ml</i>	2	
<i>generlac solution 10gm/15ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>lactulose solution 10gm/15ml</i>	2	
LINZESS CAPSULE 145MCG, 290MCG, 72MCG	3	QL (30 EA per 30 days)
<i>lubiprostone capsule 24mcg, 8mcg</i>	4	QL (60 EA per 30 days)
MOVANTIK TABLET 12.5MG, 25MG	3	QL (30 EA per 30 days)
<i>prucalopride tablet 1mg, 2mg</i>	3	QL (30 EA per 30 days)
RELISTOR INJECTION 8MG/0.4ML	5	QL (12 ML per 30 days) ST
RELISTOR INJECTION 12MG/0.6ML	5	QL (18 ML per 30 days) ST
RELISTOR TABLET 150MG	5	QL (90 EA per 30 days) ST
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tablet 0.5mg</i>	4	PA
<i>alosetron hydrochloride tablet 1mg</i>	5	PA
<i>diphenoxylate hydrochloride/atropine sulfate tablet 0.025mg; 2.5mg</i>	3	
<i>loperamide hydrochloride capsule 2mg</i>	2	
XERMELO TABLET 250MG	5	QL (90 EA per 30 days) PA
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl solution 10mg/5ml</i>	4	
<i>dicyclomine hydrochloride capsule 10mg</i>	2	
<i>dicyclomine hydrochloride tablet 20mg</i>	2	
<i>glycopyrrolate injection 0.4mg/2ml</i>	4	
<i>glycopyrrolate tablet 1mg, 2mg</i>	3	PA
Gastrointestinal Agents, Other		
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	3	
CTEXLI TABLET 250MG	5	PA
<i>gavilyte-c solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	2	
<i>gavilyte-g solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	
<i>gavilyte-n/flavor pack solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
LIVMARLI SOLUTION 19MG/ML	5	QL (60 ML per 30 days) PA
LIVMARLI SOLUTION 9.5MG/ML	5	QL (90 ML per 30 days) PA
LIVMARLI TABLET 30MG	5	QL (30 EA per 30 days) PA
LIVMARLI TABLET 10MG, 15MG, 20MG	5	QL (60 EA per 30 days) PA
<i>metoclopramide hcl solution 5mg/5ml</i>	2	
<i>metoclopramide hydrochloride tablet 10mg, 5mg</i>	1	
<i>nitroglycerin rectal ointment 0.4%</i>	4	
<i>peg-3350/electrolytes solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
<i>sodium sulfate/potassium sulfate/magnesium sulfate solution 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i>	3	
SUTAB TABLET 225MG; 188MG; 1479MG	3	
<i>ursodiol capsule 300mg</i>	4	
<i>ursodiol tablet 250mg, 500mg</i>	3	
VOQUEZNA TABLET 10MG	4	QL (30 EA per 30 days) PA
VOQUEZNA TABLET 20MG	4	QL (60 EA per 30 days) PA
VOWST CAPSULE 0	5	PA

Drug Name	Drug Tier	Requirements/Limits
XIFAXAN TABLET 200MG	4	PA
XIFAXAN TABLET 550MG	5	PA
Histamine2 (H2) Receptor Antagonists		
<i>famotidine suspension reconstituted 40mg/5ml</i>	4	
<i>famotidine tablet 20mg, 40mg</i>	2	
<i>nizatidine capsule 150mg, 300mg</i>	4	
Protectants		
<i>misoprostol tablet 100mcg, 200mcg</i>	3	
<i>sucralfate suspension 1gm/10ml</i>	4	
<i>sucralfate tablet 1gm</i>	2	
Proton Pump Inhibitors		
<i>esomeprazole magnesium capsule delayed release 20mg, 40mg</i>	2	QL (60 EA per 30 days)
<i>lansoprazole capsule delayed release 15mg, 30mg</i>	2	QL (60 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg</i>	1	QL (60 EA per 30 days)
<i>omeprazole capsule delayed release 20mg, 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)
<i>rabeprazole sodium tablet delayed release 20mg</i>	3	QL (60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine anhydrous powder 0</i>	5	
CERDELGA CAPSULE 84MG	5	PA
CHOLBAM CAPSULE 250MG, 50MG	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	
CYSTAGON CAPSULE 150MG, 50MG	4	
EVRYSDI SOLUTION RECONSTITUTED 0.75MG/ML	5	QL (240 ML per 30 days) PA
FABRAZYME INJECTION 35MG, 5MG	5	PA
<i>l-glutamine packet 5gm</i>	5	PA
<i>miglustat capsule 100mg</i>	5	PA
<i>nitisinone capsule 10mg, 20mg, 2mg, 5mg</i>	5	
ONPATTRO INJECTION 10MG/5ML	5	PA
PROLASTIN-C INJECTION 1000MG/20ML	5	PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 0, 5MG	5	QL (30 EA per 30 days) PA
PYRUKYND TABLET 50MG	5	QL (120 EA per 30 days) PA
PYRUKYND TABLET 20MG, 5MG	5	QL (60 EA per 30 days) PA
REVCovi INJECTION 2.4MG/1.5ML	5	PA
<i>sapropterin dihydrochloride packet 100mg, 500mg</i>	5	PA
<i>sapropterin dihydrochloride tablet 100mg</i>	5	PA
<i>sodium phenylbutyrate powder 3gm/tsp</i>	5	
<i>sodium phenylbutyrate tablet 500mg</i>	5	
STRENSIQ INJECTION 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
SUCRAID SOLUTION 8500UNIT/ML	5	PA
WELIREG TABLET 40MG	5	PA
yargesa capsule 100mg	5	PA
ZELVYSIA PACKET 100MG, 500MG	5	PA
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	3	
Genitourinary Agents		
Antispasmodics, Urinary		
fesoterodine fumarate er tablet extended release 24 hour 4mg, 8mg	4	
GELNIQUE GEL 10%	4	
GEMTESA TABLET 75MG	4	
MYRBETRIQ SUSPENSION RECONSTITUTED ER 8MG/ML	3	
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25MG, 50MG	3	
oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg, 5mg	2	
oxybutynin chloride solution 5mg/5ml	2	
oxybutynin chloride tablet 5mg	2	
solifenacin succinate tablet 10mg, 5mg	2	
tolterodine tartrate er capsule extended release 24 hour 2mg, 4mg	3	
tolterodine tartrate tablet 1mg, 2mg	3	
tropium chloride er capsule extended release 24 hour 60mg	4	
tropium chloride tablet 20mg	3	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er tablet extended release 24 hour 10mg	2	
doxazosin mesylate tablet 1mg, 2mg, 4mg, 8mg	2	
dutasteride capsule 0.5mg	2	
finasteride tablet 5mg	1	
silodosin capsule 4mg, 8mg	4	
tadalafil tablet 2.5mg, 5mg	3	QL (30 EA per 30 days) PA
tamsulosin hydrochloride capsule 0.4mg	1	
terazosin hcl capsule 10mg, 1mg, 5mg	1	
terazosin hydrochloride capsule 2mg	1	
Genitourinary Agents, Other		
acetic acid 0.25% solution 0.25%	1	
bethanechol chloride tablet 10mg, 25mg, 50mg, 5mg	2	
ELMIRON CAPSULE 100MG	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
cortisone acetate tablet 25mg	5	
dexamethasone elixir 0.5mg/5ml	3	
dexamethasone solution 0.5mg/5ml	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tablet 0.1mg</i>	2	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	2	
<i>methylprednisolone dose pack tablet therapy pack 4mg</i>	2	
<i>methylprednisolone tablet 16mg, 32mg, 4mg, 8mg</i>	2	
<i>prednisolone sodium phosphate solution 15mg/5ml</i>	2	
<i>prednisolone sodium phosphate solution 25mg/5ml, 5mg/5ml</i>	4	
<i>prednisolone solution 15mg/5ml</i>	2	
<i>prednisone tablet therapy pack 10mg, 5mg</i>	2	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate solution 0.01%</i>	4	
<i>desmopressin acetate tablet 0.1mg, 0.2mg</i>	3	
GENOTROPIN MINIQUICK INJECTION 0.2MG	4	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
GENOTROPIN INJECTION 12MG, 5MG	5	PA
INCRELEX INJECTION 40MG/4ML	5	PA
ISTURISA TABLET 1MG	5	QL (240 EA per 30 days) PA
ISTURISA TABLET 5MG	5	QL (360 EA per 30 days) PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
<i>danazol capsule 100mg, 200mg, 50mg</i>	4	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	2	PA
<i>testosterone enanthate injection 200mg/ml</i>	3	PA
<i>testosterone pump gel 1.62%</i>	3	PA
<i>testosterone pump gel 12.5mg/act</i>	4	PA
<i>testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm</i>	3	PA
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	4	PA
<i>Estrogens</i>		
<i>abigale lo tablet 0.5mg; 0.1mg</i>	4	
<i>abigale tablet 1mg; 0.5mg</i>	4	
<i>afirmelle tablet 20mcg; 0.1mg</i>	3	
<i>altavera tablet 30mcg; 0.15mg</i>	3	
<i>alyacen 1/35 tablet 35mcg; 1mg</i>	3	
<i>alyacen 7/7/7 tablet 35mcg; 0</i>	3	
<i>amabelz tablet 0.5mg; 0.1mg, 1mg; 0.5mg</i>	4	
<i>amethia tablet 0; 0</i>	4	QL (91 EA per 91 days)
<i>amethyst tablet 20mcg; 90mcg</i>	3	
<i>ashlyna tablet 0; 0</i>	4	QL (91 EA per 91 days)
<i>aubra eq tablet 20mcg; 0.1mg</i>	3	
<i>aurovela 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>aurovela 1/20 tablet 20mcg; 1mg</i>	3	
<i>aurovela fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>aurovela fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>aviane tablet 20mcg; 0.1mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>ayuna tablet 0.03mg; 0.15mg</i>	3	
<i>azurette tablet 0; 0</i>	3	
<i>balziva tablet 35mcg; 0.4mg</i>	3	
<i>blisovi fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>blisovi fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>briellyn tablet 35mcg; 0.4mg</i>	3	
<i>camrese lo tablet 0; 0</i>	4	QL (91 EA per 91 days)
<i>camrese tablet 0; 0</i>	4	QL (91 EA per 91 days)
<i>chateal eq tablet 30mcg; 0.15mg</i>	3	
CLIMARA PRO PATCH WEEKLY 0.045MG/DAY; 0.015MG/DAY	4	
<i>conjugated estrogens tablet 0.3mg, 0.45mg, 0.625mg, 0.9mg, 1.25mg</i>	4	
<i>cryselle-28 tablet 30mcg; 0.3mg</i>	3	
<i>cryselle tablet 30mcg; 0.3mg</i>	3	
<i>dasetta 1/35 tablet 35mcg; 1mg</i>	3	
<i>dasetta 7/7/7 tablet 35mcg; 0</i>	3	
<i>daysee tablet 0; 0</i>	4	QL (91 EA per 91 days)
<i>delyla tablet 20mcg; 0.1mg</i>	3	
<i>desogestrel/ethinyl estradiol tablet 0; 0</i>	3	
<i>dolishale tablet 20mcg; 90mcg</i>	3	
DOTTI PATCH TWICE WEEKLY 0.025MG/24HR, 0.0375MG/24HR, 0.05MG/24HR, 0.075MG/24HR, 0.1MG/24HR	4	
<i>elinest tablet 30mcg; 0.3mg</i>	3	
<i>eluryng ring 0.015mg/24hr; 0.12mg/24hr</i>	4	
<i>enilloring ring 0.015mg/24hr; 0.12mg/24hr</i>	4	
<i>enpresse-28 tablet 0; 0</i>	3	
<i>estarylla tablet 35mcg; 0.25mg</i>	3	
<i>estradiol/norethindrone acetate tablet 0.5mg; 0.1mg, 1mg; 0.5mg</i>	4	
<i>estradiol cream 0.1mg/gm</i>	2	
<i>estradiol gel 0.06%, 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm</i>	4	
<i>estradiol patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	4	
<i>estradiol patch weekly 0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr, 37.5mcg/24hr</i>	3	
<i>estradiol oral tablet 0.5mg, 1mg, 2mg</i>	2	
<i>estradiol vaginal tablet 10mcg</i>	4	
ESTRING RING 7.5MCG/24HR	4	QL (1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol tablet 35mcg; 1mg, 50mcg; 1mg</i>	3	
<i>etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr</i>	3	
<i>falmina tablet 20mcg; 0.1mg</i>	3	
<i>feirza 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>feirza 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
FYAVOLV TABLET 2.5MCG; 0.5MG, 5MCG; 1MG	4	
<i>hailey 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>hailey fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>hailey fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>haloette ring 0.015mg/24hr; 0.12mg/24hr</i>	4	
<i>iclevia tablet 0.03mg; 0.15mg</i>	4	QL (91 EA per 91 days)
<i>introvale tablet 0.03mg; 0.15mg</i>	4	QL (91 EA per 91 days)
<i>jaimiess tablet 0; 0</i>	4	QL (91 EA per 91 days)
<i>jinteli tablet 5mcg; 1mg</i>	4	
<i>jolessa tablet 0.03mg; 0.15mg</i>	4	QL (91 EA per 91 days)
<i>junel 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>junel 1/20 tablet 20mcg; 1mg</i>	3	
<i>junel fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>junel fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>kariva tablet 0; 0</i>	3	
<i>kelnor 1/35 tablet 35mcg; 1mg</i>	3	
<i>kelnor 1/50 tablet 50mcg; 1mg</i>	3	
<i>kurvelo tablet 0.03mg; 0.15mg</i>	3	
<i>larin 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>larin 1/20 tablet 20mcg; 1mg</i>	3	
<i>larin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>larin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>lessina tablet 20mcg; 0.1mg</i>	3	
<i>levonest tablet 0; 0</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	4	QL (91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	3	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0</i>	4	QL (91 EA per 91 days)
<i>levora 0.15/30-28 tablet 0.03mg; 0.15mg</i>	3	
<i>lojaimiess tablet 0; 0</i>	4	QL (91 EA per 91 days)
<i>low-ogestrel tablet 30mcg; 0.3mg</i>	3	
<i>luizza 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>luizza 1/20 tablet 20mcg; 1mg</i>	3	
<i>lutra tablet 20mcg; 0.1mg</i>	3	
<i>lyllana patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	4	
<i>marlissa tablet 0.03mg; 0.15mg</i>	3	
MENEST TABLET 2.5MG	4	
<i>microgestin 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>microgestin 1/20 tablet 20mcg; 1mg</i>	3	
<i>microgestin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>microgestin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>mili tablet 35mcg; 0.25mg</i>	3	
<i>mimvey tablet 1mg; 0.5mg</i>	4	
<i>mono-lynyah tablet 35mcg; 0.25mg</i>	3	
<i>necon 0.5/35-28 tablet 35mcg; 0.5mg</i>	3	
<i>norelgestromin/ethinyl estradiol patch weekly 35mcg/24hr; 150mcg/24hr</i>	4	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	4	
<i>norgestimate/ethinyl estradiol tablet 0; 0, 35mcg; 0.25mg</i>	3	
<i>nortrel 0.5/35 (28) tablet 35mcg; 0.5mg</i>	3	
<i>nortrel 1/35 tablet 35mcg; 1mg</i>	3	
<i>nortrel 7/7/7 tablet 35mcg; 0</i>	3	
<i>nylia 1/35 tablet 35mcg; 1mg</i>	3	
<i>nylia 7/7/7 tablet 35mcg; 0</i>	3	
<i>philith tablet 35mcg; 0.4mg</i>	3	
<i>pimtrea tablet 0; 0</i>	3	
<i>portia-28 tablet 0.03mg; 0.15mg</i>	3	
PREMARIN CREAM 0.625MG/GM	4	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE TABLET 0.625MG; 5MG	4	
PREMPRO TABLET 0.3MG; 1.5MG, 0.45MG; 1.5MG, 0.625MG; 2.5MG, 0.625MG; 5MG	4	
<i>rivelsa tablet 0; 0</i>	4	QL (91 EA per 91 days)
<i>rosyrah tablet 0; 0</i>	4	QL (91 EA per 91 days)
<i>setlakin tablet 0.03mg; 0.15mg</i>	4	QL (91 EA per 91 days)
<i>simliya tablet 0; 0</i>	3	
<i>simpesse tablet 0; 0</i>	4	QL (91 EA per 91 days)
<i>sprintec 28 tablet 35mcg; 0.25mg</i>	3	
<i>sronyx tablet 20mcg; 0.1mg</i>	3	
<i>tarina fe 1/20 eq tablet 20mcg; 75mg; 1mg</i>	3	
<i>tri-estarylla tablet 0; 0</i>	3	
<i>tri-lynyah tablet 0; 0</i>	3	
<i>tri-mili tablet 0; 0</i>	3	
<i>tri-nymyo tablet 0; 0</i>	3	
<i>tri-sprintec tablet 0; 0</i>	3	
<i>tri-vylibra tablet 0; 0</i>	3	
<i>trivora-28 tablet 0; 0</i>	3	
<i>turqoz tablet 30mcg; 0.3mg</i>	3	
VALTYA 1/35 TABLET 35MCG; 1MG	3	
<i>valtya 1/50 tablet 50mcg; 1mg</i>	3	
<i>vienva tablet 20mcg; 0.1mg</i>	3	
<i>viorele tablet 0; 0</i>	3	
<i>volnea tablet 0; 0</i>	3	
<i>vyfemla tablet 35mcg; 0.4mg</i>	3	
<i>vylibra tablet 35mcg; 0.25mg</i>	3	
<i>wera tablet 35mcg; 0.5mg</i>	3	
<i>xulane patch weekly 35mcg/24hr; 150mcg/24hr</i>	3	
<i>yuvaferm tablet 10mcg</i>	4	
<i>zafemy patch weekly 35mcg/24hr; 150mcg/24hr</i>	4	
<i>zovia 1/35 tablet 35mcg; 1mg</i>	3	
Progestins		
<i>camila tablet 0.35mg</i>	2	
<i>deblitane tablet 0.35mg</i>	2	
DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML	3	QL (0.65 ML per 90 days)
<i>emzahh tablet 0.35mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>errin tablet 0.35mg</i>	2	
<i>gallifrey tablet 5mg</i>	2	
<i>heather tablet 0.35mg</i>	2	
<i>incassia tablet 0.35mg</i>	2	
<i>jencycla tablet 0.35mg</i>	2	
LILETTA INTRAUTERINE DEVICE 20.1MCG/DAY	3	
<i>lyleq tablet 0.35mg</i>	2	
<i>lyza tablet 0.35mg</i>	2	
<i>medroxyprogesterone acetate injection 150mg/ml</i>	2	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg</i>	1	
<i>megestrol acetate suspension 40mg/ml</i>	3	
<i>megestrol acetate suspension 625mg/5ml</i>	4	
<i>megestrol acetate tablet 20mg, 40mg</i>	2	
<i>meleya tablet 0.35mg</i>	2	
NEXPLANON INJECTION 68MG	3	
<i>nora-be tablet 0.35mg</i>	2	
<i>norethindrone acetate tablet 5mg</i>	2	
<i>norethindrone tablet 0.35mg</i>	2	
<i>norlyroc tablet 0.35mg</i>	2	
<i>orquidea tablet 0.35mg</i>	2	
<i>progesterone capsule 100mg, 200mg</i>	2	
<i>sharobel tablet 0.35mg</i>	2	
Selective Estrogen Receptor Modifying Agents		
OSPHENA TABLET 60MG	3	QL (30 EA per 30 days) PA
<i>raloxifene hydrochloride tablet 60mg</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
EUTHYROX TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	2	
LEVO-T TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	3	
<i>levothyroxine sodium tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	
LEVOXYL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	2	
<i>liomny tablet 25mcg, 50mcg, 5mcg</i>	2	
<i>liothyronine sodium tablet 25mcg, 50mcg, 5mcg</i>	2	
REZDIFFRA TABLET 100MG, 60MG, 80MG	5	QL (30 EA per 30 days) PA
SYNTHROID TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	3	
UNITHROID TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	2	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
Hormonal Agents, Suppressant (Adrenal or Pituitary)		

Drug Name	Drug Tier	Requirements/Limits
<i>cabergoline tablet 0.5mg</i>	3	
FIRMAGON INJECTION 80MG	4	QL (1 EA per 28 days) PA
FIRMAGON INJECTION 120MG/VIAL	5	QL (4 EA per 365 days) PA
<i>leuprolide acetate injection 1mg/0.2ml</i>	4	PA
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG, 7.5MG	5	QL (1 EA per 28 days) PA
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG, 22.5MG	5	QL (1 EA per 84 days) PA
LUPRON DEPOT (4-MONTH) INJECTION 30MG	5	QL (1 EA per 112 days) PA
LUPRON DEPOT (6-MONTH) INJECTION 45MG	5	QL (1 EA per 168 days) PA
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 15MG, 7.5MG	5	QL (1 EA per 28 days) PA
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG	5	QL (1 EA per 84 days) PA
<i>mifepristone tablet 200mg</i>	4	
<i>mifepristone tablet 300mg</i>	5	QL (120 EA per 30 days) PA
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	5	PA
ORGOVYX TABLET 120MG	5	PA
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	5	QL (60 ML per 30 days) PA
SOMAVERT INJECTION 10MG, 15MG, 20MG, 25MG, 30MG	5	PA
TRELSTAR MIXJECT INJECTION 22.5MG	4	QL (1 EA per 168 days) PA
TRELSTAR MIXJECT INJECTION 11.25MG	4	QL (1 EA per 84 days) PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	2	
<i>propylthiouracil tablet 50mg</i>	2	
Immunological Agents		
<i>Angioedema Agents</i>		
CINRYZE INJECTION 500UNIT	5	PA
<i>icatibant acetate injection 30mg/3ml</i>	5	PA
<i>Immunoglobulins</i>		
BIVIGAM INJECTION 10%, 5GM/50ML	5	PA
GAMASTAN INJECTION 0	3	PA
HIZENTRA INJECTION 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML	5	PA
HYPERHEP B INJECTION 110UNIT/0.5ML	4	B/D
PRIVIGEN INJECTION 10GM/100ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	5	PA
<i>Immunological Agents, Other</i>		
AVTOZMA INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	5	PA
AVTOZMA INJECTION 162MG/0.9ML	5	QL (3.6 ML per 28 days) PA
BENLYSTA INJECTION 200MG/ML	5	PA
COSENTYX SENSOREADY PEN INJECTION 150MG/ML	5	QL (10 ML per 28 days) PA
COSENTYX UNOREADY INJECTION 300MG/2ML	5	QL (10 ML per 28 days) PA
COSENTYX INJECTION 125MG/5ML	5	PA
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	5	QL (10 ML per 28 days) PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL (4.56 ML per 28 days) PA
DUPIXENT INJECTION 300MG/2ML	5	QL (8 ML per 28 days) PA
EBGLYSS INJECTION 250MG/2ML	5	PA
EMPAVELI INJECTION 1080MG/20ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
KINERET INJECTION 100MG/0.67ML	5	PA
ODACTRA TABLET SUBLINGUAL 0; 0	3	QL (30 EA per 30 days) PA
ORENCIA CLICKJECT INJECTION 125MG/ML	5	QL (4 ML per 28 days) PA
ORENCIA INJECTION 50MG/0.4ML	5	QL (1.6 ML per 28 days) PA
ORENCIA INJECTION 87.5MG/0.7ML	5	QL (2.8 ML per 28 days) PA
ORENCIA INJECTION 125MG/ML	5	QL (4 ML per 28 days) PA
OTEZLA TABLET THERAPY PACK 0	5	QL (110 EA per 365 days) PA
RINVOQ LQ SOLUTION 1MG/ML	5	QL (360 ML per 30 days) PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG, 45MG	5	QL (30 EA per 30 days) PA
SKYRIZI PEN INJECTION 150MG/ML	5	QL (1 ML per 28 days) PA
SKYRIZI INJECTION 55MG/0.37ML	5	QL (0.37 ML per 28 days) PA
SKYRIZI INJECTION 150MG/ML	5	QL (1 ML per 28 days) PA
SKYRIZI INJECTION 180MG/1.2ML	5	QL (1.2 ML per 56 days) PA
SKYRIZI INJECTION 360MG/2.4ML	5	QL (2.4 ML per 56 days) PA
SKYRIZI INJECTION 600MG/10ML	5	QL (60 ML per 365 days) PA
STELARA INJECTION 130MG/26ML	5	QL (104 ML per 365 days) PA
STELARA INJECTION 45MG/0.5ML, 90MG/ML	5	QL (3 ML per 84 days) PA
STEQEYMA INJECTION 45MG/0.5ML	3	QL (3 ML per 84 days) PA
STEQEYMA INJECTION 130MG/26ML	5	QL (104 ML per 365 days) PA
STEQEYMA INJECTION 90MG/ML	5	QL (3 ML per 84 days) PA
TAVNEOS CAPSULE 10MG	5	QL (180 EA per 30 days) PA
<i>tofacitinib citrate er tablet extended release 24 hour 11mg, 22mg</i>	5	QL (30 EA per 30 days) PA
<i>tofacitinib citrate solution 1mg/ml</i>	5	QL (300 ML per 30 days) PA
<i>tofacitinib citrate tablet 10mg, 5mg</i>	5	QL (60 EA per 30 days) PA
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS INJECTION 200MG/2ML	5	QL (4 ML per 28 days) PA
TREMFYA PEN INJECTION 100MG/ML	5	QL (2 ML per 56 days) PA
TREMFYA INJECTION 200MG/20ML	5	PA
TREMFYA INJECTION 100MG/ML	5	QL (2 ML per 56 days) PA
TREMFYA INJECTION 200MG/2ML	5	QL (4 ML per 28 days) PA
TYENNE INJECTION 162MG/0.9ML	5	QL (3.6 ML per 28 days) PA
<i>ustekinumab injection 130mg/26ml</i>	5	QL (104 ML per 365 days) PA
<i>ustekinumab injection 45mg/0.5ml, 90mg/ml</i>	5	QL (3 ML per 84 days) PA
VEOPOZ INJECTION 400MG/2ML	5	PA
VYVGART HYTRULO INJECTION 1000MG/5ML; 10000UNIT/5ML	5	QL (20 ML per 28 days) PA
WEZLANA INJECTION 130MG/26ML	5	QL (104 ML per 365 days) PA
WEZLANA INJECTION 45MG/0.5ML, 90MG/ML	5	QL (3 ML per 84 days) PA
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG	5	QL (30 EA per 30 days) PA
XELJANZ SOLUTION 1MG/ML	5	QL (300 ML per 30 days) PA
XELJANZ TABLET 10MG, 5MG	5	QL (60 EA per 30 days) PA
XOLAIR INJECTION 75MG/0.5ML	5	QL (1 ML per 28 days) PA

Drug Name	Drug Tier	Requirements/Limits
XOLAIR INJECTION 150MG	5	QL (8 EA per 28 days) PA
XOLAIR INJECTION 150MG/ML, 300MG/2ML	5	QL (8 ML per 28 days) PA
Immunostimulants		
ACTIMMUNE INJECTION 100MCG/0.5ML	5	PA
BESREMI PEN INJECTION 500MCG/0.5ML	5	PA
BESREMI INJECTION 500MCG/ML	5	PA
PEGASYS INJECTION 180MCG/ML	5	PA
Immunosuppressants		
ADALIMUMAB-AATY 1-PEN KIT INJECTION 80MG/0.8ML	5	QL (3 EA per 28 days) PA
ADALIMUMAB-AATY 1-PEN KIT INJECTION 40MG/0.4ML	5	QL (6 EA per 28 days) PA
ADALIMUMAB-AATY 2-PEN KIT INJECTION 40MG/0.4ML	5	QL (6 EA per 28 days) PA
ADALIMUMAB-AATY 2-SYRINGE INJECTION 20MG/0.2ML	5	QL (2 EA per 28 days) PA
ADALIMUMAB-AATY 2-SYRINGE INJECTION 40MG/0.4ML	5	QL (6 EA per 28 days) PA
<i>adalimumab-aaty cd/uc/hs starter injection 80mg/0.8ml</i>	5	QL (3 EA per 28 days) PA
ADALIMUMAB-ADB M CROHNS/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL (6 EA per 28 days) PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADB M PSORIASIS/UVEITIS STARTER INJECTION 40MG/0.8ML	5	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	5	QL (6 EA per 28 days) PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADB M STARTER PACKAGE FOR PSORIASIS/UVEITIS INJECTION 40MG/0.4ML	5	QL (6 EA per 28 days) PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADB M INJECTION 10MG/0.2ML, 20MG/0.4ML	5	QL (2 EA per 28 days) PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADB M INJECTION 40MG/0.4ML, 40MG/0.8ML	5	QL (6 EA per 28 days) PA; Boehringer Ingelheim labeled products only
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG, 5MG	4	B/D
<i>azathioprine tablet 50mg</i>	2	B/D
<i>cyclosporine modified capsule 100mg, 25mg, 50mg</i>	4	B/D
<i>cyclosporine modified solution 100mg/ml</i>	4	B/D
<i>cyclosporine capsule 100mg, 25mg</i>	4	B/D
ENBREL MINI INJECTION 50MG/ML	5	QL (8 ML per 28 days) PA
ENBREL SURECLICK INJECTION 50MG/ML	5	QL (8 ML per 28 days) PA
ENBREL INJECTION 25MG/0.5ML	5	QL (4 ML per 28 days) PA
ENBREL INJECTION 50MG/ML	5	QL (8 ML per 28 days) PA
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	4	B/D
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	5	B/D
<i>everolimus tablet 0.25mg</i>	4	B/D
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>gengraf capsule 100mg, 25mg</i>	4	B/D
<i>gengraf solution 100mg/ml</i>	4	B/D

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	QL (4 EA per 365 days) PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	QL (6 EA per 365 days) PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL (4 EA per 28 days) PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL (6 EA per 28 days) PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK INJECTION 80MG/0.8ML	5	QL (4 EA per 28 days) PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	QL (6 EA per 365 days) PA
HUMIRA PEN INJECTION 80MG/0.8ML	5	QL (4 EA per 28 days) PA; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	5	QL (6 EA per 28 days) PA
HUMIRA PEN INJECTION 40MG/0.4ML	5	QL (6 EA per 28 days) PA; Abbvie labeled products only
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	5	QL (2 EA per 28 days) PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.8ML	5	QL (6 EA per 28 days) PA
HUMIRA INJECTION 40MG/0.4ML	5	QL (6 EA per 28 days) PA; Abbvie labeled products only
INFLECTRA INJECTION 100MG	5	PA
INFLIXIMAB INJECTION 100MG	5	PA
JYLAMVO SOLUTION 2MG/ML	4	PA
<i>leflunomide tablet 10mg, 20mg</i>	2	
<i>methotrexate sodium injection 1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml</i>	2	
<i>methotrexate sodium tablet 2.5mg</i>	2	
<i>methotrexate injection 50mg/2ml</i>	2	
<i>mycophenolate mofetil capsule 250mg</i>	4	B/D
<i>mycophenolate mofetil suspension reconstituted 200mg/ml</i>	5	B/D
<i>mycophenolate mofetil tablet 500mg</i>	4	B/D
<i>mycophenolic acid dr tablet delayed release 180mg, 360mg</i>	4	B/D
ORENCIA INJECTION 250MG	5	PA
PEGASYS INJECTION 180MCG/0.5ML	5	PA
PROGRAF PACKET 0.2MG, 1MG	4	B/D
RENFLEXIS INJECTION 100MG	5	PA
REZUROCK TABLET 200MG	5	QL (60 EA per 30 days) PA
SANDIMMUNE SOLUTION 100MG/ML	4	B/D
<i>sirolimus solution 1mg/ml</i>	4	B/D
<i>sirolimus tablet 0.5mg, 1mg, 2mg</i>	4	B/D
<i>tacrolimus er capsule extended release 24 hour 0.5mg, 1mg, 5mg</i>	4	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	4	B/D
XATMEP SOLUTION 2.5MG/ML	4	PA
Vaccines		
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	

Drug Name	Drug Tier	Requirements/Limits
AREXVY INJECTION 120MCG/0.5ML	1	QL (1 EA per 999 days)
<i>bcg vaccine injection 50mg</i>	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	3	
DENGVAXIA INJECTION 0	3	
ENGRIX-B INJECTION 10MCG/0.5ML, 20MCG/ML	1	B/D
GARDASIL 9 INJECTION 0.5ML	1	
HAVRIX INJECTION 1440UNIT/ML	1	
HAVRIX INJECTION 720ELU/0.5ML	3	
HEPLISAV-B INJECTION 20MCG/0.5ML	1	B/D
HIBERIX INJECTION 10MCG	1	
IMOVAX RABIES (H.D.C.V.) INJECTION 2.5UNIT/ML	1	B/D
INFANRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	3	
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	3	
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	3	
PEDVAXHIB INJECTION 7.5MCG/0.5ML	3	
PENBRAYA INJECTION 0; 0	1	
PENMENVY INJECTION 0; 0	1	
PENTACEL INJECTION 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
PREHEVBRIO INJECTION 10MCG/ML	1	B/D
PRIORIX INJECTION 0; 0; 0	1	
PROQUAD INJECTION 0; 0; 0; 0	3	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Pre-Filled Syringe
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Single-dose vial
RABAERT INJECTION 0	1	B/D
RECOMBIVAX HB INJECTION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	1	B/D
ROTARIX SUSPENSION 0	3	
ROTATEQ SOLUTION 0	3	
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	

Drug Name	Drug Tier	Requirements/Limits
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	3	
TRUMENBA INJECTION 0.5ML	1	
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	1	
TYPHIM VI INJECTION 25MCG/0.5ML	1	
VAQTA INJECTION 50UNIT/ML	1	
VAQTA INJECTION 25UNIT/0.5ML	3	
VARIVAX INJECTION 1350PFU/0.5ML	1	
VAXCHORA SUSPENSION RECONSTITUTED 0	1	
VAXELIS INJECTION 0; 0; 0; 0; 0; 0	3	
VIMKUNYA INJECTION 40MCG/0.8ML	1	
VIVOTIF CAPSULE DELAYED RELEASE 0	1	
YF-VAX INJECTION 0	1	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
<i>balsalazide disodium capsule 750mg</i>	4	
<i>mesalamine dr tablet delayed release 1.2gm</i>	4	
<i>mesalamine er capsule extended release 24 hour 0.375gm</i>	4	
<i>mesalamine er capsule extended release 500mg</i>	4	
<i>mesalamine enema 4gm</i>	4	
<i>mesalamine kit 4gm</i>	5	
<i>mesalamine suppository 1000mg</i>	4	
SFROWASA ENEMA 4GM/60ML	5	
<i>sulfasalazine tablet delayed release 500mg</i>	2	
<i>sulfasalazine tablet 500mg</i>	2	
Glucocorticoids		
<i>budesonide er tablet extended release 24 hour 9mg</i>	5	
<i>budesonide capsule delayed release particles 3mg</i>	4	
<i>hydrocortisone cream 2.5%</i>	2	
<i>hydrocortisone enema 100mg/60ml</i>	4	
<i>procto-med hc cream 2.5%</i>	2	
<i>proctosol hc cream 2.5%</i>	2	
<i>proctozone-hc cream 2.5%</i>	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium tablet 10mg, 35mg, 5mg</i>	1	
<i>alendronate sodium tablet 70mg</i>	1	QL (4 EA per 28 days)
BONSITY INJECTION 560MCG/2.24ML	5	PA
<i>calcitonin-salmon solution 200unit/act</i>	3	QL (3.7 ML per 30 days)
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	2	
<i>cinacalcet hydrochloride tablet 30mg, 60mg, 90mg</i>	4	
FORTEO INJECTION 560MCG/2.24ML	5	PA
<i>ibandronate sodium tablet 150mg</i>	2	QL (1 EA per 28 days)
JUBBONTI INJECTION 60MG/ML	4	QL (2 ML per 365 days)
OSENVELT INJECTION 120MG/1.7ML	5	PA
<i>paricalcitol capsule 1mcg, 2mcg, 4mcg</i>	3	
RAYALDEE CAPSULE EXTENDED RELEASE 30MCG	5	

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium tablet 30mg, 5mg</i>	4	
<i>risedronate sodium tablet 150mg</i>	4	QL (1 EA per 28 days)
<i>risedronate sodium tablet 35mg</i>	4	QL (4 EA per 28 days)
<i>stoboclo injection 60mg/ml</i>	4	QL (2 ML per 365 days)
<i>teriparatide injection 560mcg/2.24ml</i>	5	PA
TYMLOS INJECTION 3120MCG/1.56ML	5	PA
WYOST INJECTION 120MG/1.7ML	5	PA
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS PAD 70%	3	
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		
CURITY GAUZE PADS 2"X2" 12 PLY PAD	3	
ELLA TABLET 30MG	3	
KYGEVVI PACKET 2GM; 2GM	5	PA
NUTRILIPID INJECTION 20GM/100ML	4	B/D
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5) KIT	3	QL (1 EA per 365 days)
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	3	QL (30 EA per 30 days)
MISCELLANEOUS		
OMNIPOD 5 G7 INTRO KIT (GEN 5) KIT	3	QL (1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5) MISCELLANEOUS	3	QL (30 EA per 30 days)
OMNIPOD 5 LIBRE INTRO KIT KIT	3	QL (1 EA per 365 days)
OMNIPOD 5 LIBRE PODS MISCELLANEOUS	3	QL (30 EA per 30 days)
OMNIPOD CLASSIC PODS (GEN 3) MISCELLANEOUS	3	QL (30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) KIT	3	QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4) KIT	3	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) MISCELLANEOUS	3	QL (30 EA per 30 days)
OMNIPOD GO 10 UNITS/DAY KIT	3	QL (10 EA per 30 days)
OMNIPOD GO 15 UNITS/DAY KIT	3	QL (10 EA per 30 days)
OMNIPOD GO 20 UNITS/DAY KIT	3	QL (10 EA per 30 days)
OMNIPOD GO 25 UNITS/DAY KIT	3	QL (10 EA per 30 days)
OMNIPOD GO 30 UNITS/DAY KIT	3	QL (10 EA per 30 days)
OMNIPOD GO 35 UNITS/DAY KIT	3	QL (10 EA per 30 days)
OMNIPOD GO 40 UNITS/DAY KIT	3	QL (10 EA per 30 days)
RIVFLOZA INJECTION 128MG/0.8ML	5	QL (0.8 ML per 28 days) PA
RIVFLOZA INJECTION 160MG/ML, 80MG/0.5ML	5	QL (1 ML per 28 days) PA
SKYCLARYS CAPSULE 50MG	5	QL (90 EA per 30 days) PA
<i>sodium chloride 0.9% solution 0.9%</i>	2	
V-GO 20 KIT	3	
V-GO 30 KIT	3	
V-GO 40 KIT	3	
VISTOGARD PACKET 10GM	5	

Drug Name	Drug Tier	Requirements/Limits
ZOKINVY CAPSULE 50MG, 75MG	5	QL (120 EA per 30 days) PA
Ophthalmic Agents		
Ophthalmic Agents, Other		
<i>atropine sulfate solution 1%</i>	2	
<i>bacitracin/polymyxin b ointment 500unit/gm; 10000unit/gm</i>	2	
<i>brimonidine tartrate/timolol maleate solution 0.2%; 0.5%</i>	3	
COMBIGAN SOLUTION 0.2%; 0.5%	3	
<i>cyclosporine emulsion 0.05%</i>	3	
CYSTARAN SOLUTION 0.44%	5	QL (60 ML per 28 days)
<i>dorzolamide hcl/timolol maleate solution 20mg/ml; 5mg/ml</i>	2	
<i>loteprednol etabonate/tobramycin suspension 0.5%; 0.3%</i>	4	
MIEBO SOLUTION 1.338GM/ML	4	QL (12 ML per 30 days)
<i>neo-polycin hc ointment 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neo-polycin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/bacitracin zinc ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/bacitracin/hydrocortisone ointment 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/bacitracin ointment 400unit/gm; 5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>neomycin/polymyxin/gramicidin solution 0.025mg/ml; 1.75mg/ml; 10000unit/ml</i>	3	
<i>polycin ointment 500unit/gm; 10000unit/gm</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%</i>	1	
RESTASIS MULTIDOSE EMULSION 0.05%	3	
RESTASIS EMULSION 0.05%	3	
ROCKLATAN SOLUTION 0.005%; 0.02%	3	QL (2.5 ML per 25 days)
SIMBRINZA SUSPENSION 0.2%; 1%	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate solution 0.23%; 10%</i>	2	
TOBRADEX ST SUSPENSION 0.05%; 0.3%	4	
TOBRADEX OINTMENT 0.1%; 0.3%	4	
<i>tobramycin/dexamethasone suspension 0.1%; 0.3%</i>	4	
XIIDRA SOLUTION 5%	4	QL (60 EA per 30 days)
ZYLET SUSPENSION 0.5%; 0.3%	4	
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl ophthalmic solution 0.05%</i>	2	
<i>cromolyn sodium solution 4%</i>	2	
<i>olopatadine hydrochloride solution 0.2%</i>	3	
Ophthalmic Anti-Infectives		
<i>bacitracin ointment 500unit/gm</i>	4	
BESIVANCE SUSPENSION 0.6%	4	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	2	
<i>erythromycin ointment 5mg/gm</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>gatifloxacin solution 0.5%</i>	4	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	
LEVOFLOXACIN OPHTHALMIC SOLUTION 0.5%	3	
<i>moxifloxacin hydrochloride solution 0.5%</i>	2	
NATACYN SUSPENSION 5%	4	
<i>ofloxacin ophthalmic solution 0.3%</i>	2	
<i>sulfacetamide sodium ointment 10%</i>	3	
<i>sulfacetamide sodium solution 10%</i>	2	
<i>tobramycin solution 0.3%</i>	1	
<i>trifluridine solution 1%</i>	4	
XDEMY SOLUTION 0.25%	5	QL (10 ML per 42 days)
ZIRGAN GEL 0.15%	4	
Ophthalmic Anti-inflammatories		
<i>bromfenac sodium solution 0.07%</i>	4	QL (12 ML per 365 days)
<i>dexamethasone sodium phosphate solution 0.1%</i>	3	
<i>diclofenac sodium ophthalmic solution 0.1%</i>	2	
FLAREX SUSPENSION 0.1%	3	
<i>fluorometholone suspension 0.1%</i>	3	
<i>flurbiprofen sodium solution 0.03%</i>	2	
ILEVRO SUSPENSION 0.3%	3	QL (4 ML per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.5%</i>	2	
<i>ketorolac tromethamine ophthalmic solution 0.4%</i>	3	
LOTEMAX SM GEL 0.38%	4	QL (20 GM per 365 days)
<i>prednisolone acetate suspension 1%</i>	3	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl solution 0.5%</i>	3	
<i>carteolol hcl solution 1%</i>	2	
<i>levobunolol hcl solution 0.5%</i>	2	
<i>timolol maleate solution 0.25%, 0.5%</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er capsule extended release 12 hour 500mg</i>	3	
<i>acetazolamide tablet 125mg, 250mg</i>	3	
BRIMONIDINE TARTRATE SOLUTION 0.1%	3	
<i>brimonidine tartrate solution 0.2%</i>	2	
<i>brinzolamide suspension 1%</i>	4	
<i>dorzolamide hydrochloride solution 2%</i>	2	
<i>methazolamide tablet 25mg, 50mg</i>	4	
<i>pilocarpine hydrochloride solution 1%, 2%, 4%</i>	3	
RHOPRESSA SOLUTION 0.02%	3	QL (2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostamide Analogs		
<i>latanoprost solution 0.005%</i>	1	
LUMIGAN SOLUTION 0.01%	3	QL (2.5 ML per 25 days)
VYZULTA SOLUTION 0.024%	4	QL (5 ML per 25 days)
Otic Agents		
Otic Agents		
<i>acetic acid solution 2%</i>	2	
<i>ciprofloxacin/dexamethasone suspension 0.3%; 0.1%</i>	4	
<i>hydrocortisone/acetic acid solution 2%; 1%</i>	4	
<i>neomycin/polymyxin/hc solution 1%; 3.5mg/ml; 10000unit/ml</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin/polymyxin/hydrocortisone suspension 1%; 3.5mg/ml; 10000unit/ml</i>	3	
<i>ofloxacin otic solution 0.3%</i>	2	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	3	QL (30 EA per 30 days)
ASMANEX HFA AEROSOL 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	4	QL (13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 110MCG/INH, 220MCG/INH	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL (1 EA per 30 days)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	QL (120 ML per 30 days) B/D
<i>flunisolide solution 0.025%</i>	4	QL (50 ML per 30 days)
<i>fluticasone propionate suspension 50mcg/act</i>	1	
<i>mometasone furoate suspension 50mcg/act</i>	4	QL (34 GM per 30 days)
QVAR REDHALER AEROSOL BREATH ACTIVATED 40MCG/ACT, 80MCG/ACT	3	QL (21.2 GM per 30 days)
Antihistamines		
<i>azelastine hcl nasal solution 0.15%</i>	2	QL (60 ML per 30 days)
<i>azelastine hydrochloride solution 0.1%</i>	2	QL (60 ML per 30 days)
<i>cetirizine hydrochloride solution 5mg/5ml</i>	2	
<i>cyproheptadine hydrochloride tablet 4mg</i>	4	
<i>diphenhydramine hydrochloride injection 50mg/ml</i>	4	
<i>hydroxyzine hcl tablet 50mg</i>	3	
<i>hydroxyzine hydrochloride syrup 10mg/5ml</i>	4	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	3	
<i>hydroxyzine pamoate capsule 100mg, 25mg, 50mg</i>	4	
<i>levocetirizine dihydrochloride tablet 5mg</i>	2	
Antileukotrienes		
<i>montelukast sodium packet 4mg</i>	2	
<i>montelukast sodium tablet chewable 4mg, 5mg</i>	2	
<i>montelukast sodium tablet 10mg</i>	1	
<i>zafirlukast tablet 10mg, 20mg</i>	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA AEROSOL SOLUTION 17MCG/ACT	4	QL (25.8 GM per 30 days)
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/INH	3	QL (30 EA per 30 days)
<i>ipratropium bromide hfa aerosol solution 17mcg/act</i>	4	QL (25.8 GM per 30 days)
<i>ipratropium bromide nasal solution 0.03%, 0.06%</i>	2	
<i>ipratropium bromide inhalation solution 0.02%</i>	2	QL (312.5 ML per 30 days) B/D
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	3	QL (8 GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>tiotropium bromide capsule 18mcg</i>	4	QL (30 EA per 30 days)
YUPELRI NEBULIZATION SOLUTION 175MCG/3ML	5	QL (90 ML per 30 days) B/D
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL (13.4 GM per 30 days); (6.7 GM Pack Size)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL (17 GM per 30 days); (8.5 GM Pack Size)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL (48 GM per 30 days); (18 GM Pack Size)
<i>albuterol sulfate nebulization solution 2.5mg/0.5ml</i>	2	QL (100 EA per 30 days) B/D
<i>albuterol sulfate nebulization solution 0.083%</i>	2	QL (525 ML per 30 days) B/D
<i>albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	4	QL (375 ML per 30 days) B/D
<i>arformoterol tartrate nebulization solution 15mcg/2ml</i>	4	QL (120 ML per 30 days) PA
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	
<i>formoterol fumarate nebulization solution 20mcg/2ml</i>	4	QL (120 ML per 30 days) B/D
<i>levalbuterol hcl nebulization solution 1.25mg/3ml</i>	4	QL (270 ML per 30 days) B/D
<i>levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml</i>	4	QL (540 ML per 30 days) B/D
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	4	QL (540 ML per 30 days) B/D
<i>levalbuterol tartrate hfa aerosol 45mcg/act</i>	3	QL (30 GM per 30 days)
<i>levalbuterol nebulization solution 1.25mg/0.5ml</i>	4	QL (90 EA per 30 days) B/D
PROAIR RESPICLICK AEROSOL POWDER BREATH ACTIVATED 108MCG/ACT	3	QL (2 EA per 30 days)
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE	3	QL (60 EA per 30 days)
Cystic Fibrosis Agents		
CAYSTON SOLUTION RECONSTITUTED 75MG	5	PA
KALYDECO PACKET 13.4MG, 25MG, 5.8MG, 50MG, 75MG	5	QL (56 EA per 28 days) PA
KALYDECO TABLET 150MG	5	QL (60 EA per 30 days) PA
ORKAMBI TABLET 125MG; 100MG, 125MG; 200MG	5	QL (112 EA per 28 days) PA
PULMOZYME SOLUTION 2.5MG/2.5ML	5	PA
<i>tobramycin nebulization solution 300mg/5ml</i>	5	B/D
TRIKAFTA TABLET THERAPY PACK 100MG; 0; 50MG	5	QL (84 EA per 28 days) PA
Mast Cell Stabilizers		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	3	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast tablet 250mcg, 500mcg</i>	4	PA
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	4	
<i>theophylline er tablet extended release 24 hour 400mg, 600mg</i>	2	
Pulmonary Antihypertensives		
ADEMPAS TABLET 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	5	QL (90 EA per 30 days) PA
<i>alyq tablet 20mg</i>	4	QL (60 EA per 30 days) PA
<i>ambrisentan tablet 10mg, 5mg</i>	5	QL (30 EA per 30 days) PA
<i>macitentan tablet 10mg</i>	5	QL (30 EA per 30 days) PA
OPSUMIT TABLET 10MG	5	QL (30 EA per 30 days) PA
ORENITRAM TITRATION KIT MONTH 1 TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL (336 EA per 365 days) PA

Drug Name	Drug Tier	Requirements/Limits
ORENITRAM TITRATION KIT MONTH 2 TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL (672 EA per 365 days) PA
ORENITRAM TITRATION KIT MONTH 3 TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL (504 EA per 365 days) PA
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	4	PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	5	PA
<i>sildenafil citrate tablet 20mg</i>	3	QL (90 EA per 30 days) PA; (20mg)
<i>tadalafil tablet 20mg</i>	4	QL (60 EA per 30 days) PA
VENTAVIS SOLUTION 10MCG/ML, 20MCG/ML	5	QL (270 ML per 30 days) PA
WINREVAIR INJECTION 0, 45MG, 60MG	5	QL (1 EA per 21 days) PA
Pulmonary Fibrosis Agents		
<i>nintedanib esylate capsule 100mg, 150mg</i>	5	PA
OFEV CAPSULE 100MG, 150MG	5	PA
<i>pirfenidone capsule 267mg</i>	5	PA
<i>pirfenidone tablet 267mg, 534mg, 801mg</i>	5	PA
Respiratory Tract Agents, Other		
ADVAIR HFA AEROSOL 115MCG/ACT; 21MCG/ACT, 230MCG/ACT; 21MCG/ACT, 45MCG/ACT; 21MCG/ACT	3	QL (24 GM per 30 days)
AIRSUPRA AEROSOL 90MCG/ACT; 80MCG/ACT	3	QL (32.1 GM per 30 days)
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/ACT; 25MCG/ACT	3	QL (60 EA per 30 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days)
<i>breynga aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act</i>	4	QL (10.3 GM per 30 days)
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 18MCG/ACT	3	QL (10.7 GM per 30 days)
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	3	QL (23.6 GM per 28 days)
BRONCHITOL CAPSULE 40MG	5	QL (560 EA per 28 days) PA
<i>budesonide/formoterol fumarate dihydrate aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act</i>	4	QL (10.3 GM per 30 days)
COMBIVENT RESPIMAT AEROSOL SOLUTION 100MCG/ACT; 20MCG/ACT	3	QL (8 GM per 30 days)
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	4	QL (13 GM per 30 days) PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL (17.6 GM per 30 days) PA
FASENRA PEN INJECTION 30MG/ML	5	QL (1 ML per 28 days) PA
FASENRA INJECTION 10MG/0.5ML	4	QL (0.5 ML per 28 days) PA
FASENRA INJECTION 30MG/ML	5	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>	2	QL (60 EA per 30 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	2	QL (60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate solution 2.5mg/3ml; 0.5mg/3ml</i>	2	QL (540 ML per 30 days) B/D
NUCALA INJECTION 40MG/0.4ML	5	QL (0.4 ML per 28 days) PA

Drug Name	Drug Tier	Requirements/Limits
NUCALA INJECTION 100MG	5	QL (3 EA per 28 days) PA
NUCALA INJECTION 100MG/ML	5	QL (3 ML per 28 days) PA
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT; 2.5MCG/ACT	3	QL (24 GM per 30 days)
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days)
<i>wixela inhub aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	2	QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	3	PA
<i>methocarbamol tablet 500mg, 750mg</i>	2	
<i>orphenadrine citrate er tablet extended release 12 hour 100mg</i>	3	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
BELSOMRA TABLET 10MG, 15MG, 20MG, 5MG	3	QL (30 EA per 30 days)
<i>eszopiclone tablet 1mg, 2mg, 3mg</i>	4	QL (30 EA per 30 days)
<i>ramelteon tablet 8mg</i>	4	QL (30 EA per 30 days)
<i>temazepam capsule 15mg, 30mg</i>	3	QL (30 EA per 30 days)
<i>zaleplon capsule 5mg</i>	4	QL (30 EA per 30 days)
<i>zaleplon capsule 10mg</i>	4	QL (60 EA per 30 days)
<i>zolpidem tartrate er tablet extended release 12.5mg, 6.25mg</i>	4	QL (30 EA per 30 days)
<i>zolpidem tartrate tablet 10mg, 5mg</i>	2	QL (30 EA per 30 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	4	QL (30 EA per 30 days) PA
<i>armodafinil tablet 50mg</i>	4	QL (60 EA per 30 days) PA
<i>modafinil tablet 100mg, 200mg</i>	3	QL (30 EA per 30 days) PA
<i>sodium oxybate solution 500mg/ml</i>	5	QL (540 ML per 30 days) PA

INDEX

abacavir	30, 31
abacavir sulfate/lamivudine	30
abelcet	19
abigale	52
abigale lo	52
abilify maintena	28
abiraterone acetate	21
abirtega	21
abrysvo	60
acamprosate calcium dr	9
acarbose	33
accutane	44
acebutolol hydrochloride	38
acetaminophen/codeine	8, 9
acetaminophen/codeine phosphate	8
acetazolamide	65
acetazolamide er	65
acetic acid	51, 65
acetic acid 0.25%	51
acitretin	44
acthib	60
actimmune	59
acyclovir	32, 46
acyclovir sodium	32
adacel	60
adalimumab-aaty 1-pen kit	59
adalimumab-aaty 2-pen kit	59
adalimumab-aaty 2-syringe	59
adalimumab-aaty cd/uc/hs starter	59
adalimumab-adbm	59
adalimumab-adbm crohns/uc/hs starter	59
adalimumab-adbm psoriasis/uveitis starter	59
adalimumab-adbm starter package for crohns disease/uc/hs	59
adalimumab-adbm starter package for psoriasis/uveitis	59
adapalene/benzoyl peroxide	44
adbry	45
adefovir dipivoxil	29
adempas	67
advair hfa	68
afirmelle	52
aimovig	20
airsupra	68
akeega	21
ala-cort	45
albendazole	26
albuterol sulfate	67
albuterol sulfate hfa	67
alclometasone dipropionate	45
alcohol prep pads	63
alecensa	22
alendronate sodium	62
alfuzosin hcl er	51
alinia	26

aliskiren	39
allopurinol	20
alosetron hydrochloride	49
alprazolam	32
altavera	52
alunbrig	22
alyacen 1/35	52
alyacen 7/7/7	52
alyq	67
amabelz	52
amantadine hcl	32
ambrisentan	67
amethia	52
amethyst	52
amikacin sulfate	10
amiloride hcl	40
amiloride/hydrochlorothiazide	39
aminosyn ii	47
aminosyn-pf	47
amiodarone hydrochloride	38
amitriptyline hcl	18
amitriptyline hydrochloride	18
amlodipine besylate	38, 39
amlodipine besylate/benazepril hydrochloride	39
amlodipine besylate/valsartan	39
amlodipine/olmesartan medoxomil	39
ammonium lactate	45
amnestem	44
amoxapine	18
amoxicillin	12
amoxicillin/clavulanate potassium	12
amoxicillin/clavulanate potassium er	12
amoxicillin/potassium clavulanate	12
amphetamine/dextroamphetamine	42
amphotericin b	19
amphotericin b liposome	19
ampicillin	12
ampicillin sodium	12
ampicillin/sulbactam	12
ampicillin-sulbactam	12
anagrelide hydrochloride	36
anastrozole	22
anoro ellipta	68
aprepitant	19
aptivus	31
arexvy	61
arformoterol tartrate	67
arikayce	10
aripiprazole	28
aripiprazole odt	28
aristada	28
aristada initio	28
armodafinil	69
arnuity ellipta	66
asenapine maleate sl	28

ashlyna	52	b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16.....	63
asmanex hfa	66	bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm	63
asmanex twisthaler 120 metered doses.....	66	bd insulin syringe ultra-fine/1ml/31g x 8mm	63
asmanex twisthaler 14 metered doses.....	66	bd pen needle/original/ultra-fine/29g x 12.7mm	63
asmanex twisthaler 30 metered doses.....	66	belsomra	69
asmanex twisthaler 60 metered doses.....	66	benazepril hydrochloride	37, 39
aspirin/dipyridamole	37	benazepril hydrochloride/hydrochlorothiazide	39
aspirin/dipyridamole er	37	benlysta	57
astagraf xl	59	benznidazole.....	26
atazanavir	31	benztropine mesylate	26
atazanavir sulfate	31	beqalzi	22
atenolol	38, 39	beqalzi starter pack	22
atenolol/chlorthalidone	39	besivance	64
atomoxetine	43	besremi	59
atomoxetine hydrochloride	43	besremi pen	59
atorvastatin calcium	41	betaine anhydrous	50
atovaquone	26	betamethasone dipropionate	45
atovaquone/proguanil hcl	26	betamethasone dipropionate augmented	45
atovaquone/proguanil hydrochloride	26	betamethasone valerate	45
atropine sulfate	64	betaseron.....	44
atrovent hfa	66	betaxolol hcl.....	38, 65
aubra eq	52	bethanechol chloride	51
augmentin	12	bexarotene.....	26
augtyro	22	bexsero.....	61
aurovela 1.5/30	52	bicalutamide.....	21
aurovela 1/20	52	bicillin l-a	12
aurovela fe 1.5/30	52	biktarvy	30
aurovela fe 1/20	52	bisoprolol fumarate.....	38, 39
austedo.....	43	bisoprolol fumarate/hydrochlorothiazide	39
austedo xr	43	bivigam	57
austedo xr patient titration kit.....	43	bixlenvo	30
auvelity	16	blisovi fe 1.5/30	53
auvelity titration pack.....	16	blisovi fe 1/20	53
aviane	52	bonsity	62
avmapki fakzynja co-pack	22	boostrix	61
avonex	44	bosulif	22
avonex pen	44	bosutinib	23
avtozma	57	braftovi.....	23
ayuna.....	53	breo ellipta	68
ayvakit	22	breyna	68
azathioprine	59	breztri aerosphere	68
azelaic acid	44	briellyn	53
azelastine hcl	64, 66	brimonidine tartrate	64, 65
azelastine hydrochloride.....	66	brimonidine tartrate/timolol maleate.....	64
azilsartan medoxomil	37	brinzolamide	65
azithromycin.....	12	brivaracetam	13
aztreonam.....	10	briviact	13
azurette	53	bromfenac sodium	65
bacitracin	64	bromocriptine mesylate	27
bacitracin/polymyxin b	64	bronchitol	68
baclofen	29	brukinsa	23
balsalazide disodium	62	budesonide	62, 66, 68
balversa	22	budesonide er	62
balziva	53	budesonide/formoterol fumarate dihydrate.....	68
baqsimi one pack	34	bumetanide	40
baqsimi two pack	34	buprenorphine.....	8, 9
baraclude.....	29	buprenorphine hcl	9
bcg vaccine.....	61	buprenorphine hcl/naloxone hcl	9
bd insulin syringe safetyglide/1ml/29g x 1/2.....	63	buprenorphine hydrochloride/naloxone hydrochloride ...	9

bupropion hydrochloride	10, 16, 17	cefuroxime sodium	11
bupropion hydrochloride er (sr)	10, 16	celecoxib	8
bupropion hydrochloride er (xl)	16, 17	cephalexin	11
buspirone hcl	32	cerdelga	50
buspirone hydrochloride	32	cetirizine hydrochloride	66
butalbital/acetaminophen/cafeine	43	chateal eq	53
bysanti	28	chemet	48
bysanti titration pack a	28	chlorhexidine gluconate	44
bysanti titration pack b	28	chloroquine phosphate	26
bysanti titration pack c	28	chlorpromazine hydrochloride	27
cabenuva	30	chlorthalidone	40
cabergoline	57	cholbam	50
cablivi	37	cholestyramine	41
cabometyx	23	cholestyramine light	41
calcipotriene	46	ciclodan	47
calcitonin-salmon	62	ciclopirox	47
calcitriol	62	ciclopirox nail lacquer	47
calcium acetate	48	ciclopirox olamine	47
calquence	23	cilostazol	37
camila	55	cimduo	31
camrese	53	cinacalcet hydrochloride	62
camrese lo	53	cinryze	57
candesartan cilexetil	37, 39	ciprofloxacin hcl	13
candesartan cilexetil/hydrochlorothiazide	39	ciprofloxacin hydrochloride	13, 64
caplyta	28	ciprofloxacin i.v.-in d5w	13
caprelsa	23	ciprofloxacin/dexamethasone	65
captopril	37, 40	cisplatin	21
captopril/hydrochlorothiazide	40	citalopram hydrobromide	17
carbamazepine	15	claravis	44
carbamazepine er	15	clarithromycin	12
carbidopa	27	clarithromycin er	12
carbidopa/levodopa	27	clenpiq	49
carbidopa/levodopa er	27	climara pro	53
carbidopa/levodopa odt	27	clindacin etz pledgets	10
carglumic acid	47	clindamycin hcl	10
carteolol hcl	65	clindamycin hydrochloride	10
cartia xt	39	clindamycin palmitate hydrochloride	10
carvedilol	38	clindamycin phosphate	10, 44, 47
casprofungin acetate	19	clindamycin phosphate/benzoyl peroxide	44
cavhanza	23	clobazam	14
cayston	67	clobetasol propionate	45
cefaclor	11	clobetasol propionate e	45
cefadroxil	11	clomipramine hydrochloride	18
cefazolin	11	clonazepam	14
cefazolin sodium	11	clonazepam odt	14
cefdinir	11	clonidine	37
cefepime	11	clonidine hydrochloride	37
cefepime hydrochloride	11	clopidogrel	37
cefepime/dextrose	11	clorazepate dipotassium	32, 33
cefixime	11	clotrimazole	19, 46
cefotaxime sodium	11	clotrimazole/betamethasone dipropionate	46
cefotetan	11	clozapine	29
cefoxitin sodium	11	clozapine odt	29
cefpodoxime proxetil	11	coartem	26
cefprozil	11	cobenfy	43
ceftaroline fosamil	11	cobenfy starter pack	43
ceftazidime	11	colchicine	20
ceftriaxone sodium	11	colesevelam hydrochloride	41
cefuroxime axetil	11	colestipol hydrochloride	41

colistimethate sodium.....	10
combigan.....	64
combivent respimat.....	68
cometriq.....	23
compro.....	18
conjugated estrogens.....	53
constulose.....	48
copiktra.....	23
cortisone acetate.....	51
cosentyx.....	57
cosentyx sensoready pen.....	57
cosentyx unoready.....	57
cotellic.....	23
creon.....	50
cresemba.....	19
cromolyn sodium.....	50, 64, 67
cryselle.....	53
cryselle-28.....	53
ctexli.....	49
curity gauze pads 2.....	63
cyclobenzaprine hydrochloride.....	69
cyclophosphamide.....	21
cycloserine.....	20
cyclosporine.....	59, 64
cyclosporine modified.....	59
cyproheptadine hydrochloride.....	66
cystagon.....	50
cystaran.....	64
dabigatran etexilate.....	36
dalfampridine er.....	44
danazol.....	52
dantrolene sodium.....	29
danziten.....	23
dapagliflozin.....	33, 41
dapagliflozin/metformin hydrochloride er.....	33
dapsone.....	20
daptacel.....	61
daptomycin.....	10
daptomycin/sodium chloride.....	10
darunavir.....	31
dasatinib.....	23
dasetta 1/35.....	53
dasetta 7/7/7.....	53
daurismo.....	23
daysee.....	53
deblitane.....	55
deferasirox.....	48
delstrigo.....	30
delyla.....	53
demeclocycline hcl.....	13
dengvaxia.....	61
depo-subq provera 104.....	55
descovy.....	31
desipramine hydrochloride.....	18
desmopressin acetate.....	52
desogestrel/ethinyl estradiol.....	53
desonide.....	45
desoximetasone.....	45
desvenlafaxine er.....	17

dexamethasone.....	51, 52, 65
dexamethasone sodium phosphate.....	65
dexmethylphenidate hcl.....	43
dexmethylphenidate hydrochloride.....	43
dextroamphetamine sulfate.....	42
dextroamphetamine sulfate er.....	42
dextromethorphan hydrobromide/quinidine sulfate.....	43
dextrose 5%.....	47
dextrose 5%/sodium chloride 0.45%.....	47
dextrose 5%/sodium chloride 0.9%.....	47
diacomit.....	14
diazepam.....	14, 33
diazepam intensol.....	33
diazoxide.....	34
diclofenac potassium.....	8
diclofenac sodium.....	8, 46, 65
diclofenac sodium dr.....	8
diclofenac sodium er.....	8
dicloxacillin sodium.....	12
dicyclomine hcl.....	49
dicyclomine hydrochloride.....	49
dificid.....	13
diflunisal.....	8
digox.....	38
digoxin.....	38
dihydroergotamine mesylate.....	20
dilantin.....	15
diltiazem hcl.....	39
diltiazem hcl cd.....	39
diltiazem hcl er.....	39
diltiazem hydrochloride.....	39
diltiazem hydrochloride er.....	39
dilt-xr.....	39
dimethyl fumarate.....	44
dimethyl fumarate starterpack.....	44
diphenhydramine hydrochloride.....	66
diphenoxylate hydrochloride/atropine sulfate.....	49
disulfiram.....	9
divalproex sodium dr.....	14
divalproex sodium er.....	14
dofetilide.....	38
dolishale.....	53
donepezil hcl.....	16
donepezil hydrochloride.....	16
doptelet.....	37
dorzolamide hcl/timolol maleate.....	64
dorzolamide hydrochloride.....	65
dotti.....	53
dovato.....	30
doxazosin mesylate.....	51
doxepin hcl.....	18
doxepin hydrochloride.....	18
doxycycline.....	13, 44
doxycycline hyclate.....	13, 44
doxycycline monohydrate.....	13
drizalma sprinkle.....	17
dronabinol.....	19
droxia.....	21
droxidopa.....	37

dulera	68
duloxetine hydrochloride dr	17
dupixent	57
dutasteride	51
ebglyss	45, 57
ec-naproxen	8
econazole nitrate	19
edarbi	37
edarbyclor	40
edurant	30
edurant ped	30
efavirenz	30
efavirenz/emtricitabine/tenofovir disoproxil fumarate	30
efavirenz/lamivudine/tenofovir disoproxil fumarate	30
elinest	53
eliquis	36
eliquis starter pack	36
ella	63
elmiron	51
eltrombopag olamine	36
eluryng	53
emcyt	21
emgality	20
empaveli	57
emsam	17
emtricitabine	30, 31
emtricitabine/rilpivirine/tenofovir disoproxil fumarate	30
emtricitabine/tenofovir disoproxil	31
emtricitabine/tenofovir disoproxil fumarate	31
emtriva	31
emzahh	55
enalapril maleate	37, 40
enalapril maleate/hydrochlorothiazide	40
enbrel	59
enbrel mini	59
enbrel sureclick	59
endocet	9
engerix-b	61
enilloring	53
enoxaparin sodium	36
enpresse-28	53
ensacove	23
entacapone	26
entecavir	29
entresto	40
enulose	48
envarsus xr	59
epidiolex	13
epinephrine	67
epitol	15
eplerenone	41
eprontia	13
ergoloid mesylates	16
ergotamine tartrate/caffeine	20
erivedge	23
erleada	21
erlotinib hydrochloride	23
errin	56
ertapenem sodium	12

ery	47
erythromycin	13, 45, 47, 64
erythromycin dr	13
erythromycin/benzoyl peroxide	45
escitalopram oxalate	17
eslicarbazepine acetate	15
esomeprazole magnesium	50
estarylla	53
estradiol	53
estradiol/norethindrone acetate	53
estring	53
eszopiclone	69
etcamah	21
ethambutol hydrochloride	20
ethosuximide	14
ethynodiol diacetate/ethinyl estradiol	53
etodolac	8
etonogestrel/ethinyl estradiol	53
etravirine	30
eucrisa	45
eulexin	21
euthyrox	56
everolimus	23, 59
evotaz	31
evrysdi	50
exemestane	22
exkivity	23
exxua	17
exxua titration pack	17
ezetimibe	41
ezetimibe/simvastatin	41
fabrazyme	50
falmina	53
famciclovir	32
famotidine	50
fanapt	28
fanapt titration pack a	28
fanapt titration pack b	28
fanapt titration pack c	28
fasenra	68
fasenra pen	68
febuxostat	20
feirza 1.5/30	53
feirza 1/20	53
felbamate	13
felodipine er	38
fenofibrate	41
fenofibrate micronized	41
fenofibric acid dr	41
fentanyl	8, 9
fentanyl citrate oral transmucosal	9
fesoterodine fumarate er	51
fetzima	17
fetzima titration pack	17
fiasp	34
fiasp flextouch	34
fiasp penfill	34
fidaxomicin	13
finacea	45

finasteride	51	gemtesa	51
fingolimod hydrochloride	44	generlac	48
fintepla	13	engraf	59
firmagon	57	genotropin	52
flarex	65	genotropin miniquick	52
flecainide acetate	38	gentamicin sulfate	10, 65
fluconazole	19	gentamicin sulfate pediatric	10
fluconazole in sodium chloride	19	genvoya	30
flucytosine	19	gilotrif	23
fludrocortisone acetate	52	glatiramer acetate	44
flunisolide	66	gleostine	21
fluocinolone acetonide	45	glimepiride	33
fluocinolone acetonide body	45	glipizide	33
fluocinolone acetonide scalp	45	glipizide er	33
fluocinolone acetonide topical	45	glipizide xl	33
fluocinonide	45, 46	glipizide/metformin hydrochloride	33
fluorometholone	65	glucagon emergency kit	34
fluorouracil	46	glucagon emergency kit for low blood sugar	34
fluoxetine hydrochloride	17	glyburide	33
fluphenazine decanoate	27	glyburide micronized	33
fluphenazine hcl	27	glyburide/metformin hydrochloride	33
fluphenazine hydrochloride	27	glycopyrrolate	49
flurbiprofen	8, 65	glyxambi	33
flurbiprofen sodium	65	gomekli	23
fluticasone propionate	46, 66, 68	griseofulvin microsize	19
fluticasone propionate/salmeterol	68	griseofulvin ultramicrosize	19
fluticasone propionate/salmeterol diskus	68	guanfacine hydrochloride	37, 43
fluvastatin	41	guanfacine hydrochloride er	43
fluvastatin sodium er	41	gvoke hypopen 1-pack	34
fluvoxamine maleate	17	gvoke hypopen 2-pack	34
fondaparinux sodium	36	gvoke kit	34
formoterol fumarate	67	gvoke pfs	34
forteo	62	hailey 1.5/30	53
fosamprenavir calcium	31	hailey fe 1.5/30	53
fosfomycin tromethamine	10	hailey fe 1/20	54
fosinopril sodium	37, 40	halobetasol propionate	46
fosinopril sodium/hydrochlorothiazide	40	haloette	54
fotivda	23	haloperidol	27
fragmin	36	haloperidol decanoate	27
fruzaqia	23	haloperidol lactate	27
furosemide	40	havrix	61
fuzeon	31	heather	56
fyavolv	53	heparin sodium	36
fycompa	13	heplisav-b	61
gabapentin	15	hernexeos	23
galantamine hydrobromide	16	hiberix	61
galantamine hydrobromide er	16	hizentra	57
gallifrey	56	humalog	34, 35
gamastan	57	humalog junior kwikpen	34
ganciclovir	29	humalog kwikpen	35
gardasil 9	61	humalog mix 50/50	35
gatifloxacin	65	humalog mix 50/50 kwikpen	35
gavilyte-c	49	humalog mix 75/25	35
gavilyte-g	49	humalog mix 75/25 kwikpen	35
gavilyte-n/flavor pack	49	humatin	10
gavreto	23	humira	60
gefitinib	23	humira pediatric crohns disease starter pack	60
gelnique	51	humira pen	60
gemfibrozil	41	humira pen-cd/uc/hs starter	60

humira pen-pediatric uc starter pack.....	60	inlyta.....	23
humira pen-ps/uv starter.....	60	inqovi.....	23
humulin 70/30.....	35	inrebic.....	22
humulin 70/30 kwikpen.....	35	insulin aspart.....	35
humulin n.....	35	insulin aspart flexpen.....	35
humulin n kwikpen.....	35	insulin aspart penfill.....	35
humulin r.....	35	insulin lispro.....	35
humulin r u-500 (concentrated).....	35	intence.....	30
humulin r u-500 kwikpen.....	35	introvale.....	54
hydralazine hydrochloride.....	42	invega hafyera.....	28
hydrochlorothiazide.....	41	invega sustenna.....	28
hydrocodone bitartrate/acetaminophen.....	9	invega trinza.....	28
hydrocodone/acetaminophen.....	9	ipol inactivated ipv.....	61
hydrocortisone.....	46, 52, 62, 65	ipratropium bromide.....	66, 68
hydrocortisone valerate.....	46	ipratropium bromide hfa.....	66
hydrocortisone/acetic acid.....	65	ipratropium bromide/albuterol sulfate.....	68
hydromorphone hcl.....	9	irbesartan.....	37, 40
hydromorphone hydrochloride.....	9	irbesartan/hydrochlorothiazide.....	40
hydroxychloroquine sulfate.....	26	isentress.....	30
hydroxyurea.....	21	isentress hd.....	30
hydroxyzine hcl.....	66	isoniazid.....	20
hydroxyzine hydrochloride.....	66	isosorbide dinitrate.....	40, 42
hydroxyzine pamoate.....	66	isosorbide dinitrate/hydralazine hydrochloride.....	40
hyperhep b.....	57	isosorbide mononitrate.....	42
hynuo.....	23	isosorbide mononitrate er.....	42
ibandronate sodium.....	62	isotretinoin.....	45
ibrance.....	21, 23	isradipine.....	38
ibtrozi.....	23	isturisa.....	52
ibu.....	8	itovebi.....	22
ibuprofen.....	8	itraconazole.....	19
icatibant acetate.....	57	ivabradine hydrochloride.....	40
iclevia.....	54	ivermectin.....	26
iclusig.....	23	iwilfin.....	22
icosapent ethyl.....	41	ixiaro.....	61
idhifa.....	23	jaimiess.....	54
idvynso.....	30	jakafi.....	23, 24
igalmi.....	33	jakafi xr.....	23
ilevro.....	65	jantoven.....	36
imatinib mesylate.....	23	janumet.....	33
imbruvica.....	23	janumet xr.....	33
imipenem/cilastatin.....	12	januvia.....	33
imipramine hcl.....	18	jardiance.....	41
imipramine hydrochloride.....	18	jaypirca.....	24
imiquimod.....	46	jencycla.....	56
imkeldi.....	23	jentadueto.....	33
imovax rabies (h.d.c.v.).....	61	jentadueto xr.....	33
impavido.....	10	jideytro.....	24
inbrija.....	27	jinteli.....	54
incassia.....	56	jolessa.....	54
increlex.....	52	journavx.....	8
incruse ellipta.....	66	jubbonti.....	62
indapamide.....	41	jublia.....	19
indomethacin.....	8	juluca.....	30
indomethacin er.....	8	junel 1.5/30.....	54
infanrix.....	61	junel 1/20.....	54
inflectra.....	60	junel fe 1.5/30.....	54
infliximab.....	60	junel fe 1/20.....	54
ingrezza.....	43	jylamvo.....	60
inluriyo.....	21	jynarque.....	48

jynneos	61	lenvima 18 mg daily dose	24
kaletra	32	lenvima 20 mg daily dose	24
kalydeco	67	lenvima 24 mg daily dose	24
kariva	54	lenvima 4 mg daily dose	24
kelnor 1/35	54	lenvima 8 mg daily dose	24
kelnor 1/50	54	lessina	54
kerendia	41	letrozole	22
kesimpta	44	leucovorin calcium	22
ketoconazole	19	leukeran	21
ketorolac tromethamine	8, 65	leuprolide acetate	57
ketorolac tromethamine + rfid	8	levalbuterol	67
kineret	58	levalbuterol hcl	67
kinrix	61	levalbuterol hydrochloride	67
kionex	48	levalbuterol tartrate hfa	67
kisqali	22, 24	levetiracetam	14
kisqali femara 200 dose	22	levetiracetam er	14
kisqali femara 400 dose	22	levobunolol hcl	65
kisqali femara 600 dose	22	levocetirizine dihydrochloride	66
klayesta	19	levofloxacin	13, 65
klor-con	47	levofloxacin in d5w	13
klor-con 10	47	levonest	54
klor-con 8	47	levonorgestrel and ethinyl estradiol	54
klor-con m10	47	levonorgestrel/ethinyl estradiol	54
klor-con m15	47	levora 0.15/30-28	54
klor-con m20	47	levo-t	56
kloxxado	10	levothyroxine sodium	56
komzifti	22	levoxyl	56
koselugo	24	lexiva	32
kourzeq	44	l-glutamine	50
krazati	24	libervant	15
kurvelo	54	lidocaine	9, 44
kygevvi	63	lidocaine hydrochloride viscous	44
labetalol hydrochloride	38	lidocaine viscous	44
lacosamide	15	lidocaine/prilocaine	9
lactulose	49	lifyorli	24
lagevrio	32	liletta	56
lamivudine	29, 31	linezolid	10
lamivudine/zidovudine	31	linzess	49
lamotrigine	14	liomny	56
lamotrigine er	14	liothyronine sodium	56
lamotrigine odt	14	lisinopril	37, 40
lamotrigine starter kit/blue	14	lisinopril/hydrochlorothiazide	40
lamotrigine starter kit/green	14	lithium	33
lamotrigine starter kit/orange	14	lithium carbonate	33
lansoprazole	50	lithium carbonate er	33
lantus	35	livmarli	49
lantus solostar	35	livtency	29
lapatinib ditosylate	24	lojaimiess	54
larin 1.5/30	54	lokelma	48
larin 1/20	54	lomustine	21
larin fe 1.5/30	54	lonsurf	22
larin fe 1/20	54	loperamide hydrochloride	49
latanoprost	65	lopinavir/ritonavir	32
lazcluze	22	lorazepam	33
leflunomide	60	lorazepam intensol	33
lenalidomide	21	lorbrena	24
lenvima 10 mg daily dose	24	losartan potassium	37, 40
lenvima 12mg daily dose	24	losartan potassium/hydrochlorothiazide	40
lenvima 14 mg daily dose	24	lotemax sm	65

loteprednol etabonate/tobramycin.....	64	mesna.....	26
lovastatin	41	metformin hydrochloride	33, 34
low-ogestrel	54	metformin hydrochloride er.....	33
loxapine	27	methadone hcl	8
lubiprostone	49	methadone hydrochloride	8
luizza 1.5/30.....	54	methadone hydrochloride intensol	8
luizza 1/20	54	methazolamide	65
lumakras	24	methenamine hippurate.....	10
lumigan	65	methimazole	57
lupron depot (1-month).....	57	methocarbamol	69
lupron depot (3-month).....	57	methotrexate.....	60
lupron depot (4-month).....	57	methotrexate sodium.....	60
lupron depot (6-month).....	57	methsuximide.....	14
lupron depot-ped (1-month).....	57	methyl dopa	37
lupron depot-ped (3-month).....	57	methylphenidate hydrochloride	43
lurasidone hydrochloride	28	methylphenidate hydrochloride er.....	43
lutea	54	methylphenidate hydrochloride er (dif).....	43
lybalvi	28	methylphenidate hydrochloride er (osm).....	43
lyleq	56	methylprednisolone	52
lyllana	54	methylprednisolone dose pack	52
lynparza	24	metoclopramide hcl	49
lysodren	22	metoclopramide hydrochloride.....	49
lytgobi	24	metolazone	41
lyumjev	35	metoprolol succinate er	38
lyumjev kwikpen.....	35	metoprolol tartrate.....	38
lyza.....	56	metronidazole	11, 45
macitentan	67	metronidazole vaginal	11
magnesium sulfate	47	metyrosine	40
malathion	46	mexiletine hydrochloride.....	38
maraviroc.....	31	micafungin	19
marlissa	54	microgestin 1.5/30.....	54
marplan	17	microgestin 1/20.....	54
matulane.....	21	microgestin fe 1.5/30.....	54
matzim la	39	microgestin fe 1/20.....	54
mavyret.....	29, 30	midodrine hydrochloride	37
mayzent.....	44	miebo.....	64
mayzent starter pack.....	44	mifepristone	57
meclizine hcl	18	miglustat	50
meclizine hydrochloride.....	18	mili.....	54
medroxyprogesterone acetate.....	56	milnacipran hydrochloride	44
mefloquine hydrochloride	26	milnacipran hydrochloride titration pack.....	44
megestrol acetate	56	mimrylo.....	36
mekinist	24	mimvey	54
mektovi	24	minocycline hcl.....	13
meleya	56	minocycline hydrochloride	13
meloxicam	8	minoxidil.....	42
memantine hcl titration pak.....	16	mirtazapine	17
memantine hydrochloride	16	mirtazapine odt	17
memantine hydrochloride er	16	misoprostol	50
memantine/donepezil hydrochloride er	16	m-m-r ii	61
menactra.....	61	modafinil	69
menest.....	54	modeyso	22
menquadfi.....	61	moexipril hydrochloride	37
menveo.....	61	molindone hydrochloride	27
mercaptopurine.....	21	mometasone furoate	46, 66
meropenem.....	12	mono-lynyah	54
mesalamine	62	montelukast sodium	66
mesalamine dr	62	morphine sulfate	8, 9
mesalamine er	62	morphine sulfate er	8

mounjaro.....	34	nitroglycerin	42, 49
movantik	49	nitroglycerin transdermal	42
moxifloxacin hydrochloride/sodium hydrochloride	13	nizatidine	50
moxifloxacin hydrochloride	13, 65	nora-be	56
mresvia	61	norelgestromin/ethinyl estradiol	54
multaq.....	38	norethindrone	54, 55, 56
mupirocin	47	norethindrone acetate	54, 55, 56
mycophenolate mofetil	60	norethindrone acetate/ethinyl estradiol	54, 55
mycophenolic acid dr	60	norethindrone acetate/ethinyl estradiol/ferrous fumarate	54
myrbetriq.....	51	norgestimate/ethinyl estradiol	55
nabumetone	8	norlyroc	56
nadolol	38	nortrel 0.5/35 (28)	55
nafticillin sodium	12	nortrel 1/35	55
naloxone hcl.....	10	nortrel 7/7/7	55
naloxone hydrochloride	10	nortriptyline hcl.....	18
naltrexone hydrochloride	9	nortriptyline hydrochloride	18
naproxen.....	8	norvir	32
naproxen dr.....	8	novolin 70/30	35
naproxen sodium	8	novolin 70/30 flexpen	35
naratriptan hcl	20	novolin 70/30 flexpen relion	35
natacyn	65	novolin 70/30 relion	35
nateglinide	34	novolin n	35
nayzilam	14	novolin n flexpen	35
nebivolol hydrochloride.....	38	novolin n flexpen relion	35
necon 0.5/35-28	54	novolin n relion	35
nefazodone hydrochloride	17	novolin r	35
neomycin sulfate	10	novolin r flexpen	35
neomycin/polymyxin/bacitracin	64	novolin r flexpen relion	35
neomycin/polymyxin/bacitracin zinc	64	novolin r relion	35
neomycin/polymyxin/bacitracin/hydrocortisone	64	novolog	35, 36
neomycin/polymyxin/dexamethasone	64	novolog flexpen	35
neomycin/polymyxin/gramicidin	64	novolog flexpen relion	35
neomycin/polymyxin/hc	65	novolog mix 70/30	35
neomycin/polymyxin/hydrocortisone	66	novolog mix 70/30 prefilled flexpen	35
neo-polycin	64	novolog mix 70/30 prefilled flexpen relion	35
neo-polycin hc.....	64	novolog mix 70/30 relion	35
nerlynx	24	novolog penfill	36
neulasta	36	novolog relion	36
neulasta onpro kit.....	36	nubeqa	21
nevirapine	30	nucala	68, 69
nevirapine er	30	nuedexta	43
nexletol	41	nuplazid	28
nexlizet	41	nurtec	20
nexplanon	56	nutrilipid	63
niacin er	41	nyamyc	19
nicotrol ns	10	nylia 1/35	55
nifedipine er	38	nylia 7/7/7	55
nilotinib d-tartrate	24	nystatin	19, 46
nilotinib hydrochloride	24	nystatin/triamcinolone	46
nilutamide	21	nystatin/triamcinolone acetamide	46
nimodipine	38	nystop	19
ninlaro.....	24	octreotide acetate	57
nintedanib esylate	68	odactra	58
nitazoxanide.....	26	odefsey	31
nitisinone	50	odomzo.....	24
nitro-bid	42	ofev	68
nitrofurantoin macrocrystals	11	ofloxacin	65, 66
nitrofurantoin monohydrate.....	11	ogsiveo	22
nitrofurantoin monohydrate/macrocrystals	11		

ojemda.....	22	pacerone.....	38
oljaara.....	24	paliperidone er	28
olanzapine	28	panretin	26
olanzapine odt	28	pantoprazole sodium.....	50
olmesartan medoxomil	37, 40	paricalcitol.....	62
olmesartan medoxomil/hydrochlorothiazide	40	paroxetine hcl	17
olopatadine hydrochloride	64	paroxetine hydrochloride	18
omega-3-acid ethyl esters	41	paxlovid	32
omeprazole.....	50	pazopanib hydrochloride	24
omeprazole dr.....	50	pediarix	61
omnipod 5 dexcom g7g6 intro kit (gen 5).....	63	pedvaxhib	61
omnipod 5 dexcom g7g6 pods (gen 5).....	63	peg-3350/electrolytes	49
omnipod 5 g7 intro kit (gen 5).....	63	peg-3350/nacl/na bicarbonate/kcl.....	49
omnipod 5 g7 pods (gen 5).....	63	pegasys	59, 60
omnipod 5 libre intro kit.....	63	pemazyre.....	24
omnipod 5 libre pods.....	63	penbraya.....	61
omnipod classic pods (gen 3).....	63	penicillamine	48
omnipod dash intro kit (gen 4).....	63	penicillin g sodium.....	12
omnipod dash pdm kit (gen 4).....	63	penicillin v potassium	12
omnipod dash pods (gen 4).....	63	penmenvy	61
omnipod go 10 units/day	63	pentacel.....	61
omnipod go 15 units/day	63	pentamidine isethionate	26
omnipod go 20 units/day	63	pentoxifylline er	40
omnipod go 25 units/day	63	perampanel.....	14
omnipod go 30 units/day	63	perindopril erbumine	37
omnipod go 35 units/day	63	periogard	44
omnipod go 40 units/day	63	permethrin	46
ondansetron hcl	19	perphenazine	27
ondansetron hydrochloride	19	perseris.....	28
ondansetron odt.....	19	phenelzine sulfate	17
onpattro	50	phenobarbital	15
onureg	22	phenytek.....	15
opipza.....	28	phenytoin	15
opsumit.....	67	phenytoin infatabs.....	15
opvee.....	10	phenytoin sodium extended.....	15
oralone dental paste.....	44	phesgo.....	22
orencia.....	58, 60	philith	55
orencia clickject.....	58	pifeltro.....	30
orenitram	67, 68	pilocarpine hydrochloride	44, 65
orenitram titration kit month 1	67	pimecrolimus.....	46
orenitram titration kit month 2	68	pimozide	27
orenitram titration kit month 3	68	pimtrea	55
orgovyx.....	57	pindolol	38
orkambi.....	67	pioglitazone hcl	34
orphenadrine citrate er	69	pioglitazone hcl/metformin hcl	34
orquidea.....	56	pioglitazone hydrochloride.....	34
orserdu	21	piperacillin sodium/tazobactam sodium	12
oseltamivir phosphate	32	piqray 200mg daily dose	24
osenvelt	62	piqray 250mg daily dose	24
osphena.....	56	piqray 300mg daily dose	24
otezla.....	46, 58	pirfenidone	68
oxacillin sodium.....	12	piroxicam	8
oxaprozin	8	pitavastatin calcium.....	41
oxcarbazepine	15	plenamine	48
oxybutynin chloride	51	podofilox	46
oxybutynin chloride er	51	polycin	64
oxycodone hydrochloride	9	polymyxin b sulfate/trimethoprim sulfate	64
oxycodone/acetaminophen.....	9	pomalidomide	21
ozempic	34	pomalyst	21

portia-28	55	pyrazinamide	20
posaconazole	19	pyridostigmine bromide	20
posaconazole dr	19	pyrimethamine	26
potassium chloride	48	pyrukynd	50
potassium chloride er	48	pyrukynd taper pack	50
potassium citrate er	48	qinlock	25
praluent	41	quadracel	61
pramipexole dihydrochloride	27	quetiapine fumarate	28
prasugrel hydrochloride	37	quetiapine fumarate er	28
pravastatin sodium	41	quinapril hydrochloride	38
praziquantel	26	quinapril/hydrochlorothiazide	40
prazosin hydrochloride	37	quinidine sulfate	38
prednisolone	52, 65	quinine sulfate	26
prednisolone acetate	65	qulipta	20
prednisolone sodium phosphate	52	qvar redihaler	66
prednisone	52	rabavert	61
pregabalin	15	rabeprazole sodium	50
prehevbrio	61	raldesy	18
premarin	55	raloxifene hydrochloride	56
premium lidocaine	9	ramelteon	69
prempase	55	ramipril	38
prempo	55	ranolazine er	40
prenatal	48	rasagiline mesylate	27
prevalite	41	rasonque	25
prevymis	29	rayaldee	62
prezcobix	32	rebif	44
prezista	32	rebif rebidose	44
priftin	20	rebif rebidose titration pack	44
primaquine phosphate	26	rebif titration pack	44
primidone	15	recombivax hb	61
priorix	61	relenza diskhaler	32
privigen	57	relistor	49
proair respiclick	67	renflexis	60
probenecid	20	repaglinide	34
probenecid/colchicine	20	repatha	41
prochlorperazine	18	repatha pushttronex system	41
prochlorperazine maleate	18	repatha sureclick	41
procrit	36, 37	restasis	64
procto-med hc	62	restasis multidose	64
proctosol hc	62	retacrit	37
proctozone-hc	62	retevmo	25
progesterone	56	revcovi	50
prograf	60	revuforj	22
prolastin-c	50	rextovy	10
promethazine hcl	18	rexulti	28
promethazine hydrochloride	18	reyataz	32
promethazine hydrochloride plain	18	rezdiffra	56
promethegan	18	rezlidhia	25
propafenone hcl	38	rezurock	60
propafenone hydrochloride	38	rhopressa	65
propafenone hydrochloride er	38	ribavirin	30
propranolol hcl	38	rifabutin	20
propranolol hydrochloride	38	rifampin	20
propranolol hydrochloride er	38	rifapentine	20
propylthiouracil	57	rilpivirine hydrochloride	30
proquad	61	riluzole	43
protriptyline hcl	18	rinvoq	58
prucalopride	49	rinvoq lq	58
pulmozyme	67	risedronate sodium	63

risperidone	28, 29	skyclarys	63
risperidone er	28, 29	skyrizi	58
risperidone odt	29	skyrizi pen	58
ritonavir	32	sodium chloride	48, 63
rivastigmine tartrate	16	sodium chloride 0.45%	48
rivastigmine transdermal system	16	sodium chloride 0.9%	63
rivelsa	55	sodium oxybate	69
rivfloza	63	sodium phenylbutyrate	50
rizatriptan benzoate	20	sodium polystyrene sulfonate	48
rizatriptan benzoate odt	20	sodium sulfate/potassium sulfate/magnesium sulfate	49
rocklatan	64	sofosbuvir/velpatasvir	30
roflumilast	67	solifenacin succinate	51
romvimza	25	soliqua 100/33	34
ropinirole er	27	soltamox	21
ropinirole hcl	27	somavert	57
ropinirole hydrochloride	27	sorafenib	25
rosuvastatin calcium	41	sorafenib tosylate	25
rosyrah	55	sotalol hcl	38
rotarix	61	sotalol hydrochloride	38
rotateq	61	sotalol hydrochloride (af)	38
roweepra	14	spevigo	46
rozlytrek	25	spiriva respimat	66
rubraca	25	spironolactone	40, 41
rufinamide	16	spironolactone/hydrochlorothiazide	40
rukobia	31	spravato 56mg dose	17
rybelsus	34	spravato 84mg dose	17
rydapt	25	sprintec 28	55
rytary	27	spritam	14
sacubitril/valsartan	40	sps	48
sandimmune	60	sronyx	55
santyl	46	ssd	46
sapropterin dihydrochloride	50	stamaril	61
savella	44	stelara	58
savella titration pack	44	steqeyma	58
scemblix	25	stioltio respimat	69
scopolamine	18	stivarga	25
secuado	29	stoboclo	63
selegiline hcl	27	strensiq	50
selenium sulfide	46	streptomycin sulfate	10
selzentry	31	stribild	30
serevent diskus	67	subvenite	14
sertraline hcl	18	subvenite starter kit/blue	14
sertraline hydrochloride	18	subvenite starter kit/green	14
setlakin	55	subvenite starter kit/orange	14
sfrowasa	62	suclaird	51
sharobel	56	sucrafate	50
shingrix	61	sulfacetamide sodium	64, 65
signifor	57	sulfacetamide sodium/prednisolone sodium phosphate	64
sildenafil citrate	68	sulfadiazine	13
silodosin	51	sulfamethoxazole/trimethoprim	13
silver sulfadiazine	46	sulfamethoxazole/trimethoprim ds	13
simbrinza	64	sulfasalazine	62
simliya	55	sulindac	8
simpesse	55	sumatriptan	20
simvastatin	41	sumatriptan succinate	20
sirolimus	60	sunitinib malate	25
sirturo	20	sunlenca	31
sitagliptin phosphate	34	sutab	49
sitagliptin phosphate/metformin hydrochloride	34		

sympazan	15
symtuza	32
synjardy	34
synjardy xr	34
synthroid	56
tabloid	21
tabrecta	25
tacrolimus	46, 60
tacrolimus er	60
tadalafil	51, 68
tafinlar	25
tagrisso	25
talzenna	25
tamoxifen citrate	21
tamsulosin hydrochloride	51
tarina fe 1/20 eq	55
tavneos	58
tazarotene	45
tazicef	11
taztia xt	39
tazverik	25
tdvax	61
teflaro	11
telmisartan	37, 40
telmisartan/hydrochlorothiazide	40
temazepam	69
tenivac	62
tenofovir disoproxil fumarate	31
tepmetko	25
terazosin hcl	51
terazosin hydrochloride	51
terbinafine hcl	19
terconazole	19
teriparatide	63
testosterone	52
testosterone cypionate	52
testosterone enanthate	52
testosterone pump	52
tetanus/diphtheria toxoids-adsorbed adult	62
tetrabenazine	43
tetracycline hydrochloride	13
tevimbra	26
thalamid	21
theophylline er	67
thioridazine hydrochloride	27
thiothixene	27
tiadylt er	39
tiagabine hydrochloride	15
tibsovo	25
ticagrelor	37
ticovac	62
tigecycline	11
timolol maleate	20, 65
tinidazole	11
tiotropium bromide	67
tivicay	30
tivicay pd	30
tizanidine hcl	29
tizanidine hydrochloride	29

tobradex	64
tobradex st	64
tobramycin	10, 64, 65, 67
tobramycin sulfate	10
tobramycin/dexamethasone	64
tofacitinib citrate	58
tofacitinib citrate er	58
tolterodine tartrate	51
tolterodine tartrate er	51
tolvaptan	48
topiramate	14
topotecan hcl	22
topotecan hydrochloride	22
toremifene citrate	21
torpenz	25
torsemide	40
toujeo max solostar	36
toujeo solostar	36
tradjenta	34
tramadol hydrochloride	9
tramadol hydrochloride/acetaminophen	9
trandolapril	38, 40
trandolapril/verapamil hcl er	40
tranexamic acid	37
tranylcypromine sulfate	17
trazodone hydrochloride	18
trecator	21
trelegy ellipta	69
trelstar mixject	57
tremfya	58
tremfya induction pack for crohns disease/ulcerative colitis	58
tremfya pen	58
tresiba	36
tresiba flextouch	36
tretinoin	26, 45
triamcinolone acetonide	44, 46
triamcinolone acetonide dental paste	44
triamterene	40
triamterene/hydrochlorothiazide	40
triderm	46
trientine hydrochloride	48
tri-estarylla	55
trifluoperazine hcl	27
trifluoperazine hydrochloride	27
trifluridine	65
trihexyphenidyl hydrochloride	26
trijardy xr	34
trikafta	67
tri-lynyah	55
trimethoprim	11
tri-mili	55
trimipramine maleate	18
trintellix	18
tri-nymyo	55
tri-sprintec	55
triumeq	31
triumeq pd	31
trivora-28	55

tri-vylibra	55
tropium chloride	51
tropium chloride er	51
trulicity	34
trumenba	62
truqap	25
tryngolza	41
tukysa	25
turalio	25
turqoz	55
twinrix	62
tybost	31
tyenne	58
tymlos	63
typhim vi	62
tyrvaya	10
ubrelvy	20
udenyca	37
udenyca onbody	37
unithroid	56
ursodiol	49
ustekinumab	58
uzedy	29
valacyclovir hydrochloride	32
valchlor	21
valganciclovir	29
valganciclovir hydrochloride	29
valproic acid	14
valsartan	37, 40
valsartan/hydrochlorothiazide	40
valtoco 10 mg dose	15
valtoco 15 mg dose	15
valtoco 20 mg dose	15
valtoco 5 mg dose	15
valtya 1/35	55
valtya 1/50	55
vancomycin hcl	11
vancomycin hydrochloride	11
vanflyta	25
vaqta	62
varenicline starting month	10
varenicline tartrate	10
varenicline tartrate continuing month	10
varivax	62
vaxchora	62
vaxelis	62
velphoro	48
veltassa	48
venclexta	25
venclexta starting pack	25
venlafaxine hydrochloride	18
venlafaxine hydrochloride er	18
ventavis	68
veopoz	58
veozah	43
veppanu	21
verapamil hcl er	39
verapamil hcl sr	39
verapamil hydrochloride	39

verapamil hydrochloride er	39
verapamil hydrochloride sr	39
verquvo	42
versacloz	29
verzenio	25
v-go 20	63
v-go 30	63
v-go 40	63
vienva	55
vigabatrin	15
vigadrone	15
vigafyde	15
vigpoder	15
vilazodone hydrochloride	18
vimkunya	62
violele	55
viracept	32
viread	31
vistogard	63
vitrakvi	25
vivitrol	9
vivotif	62
vizimpro	25
vocabria	30
volnea	55
vonjo	22
voquezna	11, 49
voquezna dual pak	11
voquezna triple pak	11
voranigo	26
voriconazole	19
vosevi	30
vowst	49
vraylar	29
vumerity	44
vyfemla	55
vyjuvek	32
vylibra	55
vyndamax	40
vyvgart hytrulo	20, 58
vyzulta	65
warfarin sodium	36
welireg	51
wera	55
wezlana	58
winrevair	68
wixela inhub	69
wyost	63
xalkori	25
xarelto	36
xarelto starter pack	36
xatmep	60
xcopri	16
xdemvy	65
xeljanz	58
xeljanz xr	58
xermelo	49
xifaxan	50
xigduo xr	34

xiidra.....	64
xocova.....	32
xofluza.....	32
xolair.....	58, 59
xolremdi.....	37
xospata.....	25
xpovio.....	25, 26
xpovio 60 mg twice weekly.....	25
xpovio 80 mg twice weekly.....	26
xtampza er.....	8
xtandi.....	21
xulane.....	55
yargesa.....	51
yf-vax.....	62
yonsa.....	21
yulithira.....	26
yupelri.....	67
yuvafem.....	55
zafemy.....	55
zafirlukast.....	66
zaleplon.....	69
zarxio.....	37
zejula.....	26

zelboraf.....	26
zelvysia.....	51
zenatane.....	45
zenbexus.....	22
zenpep.....	51
zidovudine.....	31
ziprasidone hcl.....	29
ziprasidone mesylate.....	29
zirgan.....	65
zokinvy.....	64
zolinza.....	22
zolmitriptan.....	20
zolpidem tartrate.....	69
zolpidem tartrate er.....	69
zonisade.....	16
zonisamide.....	16
zovia 1/35.....	55
ztalmy.....	15
zurzuvae.....	17
zydelig.....	26
zykadia.....	26
zylet.....	64
zyprexa relprevv.....	29