

2027

Formulary

List of
Covered Drugs
or “Drug List”



HMO

Medicare Advantage Plans

Blue Best Life Classic (HMO)

Blue Best Life Plus (HMO)

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

Formulary ID: 27414

This formulary was updated on 08/06/2026. For more recent information or other questions, please contact Blue Cross® Blue Shield® of Arizona (AZ Blue) **Member Services** at **480-937-0409** (in Arizona) or toll-free at **1-800-446-8331**, (TTY users should call **711**), 8 a.m. to 8 p.m., Monday through Friday, from April 1 to September 30, and seven days a week from October 1 to March 31, or visit azblue.com/medicare.



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Note to existing members:

This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to "we," "us," or "our," it means AZ Blue. When it refers to "plan" or "our plan," it means Blue Best Life (HMO).

This document includes a Drug List (formulary) for our plan which is current as of August 06, 2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

Introduction

What is the Blue Cross Blue Shield of Arizona (AZ Blue) formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by AZ Blue in consultation with a team of healthcare providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. AZ Blue will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an AZ Blue network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

Most changes in drug coverage happen on January 1, but AZ Blue may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: [azblue.com/MAPDDocs](https://www.azblue.com/MAPDDocs).

Changes that can affect you this year:

In the below cases, you will be affected by coverage changes during the year:

- **Immediate substitutions of certain new versions of brand-name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand-name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.
 - We can make these immediate changes only if we are adding a new generic version of a brand-name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).
 - If you are currently taking the brand-name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover you for the drug that is being changed. For more information, see the section below titled "How do I request an exception to the AZ Blue formulary?"
- Some of these drug types may be new to you. For more information, see the section below titled "What are original biological products and how are they related to biosimilars?"

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines it should be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits, and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

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

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

The enclosed formulary is current as of August 06, 2026. To get updated information about the drugs covered by AZ Blue, please contact us. Our contact information appears on the front and back cover pages. If non-maintenance changes are made to the formulary during the plan year, changes to the AZ Blue's formulary are posted on our website at azblue.com/MAPDDocs.

How do I use the formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 68. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

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

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

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

- **Prior Authorization (PA):** AZ Blue requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from AZ Blue based on specific criteria before you fill your prescriptions. If you don't get approval, AZ Blue may not cover the drug.
- **Quantity Limits (QL):** For certain drugs, AZ Blue limits the amount of the drug that AZ Blue will cover. For example, AZ Blue provides 30 capsules per prescription for temazepam. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy (ST):** In some cases, AZ Blue requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, AZ Blue may not cover Drug B unless you try Drug A first. If Drug A does not work for you, AZ Blue will then cover Drug B.

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

You can ask AZ Blue to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the AZ Blue formulary?" on page v for information about how to request an exception.

What if my drug is not on the formulary?

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

If you learn that AZ Blue does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by AZ Blue. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by AZ Blue.
- You can ask AZ Blue to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the AZ Blue formulary?

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

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

Generally, AZ Blue will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 108 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 108 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 108 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you are taking a non-formulary drug and experience a level of care change, such as when you have been discharged from a hospital or skilled nursing facility, you can ask us to cover a temporary supply of your drug.

For more information

For more detailed information about your AZ Blue prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about AZ Blue, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

Blue Cross Blue Shield of Arizona (AZ Blue) formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by AZ Blue. If you have trouble finding your drug in the list, turn to the Index that begins on page 68.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., TRULICITY) and generic drugs are listed in lowercase italics (e.g., *dulaglutide*).

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

The abbreviations you may see in the drug listing include:

- B/D:** This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- EA:** Each.
- ED:** This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
- MO:** Mail-Order Drug. This prescription drug is available through a mail-order service.
- NDS:** Non-Extended Day Supply. This prescription drug is not available for an extended days' supply.
- PA:** Prior Authorization. AZ Blue requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from AZ Blue before you fill your prescriptions. If you don't get approval, AZ Blue may not cover the drug.
- PA NSO:** Prior authorization for New Starts Only. This prescription drug requires prior authorization only for members starting therapy and does not apply to members already using the drug.
- QL:** Quantity Limit. For certain drugs, AZ Blue limits the amount of the drug that AZ Blue will cover. For example, AZ Blue provides 30 tablets per prescription for Januvia. This may be in addition to a standard one-month or three-month supply.
- ST:** Step Therapy. In some cases, AZ Blue requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, AZ Blue may not cover drug B unless you try Drug A first. If Drug A does not work for you, AZ Blue will then cover Drug B.

Stages of the Part D Prescription Drug Benefit

There are three drug payment stages: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

Beginning in 2025, a new payment plan option was created to help Medicare beneficiaries manage their out-of-pocket Part D drug costs, called the Medicare Prescription Payment Plan. It is available to anyone with a Medicare drug plan or Medicare health plan with drug coverage. Participation in the program is voluntary. This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan's full cost for covered Part D brand-name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

STAGE 1: Yearly Deductible Stage

The AZ Blue Medicare Advantage plans have no deductible for Tiers 1, 2, & 6. There is a **\$500** deductible for Tiers 3, 4, & 5.

STAGE 2: Initial Coverage Stage

Each time you get a prescription filled, the cost of the drug (this is the amount both you and AZ Blue pay) is tracked by your plan. During the Initial Coverage Stage, the plan pays its share of the cost of your covered prescription drugs, and you pay your share (your copayment or coinsurance amount). Your share of the cost will vary depending on the drug and where you fill your prescription. Once you reach this limit of **\$2,400**, you move to Stage 3, the Catastrophic Coverage Stage.

STAGE 3: Catastrophic Coverage Stage

If you reach the Catastrophic Coverage Stage, **you pay nothing** for your covered Part D drugs.

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan's full cost for covered Part D brand-name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

AZ Blue Prescription Benefit Charts

Each drug that is covered by your Plan is grouped into one of six (6) tiers. In general, the lower the tier number, the lower your cost for the drug. The following chart shows how the drugs are grouped.

Tier 1	Preferred Generic
Tier 2	Generic
Tier 3	Preferred Brand
Tier 4	Non-Preferred Drug
Tier 5	Specialty
Tier 6	Select Care Drugs

The cost for drugs on each tier depends on which AZ Blue plan you are in. On the following page, there are charts designed to help you understand what you will pay for your drugs. Find the chart for your plan, and in the last row of each table, you will see what your copayment (a dollar amount) or coinsurance (a percentage amount) will be for the different tiers in your plan. Each plan chart page includes a smaller chart which indicates what your costs will be for a 90-day supply of drugs (a 100-day supply for drugs in Tiers 1, 2, and 6) when ordered from our Mail-Order Pharmacy or some retail pharmacies.

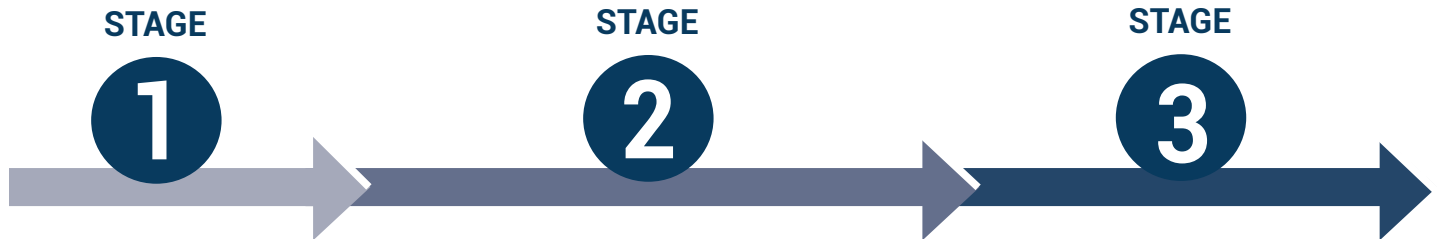
The following charts show what your costs will be for each AZ Blue Medicare plan during each of the three coverage stages.

What You Pay as a Member of This Plan

Blue Best Life Classic (HMO)
(H0302-006)
(H0302-008)

Maricopa, Pima,
and Pinal Counties

\$0 Monthly Premium



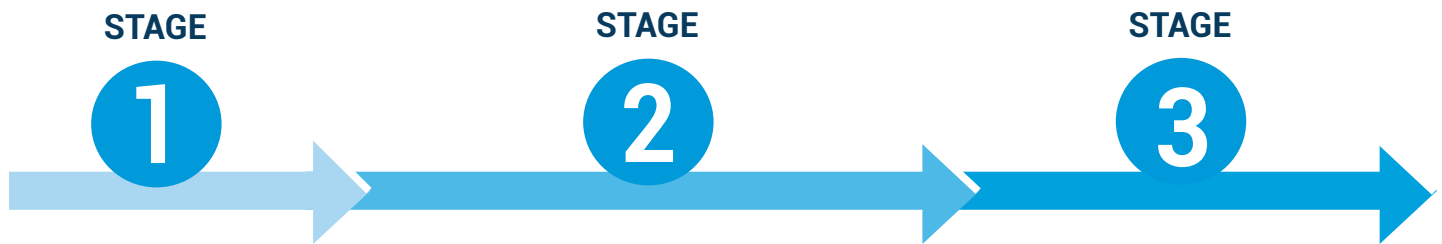
Yearly Deductible Stage	Initial Coverage Stage Up to \$2,400 spent toward covered drugs – based on member's total out-of-pocket costs		Catastrophic Coverage Stage This stage begins when your total out-of-pocket drug costs reach \$2,400
	30-Day Supply (Retail or Mail Order)	90 to 100-Day Supply (Retail or Mail Order)	
There is no deductible for drugs on tiers 1, 2, & 6. There is a \$500 deductible for drugs on tiers 3, 4, & 5.			
Tier 1: Preferred Generic	\$0 copayment	\$0 copayment (100-day supply)	Generic \$0 copayment Brand Name \$0 copayment
Tier 2: Generic	\$9 copayment	\$9 copayment (100-day supply)	
Tier 3: Preferred Brand	20% coinsurance You pay \$35 per month supply of each covered insulin product on this tier.	20% coinsurance You pay \$105 (90-day supply) for each covered insulin product on this tier.	
Tier 4: Non-Preferred Drug	28% coinsurance You pay \$35 per month supply of each covered insulin product on this tier.	28% coinsurance You pay \$105 (90-day supply) for each covered insulin product on this tier.	
Tier 5: Specialty	28% coinsurance You pay \$35 per month supply of each covered insulin product on this tier.	Not Offered	
Tier 6: Select Care Drugs	\$0 copayment	\$0 copayment	

What You Pay as a Member of This Plan

**Maricopa and
Pinal Counties**

Blue Best Life Plus (HMO)
(H0302-001)

\$49 Monthly Premium



STAGE 1 Yearly Deductible Stage There is no deductible for drugs on tiers 1, 2, & 6. There is a \$500 deductible for drugs on tiers 3, 4, & 5.	STAGE 2 Initial Coverage Stage Up to \$2,400 spent toward covered drugs – based on member's total out-of-pocket costs		STAGE 3 Catastrophic Coverage Stage This stage begins when your total out-of-pocket drug costs reach \$2,400
	30-Day Supply (Retail or Mail Order)	90 to 100-Day Supply (Retail or Mail Order)	
Tier 1: Preferred Generic	\$0 copayment	\$0 copayment (100-day supply)	Generic \$0 copayment Brand Name \$0 copayment
Tier 2: Generic	\$9 copayment	\$9 copayment (100-day supply)	
Tier 3: Preferred Brand	20% coinsurance You pay \$35 per month supply of each covered insulin product on this tier.	20% coinsurance You pay \$105 (90-day supply) for each covered insulin product on this tier.	
Tier 4: Non-Preferred Drug	28% coinsurance You pay \$35 per month supply of each covered insulin product on this tier.	28% coinsurance You pay \$105 (90-day supply) for each covered insulin product on this tier.	
Tier 5: Specialty	28% coinsurance You pay \$35 per month supply of each covered insulin product on this tier.	Not Offered	
Tier 6: Select Care Drugs	\$0 copayment	\$0 copayment	

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>Analgesics</i>		
JOURNAVX TABLET 50MG	4	QL(30 EA per 90 days)
<i>Nonsteroidal Anti-inflammatory Drugs</i>		
<i>celecoxib capsule 100mg, 200mg, 400mg, 50mg</i>	2	QL(60 EA per 30 days)
<i>diclofenac potassium tablet 50mg</i>	3	
<i>diclofenac sodium dr tablet delayed release 25mg, 50mg, 75mg</i>	2	
<i>diclofenac sodium er tablet extended release 24 hour 100mg</i>	3	
<i>diclofenac sodium topical solution 1.5%</i>	4	QL(300 ML per 30 days); PA
<i>ec-naproxen tablet delayed release 500mg</i>	4	
<i>etodolac capsule 200mg, 300mg</i>	3	
<i>etodolac tablet 400mg, 500mg</i>	3	
<i>flurbiprofen tablet 100mg, 50mg</i>	2	
<i>ibuprofen suspension 100mg/5ml</i>	2	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	
<i>ibu tablet 400mg, 600mg, 800mg</i>	1	
<i>indomethacin er capsule extended release 75mg</i>	3	
<i>indomethacin capsule 25mg, 50mg</i>	2	
<i>ketorolac tromethamine +rfd injection 30mg/ml</i>	4	
<i>ketorolac tromethamine injection 15mg/ml, 30mg/ml, 60mg/2ml</i>	4	
<i>ketorolac tromethamine tablet 10mg</i>	4	QL(20 EA per 30 days)
<i>meloxicam tablet 15mg, 7.5mg</i>	1	
<i>nabumetone tablet 500mg, 750mg</i>	2	
<i>naproxen dr tablet delayed release 375mg</i>	2	
<i>naproxen dr tablet delayed release 500mg</i>	4	
<i>naproxen sodium tablet 275mg, 550mg</i>	3	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	
<i>oxaprozin tablet 600mg</i>	3	
<i>piroxicam capsule 10mg, 20mg</i>	3	
<i>sulindac tablet 150mg, 200mg</i>	2	
<i>Opioid Analgesics, Long-acting</i>		
<i>buprenorphine patch weekly 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr, 7.5mcg/hr</i>	4	QL(4 EA per 28 days); NDS
<i>fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	4	NDS
<i>methadone hcl solution 5mg/5ml</i>	3	NDS
<i>methadone hcl tablet 10mg, 5mg</i>	2	NDS

Last Updated: 08/06/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hydrochloride intensol concentrate 10mg/ml</i>	3	NDS
<i>methadone hydrochloride concentrate 10mg/ml</i>	3	NDS
<i>methadone hydrochloride solution 10mg/5ml</i>	3	NDS
<i>morphine sulfate er tablet extended release 100mg, 15mg, 200mg, 30mg, 60mg</i>	3	NDS
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5MG, 18MG, 27MG, 36MG, 9MG	3	NDS
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>	3	NDS
<i>acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg, 300mg; 60mg</i>	2	NDS
<i>endocet tablet 325mg; 5mg</i>	2	NDS
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	3	NDS
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	3	NDS
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg</i>	2	NDS
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	2	NDS
<i>hydromorphone hcl injection 10mg/ml, 4mg/ml</i>	4	NDS
<i>hydromorphone hcl tablet 2mg, 4mg</i>	2	NDS
<i>hydromorphone hcl tablet 8mg</i>	4	NDS
<i>hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	4	NDS
<i>morphine sulfate injection 10mg/ml, 4mg/ml</i>	2	NDS
<i>morphine sulfate oral solution 100mg/5ml, 10mg/5ml, 20mg/5ml</i>	3	NDS
<i>morphine sulfate tablet 15mg, 30mg</i>	3	NDS
<i>oxycodone hydrochloride solution 5mg/5ml</i>	3	NDS
<i>oxycodone hydrochloride tablet 10mg, 15mg, 5mg</i>	2	NDS
<i>oxycodone hydrochloride tablet 20mg, 30mg</i>	3	NDS
<i>oxycodone/acetaminophen tablet 325mg; 5mg</i>	2	NDS
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	3	NDS
<i>tramadol hydrochloride/acetaminophen tablet 325mg; 37.5mg</i>	2	NDS
<i>tramadol hydrochloride tablet 50mg</i>	1	NDS
Anesthetics		
Local Anesthetics		
<i>lidocaine/prilocaine cream 2.5%; 2.5%</i>	2	QL(30 GM per 30 days); PA
<i>lidocaine ointment 5%</i>	3	QL(150 GM per 30 days); PA
<i>lidocaine patch 5%</i>	4	QL(90 EA per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr tablet delayed release 333mg</i>	4	
<i>disulfiram tablet 250mg, 500mg</i>	3	

Last Updated: 08/06/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>naltrexone hydrochloride tablet 50mg</i>	2	
VIVITROL INJECTION 380MG	5	
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg, 8mg; 2mg</i>	2	
<i>buprenorphine hcl tablet sublingual 2mg, 8mg</i>	2	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	3	
Opioid Reversal Agents		
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	
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)
<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	QL(235.2 ML per 28 days); 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	QL(60 EA per 30 days)
<i>tobramycin sulfate injection 1.2gm/30ml, 1.2gm, 10mg/ml, 80mg/2ml</i>	4	
Antibacterials, Other		
<i>aztreonam injection 1gm, 2gm</i>	4	
<i>clindacin etz pledgets swab 1%</i>	3	QL(69 EA per 30 days)
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	3	
<i>clindamycin phosphate swab 1%</i>	3	QL(69 EA per 30 days)
<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	
<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	
SIVEXTRO INJECTION 200MG	5	QL(6 EA per 30 days)
SIVEXTRO TABLET 200MG	5	QL(6 EA per 30 days)
<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	
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	
<i>cefazolin injection 2gm, 3gm</i>	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/dextrose injection 1gm/50ml; 5%</i>	4	
<i>cefepime injection 1gm/50ml, 1gm, 2gm/100ml, 2gm</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<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	
Beta-lactam, Penicillins		
<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 500mg; 125mg, 875mg; 125mg</i>	2	
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	4	
<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, 1gm, 250mg, 2gm, 500mg</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>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>nafcillin 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 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	
<i>erythromycin dr tablet delayed release 250mg, 333mg, 500mg</i>	4	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	4	
<i>fidaxomicin tablet 200mg</i>	5	QL(20 EA per 10 days)
Quinolones		
<i>ciprofloxacin hcl tablet 750mg</i>	1	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%, 400mg/200ml; 5%</i>	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	

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Drug Name	Drug Tier	Requirements/Limits
<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>	4	
<i>minocycline hcl capsule 75mg</i>	3	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	3	
<i>tetracycline hydrochloride capsule 250mg, 500mg</i>	3	
Anticonvulsants		
<i>Anticonvulsants, Other</i>		
<i>brivaracetam solution 10mg/ml</i>	4	QL(600 ML per 30 days); PA NSO
<i>brivaracetam tablet 10mg</i>	4	PA NSO
<i>brivaracetam tablet 100mg, 25mg, 50mg, 75mg</i>	4	QL(60 EA per 30 days); PA NSO
EPIDIOLEX SOLUTION 100MG/ML	5	PA NSO
<i>felbamate suspension 600mg/5ml</i>	4	
<i>felbamate tablet 400mg, 600mg</i>	4	
FINTEPLA SOLUTION 2.2MG/ML	5	QL(360 ML per 30 days); PA NSO
<i>lamotrigine er tablet extended release 24 hour 100mg, 200mg, 250mg, 25mg, 300mg, 50mg</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</i>	4	
<i>levetiracetam tablet disintegrating soluble 500mg</i>	4	QL(60 EA per 30 days)
<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 10mg, 12mg, 2mg, 4mg, 6mg, 8mg</i>	4	QL(30 EA per 30 days)
<i>roweepra tablet 500mg</i>	2	
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	4	
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	4	QL(60 EA per 30 days)
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	QL(480 ML per 30 days)
<i>clobazam tablet 10mg, 20mg</i>	4	QL(60 EA per 30 days)
<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 NSO
DIACOMIT PACKET 250MG, 500MG	5	PA NSO
<i>diazepam gel 2.5mg, 20mg</i>	4	
<i>diazepam gel 10mg</i>	4	QL(5 EA per 30 days)
<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	
<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)
<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 5MG	4	QL(60 EA per 30 days)
SYMPAZAN FILM 10MG, 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)

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Drug Name	Drug Tier	Requirements/Limits
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 NSO
<i>vigabatrin tablet 500mg</i>	5	QL(180 EA per 30 days); PA NSO
<i>vigadrone packet 500mg</i>	5	PA NSO
<i>vigadrone tablet 500mg</i>	5	QL(180 EA per 30 days); PA NSO
VIGAFYDE SOLUTION 100MG/ML	5	PA NSO
ZTALMY SUSPENSION 50MG/ML	5	PA NSO
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>eslicarbazepine acetate tablet 400mg</i>	4	
<i>eslicarbazepine acetate tablet 200mg</i>	4	QL(30 EA per 30 days)
<i>eslicarbazepine acetate tablet 600mg, 800mg</i>	4	QL(60 EA per 30 days)
<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	
<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	QL(56 EA per 365 days); PA NSO; (14 X 12.5 MG & 14 X 25 MG)
XCOPRI TABLET THERAPY PACK 0	5	PA NSO; 150 MG & 200 MG TABS (350 MG DAILY DOSE)
XCOPRI TABLET THERAPY PACK 0	5	QL(56 EA per 28 days); PA NSO; (14 X 150 MG & 14 X 200 MG)
XCOPRI TABLET THERAPY PACK 0	5	QL(56 EA per 28 days); PA NSO; 100 MG & 150 MG TABS (250 MG DAILY DOSE)

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Drug Name	Drug Tier	Requirements/Limits
XCOPRI TABLET THERAPY PACK 0	5	QL(56 EA per 365 days); PA NSO; (14 X 50 MG & 14 X 100 MG)
XCOPRI TABLET 100MG, 25MG, 50MG	5	QL(30 EA per 30 days); PA NSO
XCOPRI TABLET 150MG, 200MG	5	QL(60 EA per 30 days); PA NSO
ZONISADE SUSPENSION 100MG/5ML	4	ST NSO
<i>zonisamide capsule 100mg, 25mg, 50mg</i>	2	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
LEQEMBI IQLIK INJECTION 360MG/1.8ML	5	QL(7.2 ML per 28 days); PA
<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>	4	
<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)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	2	QL(90 EA per 30 days)
<i>bupropion hydrochloride tablet 100mg</i>	2	QL(120 EA per 30 days)
<i>bupropion hydrochloride tablet 75mg</i>	2	QL(180 EA per 30 days)
EXXUA TITRATION PACK TABLET EXTENDED RELEASE 24 HOUR 18.2MG	5	QL(30 EA per 30 days); ST NSO

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Drug Name	Drug Tier	Requirements/Limits
EXXUA TABLET EXTENDED RELEASE 24 HOUR 18.2MG, 36.3MG, 54.5MG, 72.6MG	5	QL(30 EA per 30 days); ST NSO
<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 0	5	PA NSO
SPRAVATO 84MG DOSE SOLUTION THERAPY PACK 0	5	PA NSO
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA NSO
ZURZUVAE CAPSULE 20MG, 25MG	5	QL(28 EA per 14 days); PA NSO
Monoamine Oxidase Inhibitors		
EMSAM PATCH 24 HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR	5	QL(30 EA per 30 days); ST NSO
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	QL(600 ML per 30 days)
<i>citalopram hydrobromide tablet 10mg, 20mg, 40mg</i>	1	QL(30 EA per 30 days)
<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 NSO
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 20MG, 40MG, 80MG	4	QL(30 EA per 30 days); ST NSO
<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	
<i>paroxetine hydrochloride suspension 10mg/5ml</i>	4	
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	2	

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
RALDESY SOLUTION 10MG/ML	4	
<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, 50mg</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	PA
<i>promethazine hydrochloride solution 6.25mg/5ml</i>	3	PA
<i>promethazine hydrochloride suppository 25mg</i>	4	PA
<i>promethazine hydrochloride tablet 12.5mg, 25mg, 50mg</i>	2	PA
<i>promethegan suppository 12.5mg, 25mg</i>	4	PA
<i>scopolamine patch 72 hour 1mg/3days</i>	4	
Emetogenic Therapy Adjuncts		

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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		
<i>Antifungals</i>		
<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	
CRESEMBA CAPSULE 74.5MG	5	QL(175 EA per 30 days); PA
CRESEMBA CAPSULE 186MG	5	QL(70 EA per 30 days); PA
<i>econazole nitrate cream 1%</i>	2	QL(85 GM per 30 days)
<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
JUBLIA SOLUTION 10%	5	
<i>ketoconazole cream 2%</i>	2	QL(90 GM per 30 days)
<i>ketoconazole shampoo 2%</i>	2	QL(120 ML per 30 days)
<i>ketoconazole tablet 200mg</i>	2	
<i>klayesta powder 100000unit/gm</i>	2	QL(120 GM per 30 days)
<i>micalfungin 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	QL(60 GM per 30 days)
<i>nystatin ointment 100000unit/gm</i>	2	QL(60 GM per 30 days)
<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	QL(93 EA per 30 days); PA
<i>posaconazole suspension 40mg/ml</i>	5	QL(600 ML per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
<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>	4	PA
<i>voriconazole suspension reconstituted 40mg/ml</i>	5	QL(600 ML per 30 days)
<i>voriconazole tablet 200mg</i>	4	QL(120 EA per 30 days)
<i>voriconazole tablet 50mg</i>	4	QL(480 EA per 30 days)
Antigout Agents		
<i>Antigout Agents</i>		
<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		
<i>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</i>		
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
UBRELVY TABLET 100MG, 50MG	5	QL(16 EA per 30 days); PA
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate solution 4mg/ml</i>	4	QL(8 ML per 30 days); PA
<i>ergotamine tartrate/caffeine tablet 100mg; 1mg</i>	3	QL(40 EA per 28 days)
<i>Prophylactic</i>		
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	3	
<i>Serotonin (5-HT) Receptor Agonist</i>		
<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		
<i>Parasympathomimetics</i>		
<i>pyridostigmine bromide tablet 60mg</i>	2	
VYVGART HYTRULO INJECTION 180MG/ML; 2000UNIT/ML	5	PA
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tablet 100mg, 25mg</i>	3	
PRETOMANID TABLET 200MG	4	
<i>rifabutin capsule 150mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
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	
SIRTURO TABLET 100MG, 20MG	5	
Antineoplastics		
Alkylating Agents		
<i>cisplatin injection 100mg/100ml</i>	4	
<i>cyclophosphamide capsule 25mg, 50mg</i>	3	B/D
LEUKERAN TABLET 2MG	5	
<i>lomustine capsule 100mg, 10mg, 40mg</i>	4	
MATULANE CAPSULE 50MG	5	
VALCHLOR GEL 0.016%	5	QL(60 GM per 30 days); PA NSO
Antiandrogens		
<i>abiraterone acetate tablet 250mg</i>	4	PA NSO
<i>abiraterone acetate tablet 500mg</i>	5	PA NSO
<i>abirtega tablet 250mg</i>	4	PA NSO
<i>bicalutamide tablet 50mg</i>	2	
ERLEADA TABLET 240MG, 60MG	5	PA NSO
EULEXIN CAPSULE 125MG	4	
<i>nilutamide tablet 150mg</i>	5	
NUBEQA TABLET 300MG	5	PA NSO
XTANDI CAPSULE 40MG	5	PA NSO
XTANDI TABLET 40MG, 80MG	5	PA NSO
YONSA TABLET 125MG	5	PA NSO
Antiangiogenic Agents		
<i>lenalidomide capsule 10mg, 15mg, 2.5mg, 20mg, 25mg, 5mg</i>	5	QL(30 EA per 30 days); PA NSO
<i>pomalidomide capsule 1mg, 2mg, 3mg, 4mg</i>	5	QL(30 EA per 30 days); PA NSO
POMALYST CAPSULE 1MG, 2MG, 3MG, 4MG	5	QL(30 EA per 30 days); PA NSO
THALOMID CAPSULE 50MG	5	PA NSO
THALOMID CAPSULE 100MG	5	QL(112 EA per 28 days); PA NSO
Antiestrogens/Modifiers		
INLURIYO TABLET 200MG	5	PA NSO
ORSERDU TABLET 345MG	5	QL(30 EA per 30 days); PA NSO
ORSERDU TABLET 86MG	5	QL(90 EA per 30 days); PA NSO
SOLTAMOX SOLUTION 10MG/5ML	5	
<i>tamoxifen citrate tablet 10mg, 20mg</i>	2	
<i>toremifene citrate tablet 60mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
VEPPANU TABLET 200MG	5	PA NSO
VEPPANU TABLET 100MG	5	QL(30 EA per 30 days); PA NSO
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 NSO
IBRANCE TABLET 100MG, 125MG, 75MG	5	PA NSO
INREBIC CAPSULE 100MG	5	PA NSO
ITOVEBI TABLET 9MG	5	PA NSO
ITOVEBI TABLET 3MG	5	QL(60 EA per 30 days); PA NSO
IWILFIN TABLET 192MG	5	PA NSO
KISQALI FEMARA 400 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA NSO
KISQALI FEMARA 600 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA NSO
KOMZIFTI CAPSULE 200MG	5	PA NSO
LAZCLUZE TABLET 240MG	5	PA NSO
LAZCLUZE TABLET 80MG	5	QL(60 EA per 30 days); PA NSO
<i>leucovorin calcium tablet 10mg, 15mg, 25mg, 5mg</i>	3	
LONSURF TABLET 6.14MG; 15MG, 8.19MG; 20MG	5	PA NSO
LYSODREN TABLET 500MG	5	
MODEYSO CAPSULE 125MG	5	PA NSO
OGSIVEO TABLET 100MG, 50MG	5	PA NSO
OGSIVEO TABLET 150MG	5	QL(60 EA per 30 days); PA NSO
OJEMDA SUSPENSION RECONSTITUTED 25MG/ML	5	PA NSO
OJEMDA TABLET 100MG	5	PA NSO
ONUREG TABLET 200MG, 300MG	5	PA NSO
PHESGO INJECTION 2000UNIT/ML; 60MG/ML; 60MG/ML, 2000UNIT/ML; 80MG/ML; 40MG/ML	5	PA NSO
REVUFORJ TABLET 110MG, 160MG, 25MG	5	PA NSO
VONJO CAPSULE 100MG	5	PA NSO
ZOLINZA CAPSULE 100MG	5	PA NSO
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 NSO
<i>topotecan hcl injection 4mg</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>topotecan hydrochloride injection 4mg/4ml</i>	5	
Molecular Target Inhibitors		
ALECENSA CAPSULE 150MG	5	PA NSO
ALUNBRIG TABLET THERAPY PACK 0	5	QL(60 EA per 365 days); PA NSO
ALUNBRIG TABLET 30MG	5	QL(120 EA per 30 days); PA NSO
ALUNBRIG TABLET 180MG, 90MG	5	QL(30 EA per 30 days); PA NSO
AUGTYRO CAPSULE 160MG, 40MG	5	PA NSO
AYVAKIT TABLET 100MG, 200MG, 25MG, 300MG, 50MG	5	QL(30 EA per 30 days); PA NSO
BALVERSA TABLET 3MG, 4MG, 5MG	5	PA NSO
BOSULIF CAPSULE 100MG, 50MG	5	PA NSO
BOSULIF TABLET 100MG, 500MG	5	PA NSO
<i>bosutinib tablet 100mg, 400mg, 500mg</i>	5	PA NSO
BRAFTOVI CAPSULE 75MG	5	PA NSO
BRUKINSA CAPSULE 80MG	5	PA NSO
BRUKINSA TABLET 160MG	5	PA NSO
CABOMETYX TABLET 20MG, 60MG	5	QL(30 EA per 30 days); PA NSO
CABOMETYX TABLET 40MG	5	QL(60 EA per 30 days); PA NSO
CALQUENCE TABLET 100MG	5	PA NSO
CAPRELSA TABLET 300MG	5	QL(30 EA per 30 days); PA NSO
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA NSO
CAVHANZA TABLET DISINTEGRATING 60MG, 80MG	5	PA NSO
COMETRIQ KIT 0, 20MG	5	PA NSO
COPIKTRA CAPSULE 15MG, 25MG	5	PA NSO
COTELLIC TABLET 20MG	5	PA NSO
DANZITEN TABLET 71MG, 95MG	5	PA NSO
<i>dasatinib tablet 100mg, 140mg, 70mg</i>	5	QL(30 EA per 30 days); PA NSO
<i>dasatinib tablet 80mg</i>	5	QL(60 EA per 30 days); PA NSO
<i>dasatinib tablet 20mg, 50mg</i>	5	QL(90 EA per 30 days); PA NSO
DAURISMO TABLET 100MG, 25MG	5	PA NSO
ENSACOVE CAPSULE 100MG, 25MG	5	PA NSO
ERIVEDGE CAPSULE 150MG	5	PA NSO
<i>erlotinib hydrochloride tablet 100mg, 150mg, 25mg</i>	4	PA NSO
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	PA NSO
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL(30 EA per 30 days); PA NSO
FOTIVDA CAPSULE 0.89MG, 1.34MG	5	PA NSO
FRUZAQLA CAPSULE 5MG	5	QL(21 EA per 28 days); PA NSO
FRUZAQLA CAPSULE 1MG	5	QL(84 EA per 28 days); PA NSO
GAVRETO CAPSULE 100MG	5	PA NSO
<i>gefitinib tablet 250mg</i>	5	PA NSO
GILOTRIF TABLET 20MG, 30MG, 40MG	5	QL(30 EA per 30 days); PA NSO
GOMEKLI CAPSULE 1MG, 2MG	5	PA NSO
GOMEKLI TABLET SOLUBLE 1MG	5	PA NSO
HERNEXEOS TABLET 60MG	5	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
HYRNUO TABLET 10MG	5	PA NSO
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	PA NSO
IBTROZI CAPSULE 200MG	5	PA NSO
ICLUSIG TABLET 10MG, 15MG, 30MG, 45MG	5	QL(30 EA per 30 days); PA NSO
IDHIFA TABLET 100MG, 50MG	5	QL(30 EA per 30 days); PA NSO
<i>imatinib mesylate tablet 100mg</i>	3	PA NSO
<i>imatinib mesylate tablet 400mg</i>	4	PA NSO
IMBRUVICA CAPSULE 140MG	5	QL(120 EA per 30 days); PA NSO
IMBRUVICA CAPSULE 70MG	5	QL(28 EA per 28 days); PA NSO
IMBRUVICA SUSPENSION 70MG/ML	5	QL(240 ML per 30 days); PA NSO
IMBRUVICA TABLET 140MG, 280MG, 420MG	5	QL(28 EA per 28 days); PA NSO
IMKELDI SOLUTION 80MG/ML	5	PA NSO
INLYTA TABLET 5MG	5	QL(120 EA per 30 days); PA NSO
INLYTA TABLET 1MG	5	QL(180 EA per 30 days); PA NSO
INQOVI TABLET 100MG; 35MG	5	PA NSO
JAKAFI XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG, 33MG, 44MG, 55MG	5	QL(30 EA per 30 days); PA NSO
JAKAFI TABLET 10MG, 15MG, 20MG, 25MG, 5MG	5	QL(60 EA per 30 days); PA NSO
JAYPIRCA TABLET 50MG	5	QL(30 EA per 30 days); PA NSO
JAYPIRCA TABLET 100MG	5	QL(90 EA per 30 days); PA NSO
KISQALI TABLET THERAPY PACK 200MG	5	QL(21 EA per 21 days); PA NSO
KISQALI TABLET THERAPY PACK 200MG	5	QL(42 EA per 21 days); PA NSO
KISQALI TABLET THERAPY PACK 200MG	5	QL(63 EA per 21 days); PA NSO
KOSELUGO CAPSULE SPRINKLE 5MG, 7.5MG	5	PA NSO
KOSELUGO CAPSULE 10MG, 25MG	5	PA NSO
KRAZATI TABLET 200MG	5	PA NSO
<i>lapatinib ditosylate tablet 250mg</i>	5	PA NSO
LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA NSO
LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA NSO
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA NSO
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA NSO
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA NSO
LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA NSO
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA NSO
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA NSO
LIFYORLI CAPSULE THERAPY PACK 0	5	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
LORBRENA TABLET 100MG	5	QL(30 EA per 30 days); PA NSO
LORBRENA TABLET 25MG	5	QL(90 EA per 30 days); PA NSO
LUMAKRAS TABLET 120MG, 240MG, 320MG	5	PA NSO
LYNPARZA TABLET 100MG, 150MG	5	QL(120 EA per 30 days); PA NSO
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; 12 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; 16 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; 20 MG DAILY DOSE
MEKINIST SOLUTION RECONSTITUTED 0.05MG/ML	5	PA NSO
MEKINIST TABLET 2MG	5	QL(30 EA per 30 days); PA NSO
MEKINIST TABLET 0.5MG	5	QL(90 EA per 30 days); PA NSO
MEKTOVI TABLET 15MG	5	PA NSO
NERLYNX TABLET 40MG	5	QL(180 EA per 30 days); PA NSO
<i>nilotinib hydrochloride capsule 200mg</i>	5	QL(112 EA per 28 days); PA NSO
<i>nilotinib hydrochloride capsule 150mg</i>	5	QL(140 EA per 28 days); PA NSO
<i>nilotinib hydrochloride capsule 50mg</i>	5	QL(420 EA per 30 days); PA NSO
NINLARO CAPSULE 2.3MG, 3MG, 4MG	5	PA NSO
ODOMZO CAPSULE 200MG	5	PA NSO
OJJAARA TABLET 100MG, 150MG, 200MG	5	QL(30 EA per 30 days); PA NSO
<i>pazopanib hydrochloride tablet 200mg, 400mg</i>	5	PA NSO
PEMAZYRE TABLET 13.5MG, 4.5MG, 9MG	5	QL(30 EA per 30 days); PA NSO
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	5	PA NSO
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK 0	5	PA NSO
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	5	PA NSO
QINLOCK TABLET 50MG	5	PA NSO
RETEVMO TABLET 120MG, 160MG, 80MG	5	QL(60 EA per 30 days); PA NSO
RETEVMO TABLET 40MG	5	QL(90 EA per 30 days); PA NSO
REZLIDHIA CAPSULE 150MG	5	PA NSO
ROMVIMZA CAPSULE 14MG, 20MG, 30MG	5	PA NSO
ROZLYTREK CAPSULE 100MG	5	QL(150 EA per 30 days); PA NSO
ROZLYTREK CAPSULE 200MG	5	QL(90 EA per 30 days); PA NSO
ROZLYTREK PACKET 50MG	5	PA NSO
RUBRACA TABLET 250MG, 300MG	5	PA NSO
RUBRACA TABLET 200MG	5	QL(120 EA per 30 days); PA NSO
RYDAPT CAPSULE 25MG	5	PA NSO
SCEMBLIX TABLET 100MG	5	QL(120 EA per 30 days); PA NSO
SCEMBLIX TABLET 40MG	5	QL(240 EA per 30 days); PA NSO
SCEMBLIX TABLET 20MG	5	QL(60 EA per 30 days); PA NSO
<i>sorafenib tosylate tablet 200mg</i>	5	PA NSO
<i>sorafenib tablet 200mg</i>	5	PA NSO
STIVARGA TABLET 40MG	5	PA NSO
<i>sunitinib malate capsule 12.5mg, 25mg, 50mg</i>	5	QL(28 EA per 28 days); PA NSO

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>sunitinib malate capsule 37.5mg</i>	5	QL(56 EA per 28 days); PA NSO
TABRECTA TABLET 150MG, 200MG	5	QL(120 EA per 30 days); PA NSO
TAFINLAR CAPSULE 50MG, 75MG	5	PA NSO
TAFINLAR TABLET SOLUBLE 10MG	5	PA NSO
TAGRISSE TABLET 80MG	5	PA NSO
TAGRISSE TABLET 40MG	5	QL(30 EA per 30 days); PA NSO
TALZENNA CAPSULE 0.1MG, 1MG	5	PA NSO
TALZENNA CAPSULE 0.35MG, 0.5MG, 0.75MG	5	QL(30 EA per 30 days); PA NSO
TALZENNA CAPSULE 0.25MG	5	QL(90 EA per 30 days); PA NSO
TAZVERIK TABLET 200MG	5	PA NSO
TEPMETKO TABLET 225MG	5	PA NSO
TIBSOVO TABLET 250MG	5	PA NSO
TRUQAP TABLET THERAPY PACK 160MG, 200MG	5	PA NSO
TRUQAP TABLET 160MG, 200MG	5	PA NSO
TUKYSA TABLET 150MG, 50MG	5	PA NSO
TURALIO CAPSULE 125MG	5	PA NSO
VANFLYTA TABLET 17.7MG, 26.5MG	5	PA NSO
VENCLEXTA STARTING PACK TABLET THERAPY PACK 0	5	QL(84 EA per 365 days); PA NSO
VENCLEXTA TABLET 10MG	4	PA NSO
VENCLEXTA TABLET 100MG, 50MG	5	PA NSO
VERZENIO TABLET 100MG, 150MG, 200MG, 50MG	5	QL(56 EA per 28 days); PA NSO
VITRAKVI CAPSULE 100MG	5	QL(120 EA per 30 days); PA NSO
VITRAKVI CAPSULE 25MG	5	QL(180 EA per 30 days); PA NSO
VITRAKVI SOLUTION 20MG/ML	5	QL(600 ML per 30 days); PA NSO
VIZIMPRO TABLET 15MG, 30MG, 45MG	5	PA NSO
XALKORI CAPSULE SPRINKLE 150MG, 20MG, 50MG	5	PA NSO
XALKORI CAPSULE 200MG, 250MG	5	PA NSO
XOSPATA TABLET 40MG	5	PA NSO
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO
XPOVIO TABLET THERAPY PACK 10MG, 40MG, 50MG, 60MG, 80MG	5	PA NSO
<i>yulithira tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	4	QL(30 EA per 30 days); PA NSO
ZEJULA TABLET 100MG, 200MG, 300MG	5	QL(30 EA per 30 days); PA NSO
ZELBORAF TABLET 240MG	5	PA NSO
ZYDELIG TABLET 100MG, 150MG	5	PA NSO
ZYKADIA TABLET 150MG	5	PA NSO
Monoclonal Antibodies/Antibody-Drug Conjugates		
TEVIMBRA INJECTION 100MG/10ML, 150MG/15ML	5	PA NSO
Retinoids		
<i>bexarotene capsule 75mg</i>	5	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
<i>bexarotene gel 1%</i>	5	QL(60 GM per 30 days); PA NSO
PANRETIN GEL 0.1%	5	QL(120 GM per 30 days)
<i>tretinoin capsule 10mg</i>	5	
Treatment Adjuncts		
MESNA TABLET 400MG	3	
VORANIGO TABLET 40MG	5	QL(30 EA per 30 days); PA NSO
VORANIGO TABLET 10MG	5	QL(60 EA per 30 days); PA NSO
Antiparasitics		
Anthelmintics		
<i>albendazole tablet 200mg</i>	4	
<i>ivermectin tablet 3mg, 6mg</i>	3	PA
<i>praziquantel tablet 600mg</i>	4	
Antiprotozoals		
<i>atovaquone/proguanil hcl tablet 62.5mg; 25mg</i>	4	
<i>atovaquone/proguanil hydrochloride tablet 250mg; 100mg</i>	4	
<i>atovaquone suspension 750mg/5ml</i>	4	QL(300 ML per 30 days)
<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	QL(60 EA per 30 days)
<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		
<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	

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Drug Name	Drug Tier	Requirements/Limits
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
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		
ABILIFY MAINTENA INJECTION 300MG, 400MG	5	QL(1 EA per 30 days)
<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	

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Drug Name	Drug Tier	Requirements/Limits
ARISTADA INJECTION 441MG/1.6ML	5	QL(1.6 ML per 30 days)
ARISTADA INJECTION 662MG/2.4ML	5	QL(2.4 ML per 30 days)
ARISTADA INJECTION 882MG/3.2ML	5	QL(3.2 ML per 30 days)
ARISTADA INJECTION 1064MG/3.9ML	5	QL(3.9 ML per 60 days)
<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 NSO
BYSANTI TITRATION PACK B TABLET THERAPY PACK 0	4	QL(24 EA per 365 days); ST NSO
BYSANTI TITRATION PACK C TABLET THERAPY PACK 0	4	QL(16 EA per 365 days); ST NSO
BYSANTI TABLET 1MG	5	QL(180 EA per 30 days); ST NSO
BYSANTI TABLET 10MG, 12MG, 2MG, 4MG, 6MG, 8MG	5	QL(60 EA per 30 days); ST NSO
CAPLYTA CAPSULE 10.5MG, 21MG, 42MG	5	QL(30 EA per 30 days); PA NSO
FANAPT TITRATION PACK A TABLET 0	4	QL(16 EA per 365 days); ST NSO
FANAPT TITRATION PACK B TABLET 0	4	QL(24 EA per 365 days); ST NSO
FANAPT TITRATION PACK C TABLET 0	4	QL(16 EA per 365 days); ST NSO
FANAPT TABLET 2MG	4	QL(60 EA per 30 days); ST NSO
FANAPT TABLET 10MG, 12MG, 1MG, 4MG, 6MG, 8MG	5	QL(60 EA per 30 days); ST NSO
INVEGA HAFYERA INJECTION 1560MG/5ML	5	QL(5 ML per 180 days); ST NSO
INVEGA HAFYERA INJECTION 1092MG/3.5ML	5	ST NSO
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	QL(0.25 ML per 30 days)
INVEGA SUSTENNA INJECTION 78MG/0.5ML	5	QL(0.5 ML per 30 days)
INVEGA SUSTENNA INJECTION 117MG/0.75ML	5	QL(0.75 ML per 30 days)
INVEGA SUSTENNA INJECTION 156MG/ML	5	QL(1 ML per 30 days)
INVEGA SUSTENNA INJECTION 234MG/1.5ML	5	QL(1.5 ML per 30 days)
INVEGA TRINZA INJECTION 273MG/0.88ML	5	QL(0.88 ML per 84 days)
INVEGA TRINZA INJECTION 410MG/1.32ML	5	QL(1.32 ML per 84 days)
INVEGA TRINZA INJECTION 546MG/1.75ML	5	QL(1.75 ML per 84 days)
INVEGA TRINZA INJECTION 819MG/2.63ML	5	QL(2.63 ML per 84 days)
<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 NSO
NUPLAZID CAPSULE 34MG	5	QL(30 EA per 30 days); PA NSO
NUPLAZID TABLET 10MG	5	QL(30 EA per 30 days); PA NSO
<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 NSO
OPIPZA FILM 10MG, 5MG	5	QL(90 EA per 30 days); PA NSO
<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)

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Drug Name	Drug Tier	Requirements/Limits
PERSERIS INJECTION 90MG	5	
PERSERIS INJECTION 120MG	5	QL(1 EA per 30 days)
<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 37.5mg</i>	4	
<i>risperidone er injection 12.5mg, 25mg</i>	4	QL(2 EA per 28 days)
<i>risperidone er injection 50mg</i>	5	QL(2 EA per 28 days)
<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 NSO
VRAYLAR CAPSULE 0.5MG, 0.75MG, 1.5MG, 3MG, 4.5MG, 6MG	3	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		

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Drug Name	Drug Tier	Requirements/Limits
<i>ganciclovir injection 500mg/10ml, 500mg</i>	2	B/D
LIVTENCITY TABLET 200MG	5	QL(360 EA per 30 days)
PREVYMIS PACKET 120MG, 20MG	5	QL(120 EA per 30 days)
PREVYMIS TABLET 240MG, 480MG	5	QL(28 EA per 28 days)
<i>valganciclovir hydrochloride solution reconstituted 50mg/ml</i>	5	QL(1080 ML per 30 days)
<i>valganciclovir tablet 450mg</i>	3	QL(120 EA per 30 days)
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil tablet 10mg</i>	4	QL(30 EA per 30 days)
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	QL(30 EA per 30 days)
Anti-hepatitis C (HCV) Agents		
MAVYRET PACKET 50MG; 20MG	5	QL(560 EA per 365 days); PA
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)
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 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)
<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 tablet 600mg</i>	4	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<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)
<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	5	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		
<i>maraviroc tablet 300mg</i>	5	QL(120 EA per 30 days)
<i>maraviroc tablet 150mg</i>	5	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG	5	QL(60 EA per 30 days)
SELZENTRY SOLUTION 20MG/ML	5	
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)
atazanavir sulfate capsule 300mg	4	QL(30 EA per 30 days)
atazanavir capsule 150mg	4	
atazanavir capsule 200mg	4	QL(60 EA per 30 days)
darunavir tablet 800mg	4	QL(30 EA per 30 days)
darunavir tablet 600mg	4	QL(60 EA per 30 days)
EVOTAZ TABLET 300MG; 150MG	5	QL(30 EA per 30 days)
fosamprenavir calcium tablet 700mg	5	QL(120 EA per 30 days)
KALETRA SOLUTION 400MG/5ML; 100MG/5ML	4	QL(480 ML per 30 days)
lopinavir/ritonavir tablet 200mg; 50mg	4	QL(120 EA per 30 days)
lopinavir/ritonavir tablet 100mg; 25mg	4	QL(240 EA per 30 days)
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)
ritonavir tablet 100mg	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		
amantadine hcl capsule 100mg	2	
amantadine hcl solution 50mg/5ml	2	
oseltamivir phosphate capsule 75mg	2	QL(110 EA per 365 days)
oseltamivir phosphate capsule 30mg	2	QL(168 EA per 365 days)
oseltamivir phosphate capsule 45mg	2	QL(84 EA per 365 days)
oseltamivir phosphate suspension reconstituted 6mg/ml	3	QL(1080 ML per 365 days)
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	3	QL(1 EA per 30 days)
Antiherpetic Agents		
acyclovir sodium injection 50mg/ml	4	B/D
acyclovir capsule 200mg	2	
acyclovir suspension 200mg/5ml	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir tablet 400mg, 800mg</i>	2	
<i>famciclovir tablet 125mg, 250mg</i>	3	QL(60 EA per 30 days)
<i>famciclovir tablet 500mg</i>	3	QL(90 EA per 30 days)
<i>valacyclovir hydrochloride tablet 1gm, 500mg</i>	3	QL(120 EA per 30 days)
VYJUVEK GEL 0	5	PA
Antiviral, Coronavirus Agents		
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)
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)
<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	QL(1200 ML per 30 days)
<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	QL(150 ML per 30 days)
<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		
Bipolar Agents, Other		
IGALMI FILM 120MCG, 180MCG	4	PA NSO
Mood Stabilizers		
<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>	3	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tablet 100mg, 25mg, 50mg</i>	2	
<i>glimepiride tablet 1mg, 2mg, 4mg</i>	6	

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Drug Name	Drug Tier	Requirements/Limits
<i>glipizide er tablet extended release 24 hour 10mg, 2.5mg, 5mg</i>	6	
<i>glipizide xl tablet extended release 24 hour 10mg, 2.5mg, 5mg</i>	6	
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg, 2.5mg; 500mg, 5mg; 500mg</i>	6	
<i>glipizide tablet 10mg, 2.5mg, 5mg</i>	6	
<i>glyburide/metformin hydrochloride tablet 1.25mg; 250mg, 2.5mg; 500mg, 5mg; 500mg</i>	6	
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	6	
GLYXAMBI TABLET 10MG; 5MG, 25MG; 5MG	3	QL(30 EA per 30 days)
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 1000mg, 500mg</i>	2	
<i>metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg</i>	6	
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	6	
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>	6	
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>	6	
<i>pioglitazone hcl tablet 45mg</i>	6	
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	6	
<i>repaglinide tablet 0.5mg, 1mg, 2mg</i>	6	
RYBELSUS TABLET 14MG, 7MG	3	QL(30 EA per 30 days); PA
RYBELSUS TABLET 3MG	3	QL(60 EA per 365 days); PA
SOLIQUA 100/33 INJECTION 100UNIT/ML; 33MCG/ML	3	QL(15 ML per 24 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	3	QL(30 EA per 30 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL(60 EA per 30 days)
SYNJARDY TABLET 12.5MG; 1000MG, 5MG; 500MG	3	
SYNJARDY TABLET 12.5MG; 500MG, 5MG; 1000MG	3	QL(60 EA per 30 days)
TRADJENTA TABLET 5MG	3	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL(30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL(60 EA per 30 days)
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, 5MG; 500MG	3	QL(30 EA per 30 days)
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG	3	QL(60 EA per 30 days)
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	
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 1MG/0.2ML	3	
Insulins		
HUMALOG JUNIOR KWIKPEN INJECTION 100UNIT/ML	3	
HUMALOG KWIKPEN INJECTION 100UNIT/ML, 200UNIT/ML	3	
HUMALOG MIX 50/50 KWIKPEN 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	
<i>insulin lispro injection 100unit/ml</i>	3	
LANTUS SOLOSTAR INJECTION 100UNIT/ML	3	
LANTUS INJECTION 100UNIT/ML	3	

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Drug Name	Drug Tier	Requirements/Limits
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	
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)

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Drug Name	Drug Tier	Requirements/Limits
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 300mg/3ml</i>	4	
<i>enoxaparin sodium injection 30mg/0.3ml</i>	4	QL(18 ML per 30 days)
<i>enoxaparin sodium injection 40mg/0.4ml</i>	4	QL(24 ML per 30 days)
<i>enoxaparin sodium injection 60mg/0.6ml</i>	4	QL(36 ML per 30 days)
<i>enoxaparin sodium injection 120mg/0.8ml, 80mg/0.8ml</i>	4	QL(48 ML per 30 days)
<i>enoxaparin sodium injection 100mg/ml, 150mg/ml</i>	4	QL(60 ML per 30 days)
<i>fondaparinux sodium injection 5mg/0.4ml</i>	4	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	QL(15 ML per 30 days)
<i>fondaparinux sodium injection 7.5mg/0.6ml</i>	4	QL(18 ML per 30 days)
<i>fondaparinux sodium injection 10mg/0.8ml</i>	5	QL(24 ML per 30 days)
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>rivaroxaban suspension reconstituted 1mg/ml</i>	4	QL(600 ML per 30 days)
<i>rivaroxaban tablet 2.5mg</i>	4	QL(360 EA per 30 days)
<i>warfarin sodium tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	
XARELTO TABLET 10MG, 20MG	3	QL(30 EA per 30 days)
XARELTO TABLET 15MG	3	QL(60 EA per 30 days)
Blood Products and Modifiers, Other		
<i>anagrelide hydrochloride capsule 0.5mg, 1mg</i>	3	
<i>eltrombopag olamine packet 12.5mg, 25mg</i>	5	QL(180 EA per 30 days); PA
<i>eltrombopag olamine tablet 12.5mg, 25mg</i>	5	QL(30 EA per 30 days); PA
<i>eltrombopag olamine tablet 50mg, 75mg</i>	5	QL(60 EA per 30 days); PA
LEUKINE INJECTION 250MCG	5	PA
NEULASTA ONPRO KIT INJECTION 6MG/0.6ML	5	PA
NEULASTA INJECTION 4MG/0.4ML	5	PA
NEULASTA INJECTION 6MG/0.6ML	5	QL(1.2 ML per 28 days); PA
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	5	PA

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Drug Name	Drug Tier	Requirements/Limits
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	QL(1.2 ML per 28 days); PA
XOLREMDI CAPSULE 100MG	5	QL(120 EA per 30 days); PA
ZARXIO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	5	
Hemostasis Agents		
<i>tranexamic acid tablet 650mg</i>	3	
Platelet Modifying Agents		
<i>aspirin/dipyridamole er capsule extended release 12 hour 25mg; 200mg</i>	4	
<i>aspirin/dipyridamole capsule extended release 12 hour 25mg; 200mg</i>	4	
CABLIVI INJECTION 11MG	5	QL(30 EA per 30 days); PA
<i>cilostazol tablet 100mg, 50mg</i>	2	
<i>clopidogrel tablet 75mg</i>	1	
<i>clopidogrel tablet 300mg</i>	2	
DOPTELET TABLET 20MG	5	QL(90 EA per 30 days); PA
<i>prasugrel hydrochloride tablet 10mg, 5mg</i>	2	
<i>ticagrelor tablet 60mg, 90mg</i>	3	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hydrochloride tablet 0.05mg, 0.1mg, 0.2mg, 0.3mg</i>	1	
<i>clonidine patch weekly 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr</i>	4	
<i>droxidopa capsule 100mg</i>	4	QL(90 EA per 30 days); PA
<i>droxidopa capsule 200mg, 300mg</i>	5	QL(180 EA per 30 days); PA
<i>guanfacine hydrochloride tablet 1mg, 2mg</i>	4	
METHYLDOPA TABLET 250MG, 500MG	4	
<i>midodrine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	2	
Alpha-adrenergic Blocking Agents		
<i>prazosin hydrochloride capsule 1mg, 2mg, 5mg</i>	2	
Angiotensin II Receptor Antagonists		
<i>azilsartan medoxomil tablet 40mg, 80mg</i>	4	
<i>candesartan cilexetil tablet 16mg, 32mg, 4mg, 8mg</i>	6	
<i>irbesartan tablet 150mg, 300mg, 75mg</i>	6	
<i>losartan potassium tablet 100mg, 25mg, 50mg</i>	6	
<i>olmesartan medoxomil tablet 20mg, 40mg, 5mg</i>	6	
<i>telmisartan tablet 20mg, 40mg, 80mg</i>	6	
<i>valsartan tablet 160mg, 320mg, 40mg, 80mg</i>	6	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hydrochloride tablet 10mg, 20mg, 40mg, 5mg</i>	6	
<i>captopril tablet 100mg, 12.5mg, 25mg, 50mg</i>	6	

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Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate tablet 10mg, 2.5mg, 20mg, 5mg</i>	6	
<i>fosinopril sodium tablet 10mg, 20mg, 40mg</i>	6	
<i>lisinopril tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg</i>	6	
<i>moexipril hydrochloride tablet 15mg, 7.5mg</i>	6	
<i>perindopril erbumine tablet 2mg, 4mg, 8mg</i>	6	
<i>quinapril hydrochloride tablet 10mg, 20mg, 40mg, 5mg</i>	6	
<i>ramipril capsule 1.25mg, 10mg, 2.5mg, 5mg</i>	6	
<i>trandolapril tablet 1mg, 2mg, 4mg</i>	6	
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>digox tablet 125mcg, 250mcg</i>	2	
<i>disopyramide phosphate capsule 100mg, 150mg</i>	3	
<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, 2.5mg, 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	

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Drug Name	Drug Tier	Requirements/Limits
<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>nifedipine er tablet extended release 24 hour 30mg, 60mg, 90mg</i>	2	
<i>nimodipine capsule 30mg</i>	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg</i>	2	
<i>dilt-xr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	2	
<i>diltiazem hcl er capsule extended release 12 hour 120mg, 60mg, 90mg</i>	4	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er tablet extended release 24 hour 420mg</i>	4	
<i>diltiazem hcl tablet 30mg, 60mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	4	
<i>diltiazem hydrochloride tablet 120mg, 90mg</i>	2	
<i>matzim la tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg, 420mg</i>	4	
<i>tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	2	
<i>verapamil hcl er capsule extended release 24 hour 120mg, 180mg, 240mg</i>	3	
<i>verapamil hcl er tablet extended release 120mg</i>	2	
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg, 360mg</i>	3	
<i>verapamil hydrochloride er tablet extended release 180mg, 240mg</i>	2	
<i>verapamil hydrochloride sr capsule extended release 24 hour 240mg, 360mg</i>	3	
<i>verapamil hydrochloride tablet 120mg, 40mg, 80mg</i>	1	
Cardiovascular Agents, Other		
<i>aliskiren tablet 150mg, 300mg</i>	6	
<i>amiloride/hydrochlorothiazide tablet 5mg; 50mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</i>	6	
<i>amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 160mg, 5mg; 320mg</i>	6	
<i>amlodipine/olmesartan medoxomil tablet 10mg; 20mg, 10mg; 40mg, 5mg; 20mg, 5mg; 40mg</i>	6	
<i>atenolol/chlorthalidone tablet 100mg; 25mg, 50mg; 25mg</i>	2	
<i>benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg</i>	6	
<i>bisoprolol fumarate/hydrochlorothiazide tablet 10mg; 6.25mg, 2.5mg; 6.25mg, 5mg; 6.25mg</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg, 32mg; 12.5mg, 32mg; 25mg</i>	6	
<i>captopril/hydrochlorothiazide tablet 25mg; 15mg, 25mg; 25mg, 50mg; 15mg, 50mg; 25mg</i>	6	
<i>enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg, 5mg; 12.5mg</i>	6	
FILSPARI TABLET 200MG	5	QL(30 EA per 30 days); PA
FILSPARI TABLET 400MG	5	QL(60 EA per 30 days); PA
<i>fosinopril sodium/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg</i>	6	
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg, 12.5mg; 300mg</i>	6	
<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>	6	
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg</i>	6	
<i>metyrosine capsule 250mg</i>	5	PA
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg</i>	6	
<i>pentoxifylline er tablet extended release 400mg</i>	2	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg</i>	6	
<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>	6	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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>	6	
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>toremide 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	
<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, Fibric 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>	6	
<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>	6	
<i>pitavastatin calcium tablet 1mg, 2mg, 4mg</i>	4	
<i>pravastatin sodium tablet 10mg, 20mg, 40mg, 80mg</i>	6	
<i>rosuvastatin calcium tablet 10mg, 20mg, 40mg, 5mg</i>	6	
<i>simvastatin tablet 10mg, 20mg, 40mg, 5mg, 80mg</i>	6	
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 tablet 1gm</i>	3	
<i>ezetimibe/simvastatin tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg</i>	6	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 25mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 30mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 5mg
<i>amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg, 1.875mg; 1.875mg; 1.875mg; 1.875mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	3	QL(90 EA per 30 days)
<i>dextroamphetamine sulfate tablet 10mg</i>	4	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate tablet 5mg</i>	4	QL(90 EA per 30 days)
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 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/cafeine tablet 325mg; 50mg; 40mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
COBENFY STARTER PACK CAPSULE THERAPY PACK 20MG; 0	5	QL(112 EA per 365 days); PA NSO
COBENFY CAPSULE 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	5	QL(60 EA per 30 days); PA NSO
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
NUEDEXTA CAPSULE 20MG; 10MG	5	QL(60 EA per 30 days); PA
<i>riluzole tablet 50mg</i>	4	
<i>tetrabenazine tablet 12.5mg</i>	4	QL(90 EA per 30 days); PA
<i>tetrabenazine tablet 25mg</i>	5	QL(120 EA per 30 days); PA
VEOZAH TABLET 45MG	4	QL(30 EA per 30 days); PA
<i>Fibromyalgia Agents</i>		
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)
<i>Multiple Sclerosis Agents</i>		
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	4	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
VUMERITY CAPSULE DELAYED RELEASE 231MG	5	QL(120 EA per 30 days); PA
ZEPOSIA 7-DAY STARTER PACK CAPSULE THERAPY PACK 0	5	QL(14 EA per 365 days); PA
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	5	QL(56 EA per 365 days); PA; (28 Capsules Pack)
ZEPOSIA CAPSULE 0.92MG	5	QL(30 EA per 30 days); PA
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
<i>chlorhexidine gluconate solution 0.12%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate tablet 20mg</i>	3	
<i>lidocaine hydrochloride viscous solution 2%</i>	2	
<i>lidocaine viscous solution 2%</i>	2	
<i>periogard solution 0.12%</i>	1	
<i>pilocarpine hydrochloride tablet 5mg, 7.5mg</i>	4	
<i>triamcinolone acetonide dental paste 0.1%</i>	3	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
<i>acitretin capsule 10mg, 17.5mg, 25mg</i>	4	
<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	
<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	
<i>Dermatitis and Pruritus Agents</i>		
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	QL(120 GM per 30 days)
<i>clobetasol propionate cream 0.05%</i>	2	
<i>clobetasol propionate foam 0.05%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate gel 0.05%</i>	3	
<i>clobetasol propionate ointment 0.05%</i>	2	QL(120 GM per 30 days)
<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 cream 0.01%, 0.025%</i>	3	QL(120 GM per 30 days)
<i>fluocinolone acetonide ointment 0.025%</i>	3	QL(120 GM per 30 days)
<i>fluocinolone acetonide solution 0.01%</i>	3	QL(60 ML per 30 days)
<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)
<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	QL(100 GM per 30 days)
<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	QL(100 GM per 30 days)
<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)

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Drug Name	Drug Tier	Requirements/Limits
<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
<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 XR TABLET EXTENDED RELEASE 24 HOUR 75MG	5	QL(30 EA per 30 days); PA
OTEZLA TABLET 20MG, 30MG	5	QL(60 EA per 30 days); PA
<i>podofilox solution 0.5%</i>	3	
SANTYL OINTMENT 250UNIT/GM	4	QL(180 GM per 30 days)
<i>silver sulfadiazine cream 1%</i>	2	
<i>ssd cream 1%</i>	2	
<i>urea lotion 40%</i>	4	
<i>Pediculicides/Scabicides</i>		
<i>malathion lotion 0.5%</i>	4	QL(59 ML per 30 days)
<i>permethrin cream 5%</i>	3	QL(60 GM per 30 days)
<i>Topical Anti-infectives</i>		
<i>acyclovir ointment 5%</i>	4	QL(60 GM per 30 days)
<i>ciclodan solution 8%</i>	2	QL(13.2 ML per 30 days); PA
<i>ciclopirox nail lacquer solution 8%</i>	2	QL(13.2 ML per 30 days); PA
<i>ciclopirox olamine cream 0.77%</i>	2	QL(90 GM per 30 days)
<i>ciclopirox gel 0.77%</i>	2	QL(100 GM per 30 days)
<i>ciclopirox shampoo 1%</i>	3	QL(120 ML per 30 days)
<i>ciclopirox suspension 0.77%</i>	3	QL(120 ML per 30 days)
<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	QL(60 EA per 30 days)
<i>erythromycin gel 2%</i>	3	QL(60 GM per 30 days)
<i>erythromycin solution 2%</i>	2	QL(60 ML per 30 days)
<i>mupirocin cream 2%</i>	4	
<i>mupirocin ointment 2%</i>	2	QL(110 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		

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Drug Name	Drug Tier	Requirements/Limits
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>effer-k tablet effervescent 25meq</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	
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	

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Drug Name	Drug Tier	Requirements/Limits
<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
<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, 500mg</i>	5	PA
Phosphate Binders		
<i>calcium acetate capsule 667mg</i>	4	
<i>calcium acetate tablet 667mg</i>	3	
<i>sevelamer hydrochloride tablet 400mg, 800mg</i>	4	
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 1GM	4	QL(120 EA per 30 days)
VELTASSA PACKET 16.8GM, 25.2GM, 8.4GM	4	QL(30 EA per 30 days)
Vitamins		
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
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	
<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)
Anti-Diarrheal Agents		

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Drug Name	Drug Tier	Requirements/Limits
<i>alosetron hydrochloride tablet 0.5mg</i>	4	QL(120 EA per 30 days); PA
<i>alosetron hydrochloride tablet 1mg</i>	5	QL(60 EA per 30 days); 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 hydrochloride capsule 10mg</i>	2	
<i>dicyclomine hydrochloride tablet 20mg</i>	2	
<i>glycopyrrolate tablet 1mg, 2mg</i>	3	PA
Gastrointestinal Agents, Other		
<i>bismuth subcitrate pot/metronidazole/tetracycline hydrochloride capsule 140mg; 125mg; 125mg</i>	4	
BYLVAY (PELLETS) CAPSULE SPRINKLE 200MCG, 600MCG	5	PA
BYLVAY CAPSULE 1200MCG, 400MCG	5	PA
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	
<i>metoclopramide hcl solution 5mg/5ml</i>	2	
<i>metoclopramide hydrochloride tablet 10mg, 5mg</i>	1	
<i>nitroglycerin rectal ointment 0.4%</i>	4	QL(30 GM per 30 days)
<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	
TALICIA CAPSULE DELAYED RELEASE 250MG; 10MG; 12.5MG	4	
<i>ursodiol capsule 300mg</i>	4	
<i>ursodiol tablet 250mg, 500mg</i>	3	
VOWST CAPSULE 0	5	QL(12 EA per 3 days); PA
XIFAXAN TABLET 200MG, 550MG	3	QL(90 EA per 30 days); PA
Histamine2 (H2) Receptor Antagonists		
<i>famotidine suspension reconstituted 40mg/5ml</i>	4	
<i>famotidine tablet 20mg, 40mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>nizatidine capsule 150mg, 300mg</i>	4	
Protectants		
<i>misoprostol tablet 100mcg, 200mcg</i>	3	
<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 10mg, 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	
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	QL(90 EA per 30 days); 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	
STRENSIQ INJECTION 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML	5	PA
SUCRAID SOLUTION 8500UNIT/ML	5	PA
WELIREG TABLET 40MG	5	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
<i>yargesa capsule 100mg</i>	5	QL(90 EA per 30 days); PA
ZELVYSIA PACKET 100MG	5	PA
<i>zelvysia packet 500mg</i>	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		
<i>Antispasmodics, Urinary</i>		
<i>fesoterodine fumarate er tablet extended release 24 hour 4mg, 8mg</i>	4	
GEMTESA TABLET 75MG	4	QL(30 EA per 30 days)
MYRBETRIQ SUSPENSION RECONSTITUTED ER 8MG/ML	3	QL(300 ML per 30 days)
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25MG, 50MG	3	QL(30 EA per 30 days)
<i>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg, 5mg</i>	2	
<i>oxybutynin chloride solution 5mg/5ml</i>	2	
<i>oxybutynin chloride tablet 5mg</i>	2	
<i>solifenacin succinate tablet 10mg, 5mg</i>	2	
<i>tolterodine tartrate er capsule extended release 24 hour 2mg, 4mg</i>	3	
<i>tolterodine tartrate tablet 1mg, 2mg</i>	3	
<i>tropium chloride er capsule extended release 24 hour 60mg</i>	4	
<i>tropium chloride tablet 20mg</i>	3	
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er tablet extended release 24 hour 10mg</i>	2	QL(30 EA per 30 days)
<i>doxazosin mesylate tablet 1mg, 2mg, 4mg, 8mg</i>	2	
<i>dutasteride capsule 0.5mg</i>	2	
<i>finasteride tablet 5mg</i>	1	
<i>silodosin capsule 4mg, 8mg</i>	4	QL(30 EA per 30 days)
<i>tadalafil tablet 2.5mg, 5mg</i>	3	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride capsule 0.4mg</i>	1	QL(60 EA per 30 days)
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride capsule 2mg</i>	1	
<i>Genitourinary Agents, Other</i>		
<i>acetic acid 0.25% solution 0.25%</i>	1	
<i>bethanechol chloride tablet 10mg, 25mg, 50mg, 5mg</i>	2	
ELMIRON CAPSULE 100MG	4	QL(90 EA per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		

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Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>cortisone acetate tablet 25mg</i>	5	
<i>dexamethasone elixir 0.5mg/5ml</i>	3	
<i>dexamethasone solution 0.5mg/5ml</i>	2	
<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>	3	
<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)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin acetate solution 0.01%</i>	4	
<i>desmopressin acetate tablet 0.1mg, 0.2mg</i>	3	
GENOTROPIN MINISQUICK INJECTION 0.2MG	4	PA
GENOTROPIN MINISQUICK 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)		
Androgens		
<i>danazol capsule 100mg, 200mg, 50mg</i>	4	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	2	QL(10 ML per 28 days); PA
<i>testosterone enanthate injection 200mg/ml</i>	3	QL(5 ML per 28 days); PA
<i>testosterone pump gel 1.62%</i>	3	QL(150 GM per 30 days); PA
<i>testosterone pump gel 1%</i>	4	QL(300 GM per 30 days); PA
<i>testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm</i>	3	QL(150 GM per 30 days); PA
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	4	QL(300 GM per 30 days); PA
Estrogens		
<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>amethyst tablet 20mcg; 90mcg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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	
<i>climara pro patch weekly 0.045mg/day; 0.015mg/day</i>	4	QL(4 EA per 28 days)
<i>conjugated estrogens tablet 0.3mg, 0.45mg, 0.625mg, 0.9mg, 1.25mg</i>	4	QL(30 EA per 30 days)
<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	
<i>DOTTI PATCH TWICE WEEKLY 0.025MG/24HR, 0.0375MG/24HR, 0.05MG/24HR, 0.075MG/24HR, 0.1MG/24HR</i>	4	QL(8 EA per 28 days)
<i>elonest tablet 30mcg; 0.3mg</i>	3	
<i>eluryng ring 0.015mg/24hr; 0.12mg/24hr</i>	4	QL(1 EA per 28 days)
<i>enilloring ring 0.015mg/24hr; 0.12mg/24hr</i>	4	QL(1 EA per 28 days)
<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	QL(8 EA per 28 days)
<i>estradiol patch weekly 0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr, 37.5mcg/24hr</i>	3	QL(4 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<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	QL(1 EA per 28 days)
<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	
<i>hailey fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<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>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	

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Drug Name	Drug Tier	Requirements/Limits
<i>lyllana patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	4	QL(8 EA per 28 days)
<i>marlissa tablet 0.03mg; 0.15mg</i>	3	
<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-linyah 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 30mcg; 75mg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	3	
<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	
PREMPHASE TABLET 0.625MG; 5MG	4	QL(28 EA per 28 days)
PREMPRO TABLET 0.3MG; 1.5MG, 0.45MG; 1.5MG, 0.625MG; 2.5MG, 0.625MG; 5MG	4	QL(28 EA per 28 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-linyah tablet 0; 0</i>	3	
<i>tri-mili tablet 0; 0</i>	3	
<i>tri-sprintec tablet 0; 0</i>	3	
<i>tri-vylibra tablet 0; 0</i>	3	
<i>turqoz tablet 30mcg; 0.3mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
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>yuvafem 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	
<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)		

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Drug Name	Drug Tier	Requirements/Limits
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)		
<i>Hormonal Agents, Suppressant (Adrenal or Pituitary)</i>		
<i>cabergoline tablet 0.5mg</i>	3	
FIRMAGON INJECTION 80MG	4	QL(1 EA per 28 days); PA NSO
FIRMAGON INJECTION 120MG/VIAL	5	QL(4 EA per 365 days); PA NSO
<i>leuprolide acetate injection 1mg/0.2ml</i>	4	PA NSO
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG, 7.5MG	5	QL(1 EA per 28 days); PA NSO
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG, 22.5MG	5	QL(1 EA per 84 days); PA NSO
LUPRON DEPOT (4-MONTH) INJECTION 30MG	5	QL(1 EA per 112 days); PA NSO
LUPRON DEPOT (6-MONTH) INJECTION 45MG	5	QL(1 EA per 168 days); PA NSO
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 NSO
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	QL(30 EA per 30 days); PA
TRELSTAR MIXJECT INJECTION 11.25MG	4	QL(1 EA per 84 days); PA NSO
TRELSTAR MIXJECT INJECTION 22.5MG	5	QL(1 EA per 168 days); PA NSO

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Drug Name	Drug Tier	Requirements/Limits
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	QL(36 ML per 30 days); 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>		
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
ENTYVIO PEN INJECTION 108MG/0.68ML	5	QL(1.36 ML per 28 days); PA
KINERET INJECTION 100MG/0.67ML	5	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/OTEZLA XR 28 DAY TREATMENT INITIATION PACK TABLET THERAPY PACK 0	5	QL(82 EA per 365 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

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Drug Name	Drug Tier	Requirements/Limits
STARJEMZA INJECTION 45MG/0.5ML, 90MG/ML	3	QL(3 ML per 84 days); PA
STARJEMZA INJECTION 130MG/26ML	4	QL(104 ML per 365 days); PA
STEQUEYMA INJECTION 45MG/0.5ML, 90MG/ML	3	QL(3 ML per 84 days); PA
STEQUEYMA INJECTION 130MG/26ML	4	QL(104 ML per 365 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
VEOPOZ INJECTION 400MG/2ML	5	PA
VYVGART HYTRULO INJECTION 1000MG/5ML; 10000UNIT/5ML	5	QL(20 ML per 28 days); PA
XOLAIR INJECTION 75MG/0.5ML	5	QL(1 ML per 28 days); PA
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
YESINTEK INJECTION 45MG/0.5ML, 90MG/ML	3	QL(3 ML per 84 days); PA
YESINTEK INJECTION 130MG/26ML	4	QL(104 ML per 365 days); PA
Immunostimulants		
ACTIMMUNE INJECTION 100MCG/0.5ML	5	PA NSO
BESREMI PEN INJECTION 500MCG/0.5ML	5	PA NSO
BESREMI INJECTION 500MCG/ML	5	PA NSO
PEGASYS INJECTION 180MCG/ML	5	QL(4 ML per 28 days); 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

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Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-ADBIM INJECTION 10MG/0.2ML, 20MG/0.4ML	5	QL(2 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBIM INJECTION 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-FKJP INJECTION 20MG/0.4ML	5	QL(2 EA per 28 days); PA
ADALIMUMAB-FKJP INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
<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, 0.5mg, 0.75mg</i>	4	B/D
<i>everolimus tablet 1mg</i>	5	B/D
<i>gengraf capsule 100mg, 25mg</i>	4	B/D
INFLIXIMAB INJECTION 100MG	5	PA
JYLAMVO SOLUTION 2MG/ML	4	PA NSO
<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	QL(2 ML per 28 days); PA
PROGRAF PACKET 0.2MG, 1MG	4	B/D
REZUROCK TABLET 200MG	5	QL(60 EA per 30 days); PA
<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 NSO

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Drug Name	Drug Tier	Requirements/Limits
ZYMFENTRA 2-PEN INJECTION 120MG/ML	5	QL(2 EA per 28 days); PA
ZYMFENTRA 2-SYRINGE INJECTION 120MG/ML	5	QL(2 EA per 28 days); 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	
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	
DENG VAXIA 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	
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	
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

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Drug Name	Drug Tier	Requirements/Limits
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Single-dose vial
RABAVERT 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	(syringe)
SHINGRIX INJECTION 50MCG/0.5ML	1	QL(2 EA per 999 days); (vial)
TENIVAC INJECTION 2LFU; 5LFU	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	QL(4 EA per 999 days)
YF-VAX INJECTION 0	1	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium capsule 750mg</i>	4	
<i>mesalamine dr tablet delayed release 1.2gm</i>	4	QL(120 EA per 30 days)
<i>mesalamine er capsule extended release 24 hour 0.375gm</i>	4	QL(120 EA per 30 days)
<i>mesalamine er capsule extended release 500mg</i>	4	QL(240 EA per 30 days)
<i>mesalamine enema 4gm</i>	4	QL(1800 ML per 30 days)
<i>mesalamine kit 4gm</i>	5	
<i>mesalamine suppository 1000mg</i>	4	QL(30 EA per 30 days)
SFROWASA ENEMA 4GM/60ML	5	
<i>sulfasalazine tablet delayed release 500mg</i>	2	
<i>sulfasalazine tablet 500mg</i>	2	
<i>Glucocorticoids</i>		
<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	QL(300 GM per 30 days)
<i>hydrocortisone enema 100mg/60ml</i>	4	
<i>procto-med hc cream 2.5%</i>	2	QL(300 GM per 30 days)
TARPEYO CAPSULE DELAYED RELEASE 4MG	5	QL(120 EA per 30 days); PA
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		

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Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium tablet 10mg, 35mg</i>	6	
<i>alendronate sodium tablet 70mg</i>	6	QL(4 EA per 28 days)
BONSITY INJECTION 560MCG/2.24ML	5	QL(2.24 ML per 28 days); 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	
<i>ibandronate sodium tablet 150mg</i>	6	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>	4	
RAYALDEE CAPSULE EXTENDED RELEASE 30MCG	5	QL(60 EA per 30 days)
<i>risedronate sodium tablet 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	QL(2.24 ML per 28 days); PA
TYMLOS INJECTION 3120MCG/1.56ML	5	QL(1.56 ML per 30 days); PA
WYOST INJECTION 120MG/1.7ML	5	PA
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS PAD 70%	3	
CURITY GAUZE PADS 2"X2" 12 PLY PAD	3	
ELLA TABLET 30MG	3	
INSULIN SYRINGES, NEEDLES MISCELLANEOUS	2	QL(200 EA per 30 days)
KYGEVVI PACKET 2GM; 2GM	5	PA
<i>levocarnitine solution 1gm/10ml</i>	4	
<i>levocarnitine tablet 330mg</i>	4	
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) 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 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)
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	
<i>ulticare micro pen needles/32g x 5/32" miscellaneous</i>	2	QL(200 EA per 30 days)
<i>unifine pentips 32gx6mm miscellaneous</i>	2	QL(200 EA per 30 days)
V-GO 20 KIT	3	
V-GO 30 KIT	3	

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
V-GO 40 KIT	3	
WEGOVY INJECTION 0.25MG/0.5ML, 0.5MG/0.5ML, 1MG/0.5ML	3	QL(2 ML per 28 days); PA
WEGOVY INJECTION 1.7MG/0.75ML, 2.4MG/0.75ML	3	QL(3 ML per 28 days); PA
WEGOVY TABLET 25MG, 4MG, 9MG	3	QL(30 EA per 30 days); PA
WEGOVY TABLET 1.5MG	3	QL(60 EA per 365 days); PA
ZOKINVY CAPSULE 50MG, 75MG	5	QL(120 EA per 30 days); PA
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<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	QL(60 EA per 30 days)
CYSTARAN SOLUTION 0.44%	5	QL(60 ML per 28 days)
<i>dorzolamide hcl/timolol maleate solution 20mg/ml; 5mg/ml</i>	2	
<i>dorzolamide hydrochloride/timolol maleate pf solution 2%; 0.5%</i>	2	
MIEBO SOLUTION 1.338GM/ML	4	QL(12 ML per 30 days)
<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>polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%</i>	1	
RESTASIS MULTIDOSE EMULSION 0.05%	3	QL(5.5 ML per 25 days)
RESTASIS EMULSION 0.05%	3	QL(60 EA per 30 days)
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 OINTMENT 0.1%; 0.3%	4	
<i>tobramycin/dexamethasone suspension 0.1%; 0.3%</i>	4	
TYRVAYA SOLUTION 0.03MG/ACT	4	QL(8.4 ML per 30 days)
XIIDRA SOLUTION 5%	4	QL(60 EA per 30 days)
<i>Ophthalmic Anti-allergy Agents</i>		

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>azelastine hcl 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	QL(7 GM per 28 days)
BESIVANCE SUSPENSION 0.6%	4	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	2	
<i>erythromycin ointment 5mg/gm</i>	2	
<i>gatifloxacin solution 0.5%</i>	4	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	
LEVOFLOXACIN OPHTHALMIC SOLUTION 0.5%	3	
<i>levofloxacin ophthalmic solution 1.5%</i>	3	
<i>moxifloxacin hydrochloride solution 0.5%</i>	2	
NATACYN SUSPENSION 5%	4	
<i>ofloxacin ophthalmic solution 0.3%</i>	2	
<i>sulfacetamide sodium solution 10%</i>	2	
<i>tobramycin solution 0.3%</i>	1	
<i>trifluridine solution 1%</i>	4	
XDEMVIY 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	
<i>loteprednol etabonate gel 0.5%</i>	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	

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Drug Name	Drug Tier	Requirements/Limits
<i>pilocarpine hydrochloride solution 1%, 2%, 4%</i>	3	
RHOPRESSA SOLUTION 0.02%	3	QL(2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostanamide Analogs		
<i>latanoprost solution 0.005%</i>	1	
LUMIGAN SOLUTION 0.01%	3	QL(2.5 ML per 25 days)
<i>travoprost solution 0.004%</i>	4	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	
<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	QL(16 GM per 30 days)
<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 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	

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Drug Name	Drug Tier	Requirements/Limits
<i>diphenhydramine hydrochloride injection 50mg/ml</i>	4	
<i>hydroxyzine hcl tablet 50mg</i>	3	PA
<i>hydroxyzine hydrochloride syrup 10mg/5ml</i>	4	PA
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	3	PA
<i>hydroxyzine pamoate capsule 100mg, 25mg, 50mg</i>	4	PA
<i>levocetirizine dihydrochloride tablet 5mg</i>	2	QL(30 EA per 30 days)
Antileukotrienes		
<i>montelukast sodium packet 4mg</i>	2	
<i>montelukast sodium tablet chewable 4mg, 5mg</i>	2	QL(30 EA per 30 days)
<i>montelukast sodium tablet 10mg</i>	1	QL(30 EA per 30 days)
<i>zafirlukast tablet 10mg, 20mg</i>	4	QL(60 EA per 30 days)
Bronchodilators, Anticholinergic		
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%</i>	2	QL(30 ML per 28 days)
<i>ipratropium bromide inhalation solution 0.02%</i>	2	QL(312.5 ML per 30 days); B/D
<i>ipratropium bromide nasal solution 0.06%</i>	2	QL(45 ML per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT, 2.5MCG/ACT	3	QL(4 GM per 30 days)
<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	QL(4 EA per 30 days)
<i>levalbuterol hcl nebulization solution 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)
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		

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Drug Name	Drug Tier	Requirements/Limits
CAYSTON SOLUTION RECONSTITUTED 75MG	5	QL(84 ML per 28 days); 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
TOBI PODHALER CAPSULE 28MG	5	QL(224 EA per 56 days)
<i>tobramycin nebulization solution 300mg/5ml</i>	5	QL(280 ML per 28 days); B/D
TRIKAFTA TABLET THERAPY PACK 100MG; 0; 50MG, 50MG; 0; 25MG	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 500mcg</i>	4	QL(30 EA per 30 days); PA
<i>roflumilast tablet 250mcg</i>	4	QL(56 EA per 365 days); 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
ORENITRAM TITRATION KIT MONTH 1 TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(336 EA per 365 days); PA
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
WINREVAIR INJECTION 0, 45MG, 60MG	5	QL(1 EA per 21 days); PA
Pulmonary Fibrosis Agents		
<i>nintedanib esylate capsule 100mg, 150mg</i>	5	QL(60 EA per 30 days); PA
OFEV CAPSULE 100MG, 150MG	5	QL(60 EA per 30 days); PA
<i>pirfenidone capsule 267mg</i>	5	QL(270 EA per 30 days); PA
<i>pirfenidone tablet 534mg</i>	5	PA
<i>pirfenidone tablet 267mg</i>	5	QL(270 EA per 30 days); PA
<i>pirfenidone tablet 801mg</i>	5	QL(90 EA per 30 days); 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)

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Drug Name	Drug Tier	Requirements/Limits
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>breyna 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)
<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
FLUTICASONE FUROATE/VILANTEROL ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/INH; 25MCG/INH, 200MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
<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
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>		

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Drug Name	Drug Tier	Requirements/Limits
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	3	QL(90 EA per 30 days); 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

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<i>abirtega</i>	15	<i>alprazolam</i>	28
ABRYSVO	58	<i>altavera</i>	49
<i>acamprosate calcium dr</i>	2	ALUNBRIG	17
<i>acarbose</i>	28	<i>alyacen 1/35</i>	49
<i>acebutolol hydrochloride</i>	34	<i>alyacen 7/7/7</i>	49
<i>acetaminophen/codeine</i>	2	<i>alyq</i>	65
<i>acetazolamide</i>	62	<i>amantadine hcl</i>	27
<i>acetazolamide er</i>	62	<i>ambrisentan</i>	65
<i>acetic acid</i>	63	<i>amethyst</i>	49
<i>acetic acid 0.25%</i>	48	<i>amikacin sulfate</i>	3
<i>acitretin</i>	41	<i>amiloride hcl</i>	37
ACTHIB	58	<i>amiloride/hydrochlorothiazide</i>	35
ACTIMMUNE	56	AMINOSYN II	44
<i>acyclovir</i>	27	AMINOSYN-PF	44
<i>acyclovir</i>	43	<i>amiodarone hydrochloride</i>	34
<i>acyclovir sodium</i>	27	<i>amitriptyline hcl</i>	12
ADACEL	58	<i>amitriptyline hydrochloride</i>	12
ADALIMUMAB-AATY 1-PEN KIT	56	<i>amlodipine besylate</i>	35
ADALIMUMAB-AATY 2-PEN KIT	56	<i>amlodipine besylate/benazepril hydrochloride</i>	36
ADALIMUMAB-AATY 2-SYRINGE	56	<i>amlodipine besylate/valsartan</i>	36
<i>adalimumab-aaty cd/uc/hs starter</i>	56	<i>amlodipine/olmesartan medoxomil</i>	36
ADALIMUMAB-ADBM	57	<i>ammonium lactate</i>	41
ADALIMUMAB-FKJP	57	<i>amnestem</i>	41
ADBRY	41	<i>amoxapine</i>	12
<i>adefovir dipivoxil</i>	25	<i>amoxicillin</i>	5
ADEMPAS	65	<i>amoxicillin/clavulanate potassium</i>	5
ADVAIR HFA	65	<i>amoxicillin/clavulanate potassium er</i>	5
<i>afirmelle</i>	49	<i>amphetamine/dextroamphetamine</i>	38
AIMOVIG	14	<i>amphotericin b</i>	13
AIRSUPRA	66	<i>amphotericin b liposome</i>	13
AKEEGA	16	<i>ampicillin</i>	5
<i>ala-cort</i>	41	<i>ampicillin sodium</i>	5
<i>albendazole</i>	21	<i>ampicillin/sulbactam</i>	5
<i>albuterol sulfate</i>	64	<i>ampicillin-sulbactam</i>	5
<i>albuterol sulfate hfa</i>	64	<i>anagrelide hydrochloride</i>	32
<i>alclometasone dipropionate</i>	41	<i>anastrozole</i>	16
ALCOHOL PREP PADS	60	ANORO ELLIPTA	66
		<i>aprepitant</i>	13
		APTIVUS	27
		AREXVY	58

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<i>arformoterol tartrate</i>	64	AVONEX	40
ARIKAYCE	3	AVONEX PEN	40
<i>aripiprazole</i>	22	<i>ayuna</i>	50
<i>aripiprazole odt</i>	22	AYVAKIT	17
ARISTADA	23	<i>azathioprine</i>	57
ARISTADA INITIO	22	<i>azelaic acid</i>	41
<i>armodafinil</i>	67	<i>azelastine hcl</i>	62
ARNUITY ELLIPTA	63	<i>azelastine hydrochloride</i>	63
<i>asenapine maleate sl</i>	23	<i>azilsartan medoxomil</i>	33
<i>ashlyna</i>	50	<i>azithromycin</i>	6
ASMANEX HFA	63	<i>aztreonam</i>	3
ASMANEX TWISTHALER 120 METERED	63	<i>azurette</i>	50
DOSES		<i>bacitracin</i>	62
ASMANEX TWISTHALER 14 METERED	63	<i>bacitracin/polymyxin b</i>	61
DOSES		<i>baclofen</i>	24
ASMANEX TWISTHALER 30 METERED	63	<i>balsalazide disodium</i>	59
DOSES		BALVERSA	17
ASMANEX TWISTHALER 60 METERED	63	<i>balziva</i>	50
DOSES		BAQSIMI ONE PACK	30
<i>aspirin/dipyridamole</i>	33	BAQSIMI TWO PACK	30
<i>aspirin/dipyridamole er</i>	33	BARACLUDE	25
<i>atazanavir</i>	27	<i>bcg vaccine</i>	58
<i>atazanavir sulfate</i>	27	BELSOMRA	67
<i>atenolol</i>	34	<i>benazepril hydrochloride</i>	33
<i>atenolol/chlorthalidone</i>	36	<i>benazepril hydrochloride/hydrochlorothiazide</i>	36
<i>atomoxetine</i>	39	BENLYSTA	55
<i>atomoxetine hydrochloride</i>	39	<i>benznidazole</i>	21
<i>atorvastatin calcium</i>	37	<i>benztropine mesylate</i>	21
<i>atovaquone</i>	21	BESIVANCE	62
<i>atovaquone/proguanil hcl</i>	21	BESREMI	56
<i>atovaquone/proguanil hydrochloride</i>	21	BESREMI PEN	56
<i>atropine sulfate</i>	61	<i>betaine anhydrous</i>	47
<i>aubra eq</i>	50	<i>betamethasone dipropionate</i>	41
AUGMENTIN	5	<i>betamethasone dipropionate augmented</i>	41
AUGTYRO	17	<i>betamethasone valerate</i>	41
<i>aurovela 1.5/30</i>	50	BETASERON	40
<i>aurovela 1/20</i>	50	<i>betaxolol hcl</i>	34
<i>aurovela fe 1.5/30</i>	50	<i>betaxolol hcl</i>	62
<i>aurovela fe 1/20</i>	50	<i>bethanechol chloride</i>	48
AUSTEDO	39	<i>bexarotene</i>	20
AUSTEDO XR	39	BEXSERO	58
AUSTEDO XR PATIENT TITRATION KIT	39	<i>bicalutamide</i>	15
AUVELITY	10	BICILLIN L-A	5
AUVELITY TITRATION PACK	10	BIKTARVY	25
<i>aviane</i>	50	<i>bismuth subcitrate</i>	46
AVMAPKI FAKZYNJA CO-PACK	16	<i>pot/metronidazole/tetracycline hydrochlo</i>	

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<i>bisoprolol fumarate</i>	34	CABLIVI	33
<i>bisoprolol fumarate/hydrochlorothiazide</i>	36	CABOMETYX	17
BIVIGAM	55	<i>calcipotriene</i>	42
<i>blisovi fe 1.5/30</i>	50	<i>calcitonin-salmon</i>	60
<i>blisovi fe 1/20</i>	50	<i>calcitriol</i>	60
BONSITY	60	<i>calcium acetate</i>	45
BOOSTRIX	58	CALQUENCE	17
BOSULIF	17	<i>camila</i>	53
<i>bosutinib</i>	17	<i>camrese</i>	50
BRAFTOVI	17	<i>camrese lo</i>	50
BREO ELLIPTA	66	<i>candesartan cilexetil</i>	33
<i>breynga</i>	66	<i>candesartan cilexetil/hydrochlorothiazide</i>	36
BREZTRI AEROSPHERE	66	CAPLYTA	23
<i>briellyn</i>	50	CAPRELSA	17
BRIMONIDINE TARTRATE	62	<i>captopril</i>	33
<i>brimonidine tartrate/timolol maleate</i>	61	<i>captopril/hydrochlorothiazide</i>	36
<i>brinzolamide</i>	62	<i>carbamazepine</i>	9
<i>brivaracetam</i>	7	<i>carbamazepine er</i>	9
<i>bromfenac sodium</i>	62	<i>carbidopa</i>	22
<i>bromocriptine mesylate</i>	21	<i>carbidopa/levodopa</i>	22
BRUKINSA	17	<i>carbidopa/levodopa er</i>	22
<i>budesonide</i>	59	<i>carbidopa/levodopa odt</i>	22
<i>budesonide</i>	63	<i>carglumic acid</i>	44
<i>budesonide er</i>	59	<i>carteolol hcl</i>	62
<i>budesonide/formoterol fumarate dihydrate</i>	66	<i>cartia xt</i>	35
<i>bumetanide</i>	37	<i>carvedilol</i>	34
<i>buprenorphine</i>	1	<i>caspofungin acetate</i>	13
<i>buprenorphine hcl</i>	3	CAVHANZA	17
<i>buprenorphine hcl/naloxone hcl</i>	3	CAYSTON	65
<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	3	<i>cefaclor</i>	4
<i>bupropion hydrochloride</i>	10	<i>cefadroxil</i>	4
<i>bupropion hydrochloride er (sr)</i>	3	<i>cefazolin</i>	4
<i>bupropion hydrochloride er (sr)</i>	10	<i>cefazolin sodium</i>	4
<i>bupropion hydrochloride er (xl)</i>	10	<i>cefdinir</i>	4
<i>buspirone hcl</i>	28	<i>cefepime</i>	4
<i>buspirone hydrochloride</i>	28	<i>cefepime hydrochloride</i>	4
<i>butalbital/acetaminophen/caffeine</i>	39	CEFEPIME/DEXTROSE	4
BYLVAY	46	<i>cefixime</i>	5
BYLVAY (PELLETS)	46	<i>cefotaxime sodium</i>	5
BYSANTI	23	<i>cefotetan</i>	5
BYSANTI TITRATION PACK A	23	<i>cefoxitin sodium</i>	5
BYSANTI TITRATION PACK B	23	<i>cefpodoxime proxetil</i>	5
BYSANTI TITRATION PACK C	23	<i>cefprozil</i>	5
CABENUVA	25	<i>ceftaroline fosamil</i>	5
<i>cabergoline</i>	54	<i>ceftazidime</i>	5
		<i>ceftriaxone sodium</i>	5

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<i>cefuroxime axetil</i>	5	<i>clonazepam odt</i>	8
<i>cefuroxime sodium</i>	5	<i>clonidine</i>	33
<i>celecoxib</i>	1	<i>clonidine hydrochloride</i>	33
<i>cephalexin</i>	5	<i>clopidogrel</i>	33
<i>cetirizine hydrochloride</i>	63	<i>clorazepate dipotassium</i>	28
<i>chateal eq</i>	50	<i>clotrimazole</i>	13
CHEMET	45	<i>clotrimazole/betamethasone dipropionate</i>	43
<i>chlorhexidine gluconate</i>	40	<i>clozapine</i>	24
<i>chloroquine phosphate</i>	21	<i>clozapine odt</i>	24
<i>chlorpromazine hydrochloride</i>	22	COARTEM	21
<i>chlorthalidone</i>	37	COBENFY	40
CHOLBAM	47	COBENFY STARTER PACK	40
<i>cholestyramine</i>	37	<i>colchicine</i>	14
<i>cholestyramine light</i>	37	<i>colesevelam hydrochloride</i>	37
<i>ciclodan</i>	43	<i>colestipol hydrochloride</i>	37
<i>ciclopirox</i>	43	<i>colistimethate sodium</i>	4
<i>ciclopirox nail lacquer</i>	43	COMBIGAN	61
<i>ciclopirox olamine</i>	43	COMBIVENT RESPIMAT	66
<i>cilostazol</i>	33	COMETRIQ	17
CIMDUO	26	<i>compro</i>	12
<i>cinacalcet hydrochloride</i>	60	<i>conjugated estrogens</i>	50
CINRYZE	55	<i>constulose</i>	45
<i>ciprofloxacin hcl</i>	6	COPIKTRA	17
<i>ciprofloxacin hydrochloride</i>	6	<i>cortisone acetate</i>	49
<i>ciprofloxacin hydrochloride</i>	62	COSENTYX	55
<i>ciprofloxacin i.v.-in d5w</i>	6	COSENTYX SENSOREADY PEN	55
<i>ciprofloxacin/dexamethasone</i>	63	COSENTYX UNOREADY	55
<i>cisplatin</i>	15	COTELLIC	17
<i>citalopram hydrobromide</i>	11	CREON	47
<i>claravis</i>	41	CRESEMBA	13
<i>clarithromycin</i>	6	<i>cromolyn sodium</i>	47
<i>clarithromycin er</i>	6	<i>cromolyn sodium</i>	62
CLENPIQ	46	<i>cromolyn sodium</i>	65
<i>climara pro</i>	50	<i>cryselle</i>	50
<i>clindacin etz pledgets</i>	3	<i>cryselle-28</i>	50
<i>clindamycin hcl</i>	3	CTEXLI	46
<i>clindamycin hydrochloride</i>	3	CURITY GAUZE PADS 2"X2" 12 PLY	60
<i>clindamycin palmitate hydrochloride</i>	3	<i>cyclobenzaprine hydrochloride</i>	67
<i>clindamycin phosphate</i>	3	<i>cyclophosphamide</i>	15
<i>clindamycin phosphate</i>	43	<i>cycloserine</i>	15
<i>clindamycin phosphate/benzoyl peroxide</i>	41	<i>cyclosporine</i>	57
<i>clobazam</i>	8	<i>cyclosporine</i>	61
<i>clobetasol propionate</i>	41	<i>cyclosporine modified</i>	57
<i>clobetasol propionate e</i>	41	<i>cyproheptadine hydrochloride</i>	63
<i>clomipramine hydrochloride</i>	12	CYSTAGON	47
<i>clonazepam</i>	8	CYSTARAN	61

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<i>dalfampridine er</i>	40	<i>diclofenac sodium dr</i>	1
<i>danazol</i>	49	<i>diclofenac sodium er</i>	1
<i>dantrolene sodium</i>	24	<i>dicloxacillin sodium</i>	5
DANZITEN	17	<i>dicyclomine hydrochloride</i>	46
<i>dapagliflozin</i>	38	<i>digox</i>	34
<i>dapsone</i>	14	<i>digoxin</i>	34
DAPTACEL	58	<i>dihydroergotamine mesylate</i>	14
<i>daptomycin</i>	4	DILANTIN	9
DAPTOMYCIN/SODIUM CHLORIDE	4	<i>diltiazem hcl</i>	35
<i>darunavir</i>	27	<i>diltiazem hcl er</i>	35
<i>dasatinib</i>	17	<i>diltiazem hydrochloride</i>	35
<i>dasetta 1/35</i>	50	<i>diltiazem hydrochloride er</i>	35
<i>dasetta 7/7/7</i>	50	<i>dilt-xr</i>	35
DAURISMO	17	<i>dimethyl fumarate</i>	40
<i>daysee</i>	50	<i>dimethyl fumarate starterpack</i>	40
<i>deblitane</i>	53	<i>diphenhydramine hydrochloride</i>	64
<i>deferasirox</i>	45	<i>diphenoxylate hydrochloride/atropine sulfate</i>	46
DELSTRIGO	25	<i>disopyramide phosphate</i>	34
<i>delyla</i>	50	<i>disulfiram</i>	2
<i>demeclocycline hcl</i>	6	<i>divalproex sodium dr</i>	8
DENG VAXIA	58	<i>divalproex sodium er</i>	8
DEPO-SUBQ PROVERA 104	53	<i>dofetilide</i>	34
DESCOVY	26	<i>dolishale</i>	50
<i>desipramine hydrochloride</i>	12	<i>donepezil hcl</i>	10
<i>desmopressin acetate</i>	49	<i>donepezil hydrochloride</i>	10
<i>desogestrel/ethinyl estradiol</i>	50	DOPTELET	33
<i>desonide</i>	42	<i>dorzolamide hcl/timolol maleate</i>	61
<i>desoximetasone</i>	42	<i>dorzolamide hydrochloride</i>	62
<i>desvenlafaxine er</i>	11	<i>dorzolamide hydrochloride/timolol maleate pf</i>	61
<i>dexamethasone</i>	49	DOTTI	50
<i>dexamethasone sodium phosphate</i>	62	DOVATO	25
<i>dexmethylphenidate hcl</i>	39	<i>doxazosin mesylate</i>	48
<i>dexmethylphenidate hydrochloride</i>	39	<i>doxepin hcl</i>	12
<i>dextroamphetamine sulfate</i>	39	<i>doxepin hydrochloride</i>	12
<i>dextrose 5%</i>	44	<i>doxycycline</i>	7
<i>dextrose 5%/sodium chloride 0.45%</i>	44	<i>doxycycline hyclate</i>	7
<i>dextrose 5%/sodium chloride 0.9%</i>	44	<i>doxycycline hyclate</i>	41
DIACOMIT	8	<i>doxycycline monohydrate</i>	7
<i>diazepam</i>	8	DRIZALMA SPRINKLE	11
<i>diazepam</i>	28	<i>dronabinol</i>	13
<i>diazepam intensol</i>	28	DROXIA	16
<i>diazoxide</i>	30	<i>droxidopa</i>	33
<i>diclofenac potassium</i>	1	DULERA	66
<i>diclofenac sodium</i>	1	<i>duloxetine hydrochloride dr</i>	11
<i>diclofenac sodium</i>	43	DUPIXENT	55

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EBGLYSS	42	<i>eplerenone</i>	38
EBGLYSS	55	<i>ergotamine tartrate/caffeine</i>	14
<i>ec-naproxen</i>	1	ERIVEDGE	17
<i>econazole nitrate</i>	13	ERLEADA	15
EDURANT PED	25	<i>erlotinib hydrochloride</i>	17
<i>efavirenz</i>	25	<i>errin</i>	53
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	25	<i>ertapenem sodium</i>	6
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	25	<i>ery</i>	43
<i>effek</i>	44	<i>erythromycin</i>	43
<i>elinest</i>	50	<i>erythromycin</i>	62
ELIQUIS	31	<i>erythromycin dr</i>	6
ELIQUIS STARTER PACK	31	<i>erythromycin ethylsuccinate</i>	6
ELLA	60	<i>erythromycin/benzoyl peroxide</i>	41
ELMIRON	48	<i>escitalopram oxalate</i>	11
<i>eltrombopag olamine</i>	32	<i>eslicarbazepine acetate</i>	9
<i>eluryng</i>	50	<i>esomeprazole magnesium</i>	47
EMGALITY	14	<i>estarylla</i>	50
EMPAVELI	55	<i>estradiol</i>	50
EMSAM	11	<i>estradiol/norethindrone acetate</i>	50
<i>emtricitabine</i>	26	ESTRING	51
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate</i>	26	<i>eszopiclone</i>	67
<i>emtricitabine/tenofovir disoproxil fumarate</i>	26	<i>ethambutol hydrochloride</i>	15
<i>emtricitabine/tenofovir disoproxil fumarate</i>	26	<i>ethosuximide</i>	8
EMTRIVA	26	<i>ethynodiol diacetate/ethinyl estradiol</i>	51
<i>emzahn</i>	53	<i>etodolac</i>	1
<i>enalapril maleate</i>	34	<i>etonogestrel/ethinyl estradiol</i>	51
<i>enalapril maleate/hydrochlorothiazide</i>	36	<i>etravirine</i>	26
ENBREL	57	EUCRISA	42
ENBREL MINI	57	EULEXIN	15
ENBREL SURECLICK	57	<i>everolimus</i>	17
<i>endocet</i>	2	<i>everolimus</i>	57
ENGERIX-B	58	EVOTAZ	27
<i>enilloring</i>	50	EVRYSDI	47
<i>enoxaparin sodium</i>	32	<i>exemestane</i>	16
<i>enpresse-28</i>	50	EXXUA	11
ENSACOVE	17	EXXUA TITRATION PACK	10
<i>entacapone</i>	21	<i>ezetimibe</i>	38
<i>entecavir</i>	25	<i>ezetimibe/simvastatin</i>	37
ENTYVIO PEN	55	FABRAZYME	47
<i>enulose</i>	45	<i>falmina</i>	51
ENVARUSUS XR	57	<i>famciclovir</i>	28
EPIDIOLEX	7	<i>famotidine</i>	46
		FANAPT	23
		FANAPT TITRATION PACK A	23
		FANAPT TITRATION PACK B	23

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FANAPT TITRATION PACK C	23	<i>fluvastatin</i>	37
FARXIGA	38	<i>fluvastatin sodium er</i>	37
FASENRA	66	<i>fluvoxamine maleate</i>	11
FASENRA PEN	66	<i>fondaparinux sodium</i>	32
<i>febuxostat</i>	14	<i>fosamprenavir calcium</i>	27
<i>feirza 1.5/30</i>	51	<i>fosfomycin tromethamine</i>	4
<i>feirza 1/20</i>	51	<i>fosinopril sodium</i>	34
<i>felbamate</i>	7	<i>fosinopril sodium/hydrochlorothiazide</i>	36
<i>felodipine er</i>	35	FOTIVDA	17
<i>fenofibrate</i>	37	FRAGMIN	32
<i>fenofibrate micronized</i>	37	FRUZAQLA	17
<i>fenofibric acid dr</i>	37	<i>furosemide</i>	37
<i>fentanyl</i>	1	FYAVOLV	51
<i>fesoterodine fumarate er</i>	48	<i>gabapentin</i>	8
FETZIMA	11	<i>galantamine hydrobromide</i>	10
FETZIMA TITRATION PACK	11	<i>galantamine hydrobromide er</i>	10
<i>fidaxomicin</i>	6	<i>gallifrey</i>	53
FILSPARI	36	GAMASTAN	55
FINACEA	41	<i>ganciclovir</i>	25
<i>finasteride</i>	48	GARDASIL 9	58
<i>fingolimod hydrochloride</i>	40	<i>gatifloxacin</i>	62
FINTEPLA	7	<i>gavilyte-c</i>	46
FIRMAGON	54	<i>gavilyte-g</i>	46
FLAREX	62	<i>gavilyte-n/flavor pack</i>	46
<i>flecainide acetate</i>	34	GAVRETO	17
<i>fluconazole</i>	13	<i>gefitinib</i>	17
<i>fluconazole in sodium chloride</i>	13	<i>gemfibrozil</i>	37
<i>flucytosine</i>	13	GEMTESA	48
<i>fludrocortisone acetate</i>	49	<i>generlac</i>	45
<i>flunisolide</i>	63	<i>gengraf</i>	57
<i>fluocinolone acetonide</i>	42	GENOTROPIN	49
<i>fluocinonide</i>	42	GENOTROPIN MINIQUICK	49
<i>fluorometholone</i>	62	<i>gentamicin sulfate</i>	3
<i>fluorouracil</i>	43	<i>gentamicin sulfate</i>	62
<i>fluoxetine hydrochloride</i>	11	<i>gentamicin sulfate pediatric</i>	3
<i>fluphenazine decanoate</i>	22	GENVOYA	25
<i>fluphenazine hcl</i>	22	GILOTRIF	17
<i>fluphenazine hydrochloride</i>	22	<i>glatiramer acetate</i>	40
<i>flurbiprofen</i>	1	<i>glimepiride</i>	28
<i>flurbiprofen sodium</i>	62	<i>glipizide</i>	29
FLUTICASONE FUROATE/VILANTEROL	66	<i>glipizide er</i>	29
ELLIPTA		<i>glipizide xl</i>	29
<i>fluticasone propionate</i>	42	<i>glipizide/metformin hydrochloride</i>	29
<i>fluticasone propionate</i>	63	<i>glucagon emergency kit for low blood sugar</i>	30
<i>fluticasone propionate/salmeterol</i>	66	<i>glyburide</i>	29
<i>fluticasone propionate/salmeterol diskus</i>	66	<i>glyburide/metformin hydrochloride</i>	29

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<i>glycopyrrolate</i>	46	<i>hydrocortisone valerate</i>	42
GLYXAMBI	29	<i>hydrocortisone/acetic acid</i>	63
GOMEKLI	17	<i>hydromorphone hcl</i>	2
<i>griseofulvin microsize</i>	13	<i>hydromorphone hydrochloride</i>	2
<i>griseofulvin ultramicrosize</i>	13	<i>hydroxychloroquine sulfate</i>	21
<i>guanfacine hydrochloride</i>	33	<i>hydroxyurea</i>	16
<i>guanfacine hydrochloride er</i>	39	<i>hydroxyzine hcl</i>	64
GVOKE HYPOPEN 1-PACK	30	<i>hydroxyzine hydrochloride</i>	64
GVOKE HYPOPEN 2-PACK	30	<i>hydroxyzine pamoate</i>	64
GVOKE KIT	30	HYPERHEP B	55
GVOKE PFS	30	HYRNUO	18
<i>hailey 1.5/30</i>	51	<i>ibandronate sodium</i>	60
<i>hailey fe 1.5/30</i>	51	IBRANCE	16
<i>hailey fe 1/20</i>	51	IBRANCE	18
<i>halobetasol propionate</i>	42	IBTROZI	18
<i>haloperidol</i>	22	<i>ibu</i>	1
<i>haloperidol decanoate</i>	22	<i>ibuprofen</i>	1
<i>haloperidol lactate</i>	22	<i>icatibant acetate</i>	55
HAVRIX	58	<i>iclevia</i>	51
<i>heather</i>	53	ICLUSIG	18
<i>heparin sodium</i>	32	<i>icosapent ethyl</i>	38
HEPLISAV-B	58	IDHIFA	18
HERNEXEOS	17	IDVYNZO	26
HIBERIX	58	IGALMI	28
HIZENTRA	55	ILEVRO	62
HUMALOG	30	<i>imatinib mesylate</i>	18
HUMALOG JUNIOR KWIKPEN	30	IMBRUVICA	18
HUMALOG KWIKPEN	30	<i>imipenem/cilastatin</i>	6
HUMALOG MIX 50/50 KWIKPEN	30	<i>imipramine hcl</i>	12
HUMALOG MIX 75/25	30	<i>imipramine hydrochloride</i>	12
HUMALOG MIX 75/25 KWIKPEN	30	<i>imiquimod</i>	43
HUMATIN	3	IMKELDI	18
HUMULIN 70/30	30	IMOVAX RABIES (H.D.C.V.)	58
HUMULIN 70/30 KWIKPEN	30	IMPAVIDO	4
HUMULIN N	30	INBRIJA	22
HUMULIN N KWIKPEN	30	<i>incassia</i>	53
HUMULIN R	30	INCRELEX	49
HUMULIN R U-500 (CONCENTRATED)	30	INCRUSE ELLIPTA	64
HUMULIN R U-500 KWIKPEN	30	<i>indapamide</i>	37
<i>hydralazine hydrochloride</i>	38	<i>indomethacin</i>	1
<i>hydrochlorothiazide</i>	37	<i>indomethacin er</i>	1
<i>hydrocodone bitartrate/acetaminophen</i>	2	INFANRIX	58
<i>hydrocodone/acetaminophen</i>	2	INFLIXIMAB	57
<i>hydrocortisone</i>	42	INGREZZA	40
<i>hydrocortisone</i>	49	INLURIYO	15
<i>hydrocortisone</i>	59	INLYTA	18

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INREBIC	16	JUBLIA	13
<i>insulin lispro</i>	30	JULUCA	25
INSULIN SYRINGES, NEEDLES	60	<i>junel 1.5/30</i>	51
INTELENCE	26	<i>junel 1/20</i>	51
<i>introvale</i>	51	<i>junel fe 1.5/30</i>	51
INVEGA HAFYERA	23	<i>junel fe 1/20</i>	51
INVEGA SUSTENNA	23	JYLAMVO	57
INVEGA TRINZA	23	JYNNEOS	58
IPOL INACTIVATED IPV	58	KALETRA	27
<i>ipratropium bromide</i>	64	KALYDECO	65
<i>ipratropium bromide hfa</i>	64	<i>kariva</i>	51
<i>ipratropium bromide/albuterol sulfate</i>	66	<i>kelnor 1/35</i>	51
<i>irbesartan</i>	33	KERENDIA	38
<i>irbesartan/hydrochlorothiazide</i>	36	KESIMPTA	40
ISENTRESS	25	<i>ketoconazole</i>	13
ISENTRESS HD	25	<i>ketorolac tromethamine</i>	1
ISONIAZID	15	<i>ketorolac tromethamine</i>	62
<i>isosorbide dinitrate</i>	38	<i>ketorolac tromethamine + rfid</i>	1
<i>isosorbide dinitrate/hydralazine</i>	36	KINERET	55
<i>hydrochloride</i>		KINRIX	58
<i>isosorbide mononitrate</i>	38	<i>kionex</i>	45
<i>isosorbide mononitrate er</i>	38	KISQALI	18
<i>isotretinoin</i>	41	KISQALI FEMARA 400 DOSE	16
ISTURISA	49	KISQALI FEMARA 600 DOSE	16
ITOVEBI	16	<i>klayesta</i>	13
<i>itraconazole</i>	13	<i>klor-con</i>	44
<i>ivabradine hydrochloride</i>	36	<i>klor-con 10</i>	44
<i>ivermectin</i>	21	<i>klor-con 8</i>	44
IWILFIN	16	<i>klor-con m10</i>	44
IXIARO	58	<i>klor-con m15</i>	44
<i>jaimiess</i>	51	<i>klor-con m20</i>	44
JAKAFI	18	KLOXXADO	3
JAKAFI XR	18	KOMZIFTI	16
<i>jantoven</i>	32	KOSELUGO	18
JANUMET	29	KRAZATI	18
JANUMET XR	29	<i>kurvelo</i>	51
JANUVIA	29	KYGEVVI	60
JARDIANCE	38	<i>labetalol hydrochloride</i>	34
JAYPIRCA	18	<i>lacosamide</i>	9
<i>jencycla</i>	53	<i>lactulose</i>	45
JENTADUETO	29	<i>lamivudine</i>	25
JENTADUETO XR	29	<i>lamivudine</i>	26
<i>jinteli</i>	51	<i>lamivudine/zidovudine</i>	26
<i>jolessa</i>	51	<i>lamotrigine</i>	7
JOURNAVX	1	<i>lamotrigine er</i>	7

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<i>lamotrigine starter kit/green</i>	7	LEVOXYL	54
<i>lamotrigine starter kit/orange</i>	7	<i>l-glutamine</i>	47
<i>lansoprazole</i>	47	<i>lidocaine</i>	2
LANTUS	30	<i>lidocaine hydrochloride viscous</i>	41
LANTUS SOLOSTAR	30	<i>lidocaine viscous</i>	41
<i>lapatinib ditosylate</i>	18	<i>lidocaine/prilocaine</i>	2
<i>larin 1.5/30</i>	51	LIFYORLI	18
<i>larin 1/20</i>	51	LILETTA	53
<i>larin fe 1.5/30</i>	51	<i>linezolid</i>	4
<i>larin fe 1/20</i>	51	LINZESS	45
<i>latanoprost</i>	63	<i>liomny</i>	54
LAZCLUZE	16	<i>liothyronine sodium</i>	54
<i>leflunomide</i>	57	<i>lisinopril</i>	34
<i>lenalidomide</i>	15	<i>lisinopril/hydrochlorothiazide</i>	36
LENVIMA 10 MG DAILY DOSE	18	<i>lithium</i>	28
LENVIMA 12MG DAILY DOSE	18	<i>lithium carbonate</i>	28
LENVIMA 14 MG DAILY DOSE	18	<i>lithium carbonate er</i>	28
LENVIMA 18 MG DAILY DOSE	18	LIVTENCITY	25
LENVIMA 20 MG DAILY DOSE	18	<i>lojaimiess</i>	51
LENVIMA 24 MG DAILY DOSE	18	LOKELMA	45
LENVIMA 4 MG DAILY DOSE	18	<i>lomustine</i>	15
LENVIMA 8 MG DAILY DOSE	18	LONSURF	16
LEQEMBI IQLIK	10	<i>loperamide hydrochloride</i>	46
<i>lessina</i>	51	<i>lopinavir/ritonavir</i>	27
<i>letrozole</i>	16	<i>lorazepam</i>	28
<i>leucovorin calcium</i>	16	<i>lorazepam intensol</i>	28
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LEUKINE	32	<i>losartan potassium</i>	33
<i>leuprolide acetate</i>	54	<i>losartan potassium/hydrochlorothiazide</i>	36
<i>levalbuterol hcl</i>	64	<i>loteprednol etabonate</i>	62
<i>levalbuterol hydrochloride</i>	64	<i>lovastatin</i>	37
<i>levalbuterol tartrate hfa</i>	64	<i>low-ogestrel</i>	51
<i>levetiracetam</i>	7	<i>loxapine</i>	22
<i>levetiracetam er</i>	7	<i>lubiprostone</i>	45
<i>levobunolol hcl</i>	62	<i>luizza 1.5/30</i>	51
<i>levocarnitine</i>	60	<i>luizza 1/20</i>	51
<i>levocetirizine dihydrochloride</i>	64	LUMAKRAS	19
<i>levofloxacin</i>	6	LUMIGAN	63
LEVOFLOXACIN	62	LUPRON DEPOT (1-MONTH)	54
<i>levofloxacin in d5w</i>	6	LUPRON DEPOT (3-MONTH)	54
<i>levonest</i>	51	LUPRON DEPOT (4-MONTH)	54
<i>levonorgestrel and ethinyl estradiol</i>	51	LUPRON DEPOT (6-MONTH)	54
<i>levonorgestrel/ethinyl estradiol</i>	51	LUPRON DEPOT-PED (1-MONTH)	54
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<i>lyleq</i>	53	<i>methocarbamol</i>	67
<i>lyllana</i>	52	<i>methotrexate</i>	57
LYNPARZA	19	<i>methotrexate sodium</i>	57
LYSODREN	16	<i>methsuximide</i>	8
LYTGOBI	19	METHYLDOPA	33
LYUMJEV	31	<i>methylphenidate hydrochloride</i>	39
LYUMJEV KWIKPEN	31	<i>methylphenidate hydrochloride er</i>	39
<i>lyza</i>	53	<i>methylphenidate hydrochloride er (dif)</i>	39
<i>macitentan</i>	65	<i>methylphenidate hydrochloride er (osm)</i>	39
<i>magnesium sulfate</i>	44	<i>methylprednisolone</i>	49
<i>malathion</i>	43	<i>methylprednisolone dose pack</i>	49
<i>maraviroc</i>	26	<i>metoclopramide hcl</i>	46
<i>marlissa</i>	52	<i>metoclopramide hydrochloride</i>	46
MARPLAN	11	<i>metolazone</i>	37
MATULANE	15	<i>metoprolol succinate er</i>	34
<i>matzim la</i>	35	<i>metoprolol tartrate</i>	34
MAVYRET	25	<i>metronidazole</i>	4
MAYZENT	40	<i>metronidazole</i>	41
MAYZENT STARTER PACK	40	<i>metronidazole vaginal</i>	4
<i>meclizine hcl</i>	12	<i>metirosine</i>	36
<i>meclizine hydrochloride</i>	12	<i>mexiletine hydrochloride</i>	34
<i>medroxyprogesterone acetate</i>	53	<i>micafungin</i>	13
<i>mefloquine hydrochloride</i>	21	<i>microgestin 1.5/30</i>	52
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<i>meleya</i>	53	<i>midodrine hydrochloride</i>	33
<i>meloxicam</i>	1	MIEBO	61
<i>memantine hcl titration pak</i>	10	<i>mifepristone</i>	54
<i>memantine hydrochloride</i>	10	<i>miglustat</i>	47
<i>memantine hydrochloride er</i>	10	<i>mili</i>	52
MENQUADFI	58	<i>mimvey</i>	52
MENVEO	58	<i>minocycline hcl</i>	7
<i>mercaptapurine</i>	16	<i>minocycline hydrochloride</i>	7
<i>meropenem</i>	6	<i>minoxidil</i>	38
<i>mesalamine</i>	59	<i>mirtazapine</i>	11
<i>mesalamine dr</i>	59	<i>mirtazapine odt</i>	11
<i>mesalamine er</i>	59	<i>misoprostol</i>	47
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<i>metformin hydrochloride</i>	29	<i>modafinil</i>	67
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<i>methadone hcl</i>	1	<i>moexipril hydrochloride</i>	34
<i>methadone hydrochloride</i>	2	<i>molindone hydrochloride</i>	22
<i>methadone hydrochloride intensol</i>	2	<i>mometasone furoate</i>	42

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<i>montelukast sodium</i>	64	NEXLIZET	38
<i>morphine sulfate</i>	2	NEXPLANON	53
<i>morphine sulfate er</i>	2	<i>niacin er</i>	38
MOUNJARO	29	NICOTROL NS	3
MOVANTIK	45	<i>nifedipine er</i>	35
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	6	<i>nilotinib hydrochloride</i>	19
<i>moxifloxacin hydrochloride</i>	6	<i>nilutamide</i>	15
<i>moxifloxacin hydrochloride</i>	62	<i>nimodipine</i>	35
MRESVIA	58	NINLARO	19
MULTAQ	34	<i>nintedanib esylate</i>	65
<i>mupirocin</i>	43	<i>nitazoxanide</i>	21
<i>mycophenolate mofetil</i>	57	<i>nitisinone</i>	47
<i>mycophenolic acid dr</i>	57	NITRO-BID	38
MYRBETRIQ	48	<i>nitrofurantoin macrocrystals</i>	4
<i>nabumetone</i>	1	<i>nitrofurantoin monohydrate</i>	4
<i>nadolol</i>	34	<i>nitrofurantoin monohydrate/macrocrystals</i>	4
<i>nafcillin sodium</i>	6	<i>nitroglycerin</i>	38
<i>naloxone hcl</i>	3	<i>nitroglycerin</i>	46
<i>naloxone hydrochloride</i>	3	<i>nitroglycerin transdermal</i>	38
<i>naltrexone hydrochloride</i>	3	<i>nizatidine</i>	47
<i>naproxen</i>	1	<i>nora-be</i>	53
<i>naproxen dr</i>	1	<i>norelgestromin/ethinyl estradiol</i>	52
<i>naproxen sodium</i>	1	<i>norethindrone</i>	53
<i>naratriptan hcl</i>	14	<i>norethindrone acetate</i>	53
NATACYN	62	<i>norethindrone acetate/ethinyl estradiol</i>	52
<i>nateglinide</i>	29	<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	52
NAYZILAM	7	<i>norgestimate/ethinyl estradiol</i>	52
<i>nebivolol hydrochloride</i>	34	<i>norlyroc</i>	53
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<i>neomycin sulfate</i>	3	<i>nortrel 7/7/7</i>	52
<i>neomycin/polymyxin/bacitracin</i>	61	<i>nortriptyline hcl</i>	12
<i>neomycin/polymyxin/bacitracin zinc</i>	61	<i>nortriptyline hydrochloride</i>	12
<i>neomycin/polymyxin/bacitracin/hydrocortison e</i>	61	NORVIR	27
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NOVOLIN R RELION	31	OMNIPOD 5 LIBRE PODS	60
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NOVOLOG MIX 70/30 PREFILLED	31	<i>ondansetron hydrochloride</i>	13
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NOVOLOG MIX 70/30 PREFILLED	31	ONPATTRO	47
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NOVOLOG MIX 70/30 RELION	31	OPIPZA	23
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<i>nylia 1/35</i>	52	ORKAMBI	65
<i>nylia 7/7/7</i>	52	<i>orphenadrine citrate er</i>	67
<i>nystatin</i>	13	<i>orquidea</i>	53
<i>nystatin/triamcinolone</i>	43	ORSERDU	15
<i>nystatin/triamcinolone acetonide</i>	43	<i>oseltamivir phosphate</i>	27
<i>nystop</i>	13	OSENVILT	60
<i>octreotide acetate</i>	54	OSPHERA	53
ODEFSEY	26	OTEZLA	43
ODOMZO	19	OTEZLA	55
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<i>ofloxacin</i>	63	TREATMENT INITIATION PACK	
OGSIVEO	16	<i>oxaprozin</i>	1
OJEMDA	16	<i>oxcarbazepine</i>	9
OJJAARA	19	<i>oxybutynin chloride</i>	48
<i>olanzapine</i>	23	<i>oxybutynin chloride er</i>	48
<i>olanzapine odt</i>	23	<i>oxycodone hydrochloride</i>	2
<i>olmesartan medoxomil</i>	33	<i>oxycodone/acetaminophen</i>	2
<i>olmesartan medoxomil/hydrochlorothiazide</i>	36	OZEMPIC	29
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<i>omega-3-acid ethyl esters</i>	38	<i>paliperidone er</i>	23
<i>omeprazole</i>	47	PANRETIN	21
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PAXLOVID	28	<i>piroxicam</i>	1
<i>pazopanib hydrochloride</i>	19	<i>pitavastatin calcium</i>	37
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<i>peg-3350/nacl/na bicarbonate/kcl</i>	46	<i>pomalidomide</i>	15
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PENBRAYA	58	<i>posaconazole dr</i>	13
<i>penicillamine</i>	45	<i>potassium chloride</i>	44
<i>penicillin g sodium</i>	6	<i>potassium chloride er</i>	44
<i>penicillin v potassium</i>	6	<i>potassium citrate er</i>	45
PENMENVY	58	PRALUENT	38
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<i>pentamidine isethionate</i>	21	<i>prasugrel hydrochloride</i>	33
<i>pentoxifylline er</i>	36	<i>pravastatin sodium</i>	37
<i>perampanel</i>	7	<i>praziquantel</i>	21
<i>perindopril erbumine</i>	34	<i>prazosin hydrochloride</i>	33
<i>periogard</i>	41	<i>prednisolone</i>	49
<i>permethrin</i>	43	<i>prednisolone acetate</i>	62
<i>perphenazine</i>	22	<i>prednisolone sodium phosphate</i>	49
PERSERIS	24	<i>prednisone</i>	49
<i>phenelzine sulfate</i>	11	<i>pregabalin</i>	8
<i>phenobarbital</i>	8	PREMARIN	52
PHENYTEK	9	PREMPHASE	52
<i>phenytoin</i>	9	PREMPRO	52
<i>phenytoin infatabs</i>	9	<i>prenatal</i>	45
<i>phenytoin sodium extended</i>	9	PRETOMANID	14
PHESGO	16	<i>prevalite</i>	38
<i>philith</i>	52	PREVYMIS	25
PIFELTRO	26	PREZCOBIX	27
<i>pilocarpine hydrochloride</i>	41	PREZISTA	27
<i>pilocarpine hydrochloride</i>	63	PRIFTIN	15
<i>pimecrolimus</i>	42	<i>primaquine phosphate</i>	21
<i>pimozide</i>	22	<i>primidone</i>	8
<i>pimtrea</i>	52	PRIORIX	58
<i>pindolol</i>	34	PRIVIGEN	55
<i>pioglitazone hcl</i>	29	PROAIR RESPICLICK	64
<i>pioglitazone hcl/metformin hcl</i>	29	<i>probenecid</i>	14
<i>pioglitazone hydrochloride</i>	29	<i>probenecid/colchicine</i>	14
<i>piperacillin sodium/tazobactam sodium</i>	6	<i>prochlorperazine</i>	12
PIQRAY 200MG DAILY DOSE	19	<i>prochlorperazine maleate</i>	12
PIQRAY 250MG DAILY DOSE	19	PROCRIT	32

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<i>procto-med hc</i>	59	RETACRIT	33
<i>progesterone</i>	53	RETEVMO	19
PROGRAF	57	REVCovi	47
PROLASTIN-C	47	REVUFORJ	16
<i>promethazine hcl</i>	12	REXTOVY	3
<i>promethazine hydrochloride</i>	12	REXULTI	24
<i>promethegan</i>	12	REYATAZ	27
<i>propafenone hcl</i>	34	REZDIFFRA	54
<i>propafenone hydrochloride</i>	34	REZLIDHIA	19
<i>propafenone hydrochloride er</i>	34	REZUROCK	57
<i>propranolol hcl</i>	34	RHOPRESSA	63
<i>propranolol hydrochloride</i>	35	<i>ribavirin</i>	25
<i>propranolol hydrochloride er</i>	35	<i>rifabutin</i>	14
<i>propylthiouracil</i>	55	<i>rifampin</i>	15
PROQUAD	58	<i>rilpivirine hydrochloride</i>	26
<i>protriptyline hcl</i>	12	<i>riluzole</i>	40
PULMOZYME	65	RINVOQ	55
<i>pyrazinamide</i>	15	RINVOQ LQ	55
<i>pyridostigmine bromide</i>	14	<i>risedronate sodium</i>	60
<i>pyrimethamine</i>	21	<i>risperidone</i>	24
PYRUKYND	47	<i>risperidone er</i>	24
PYRUKYND TAPER PACK	47	<i>risperidone odt</i>	24
QINLOCK	19	<i>ritonavir</i>	27
QUADRACEL	58	<i>rivaroxaban</i>	32
<i>quetiapine fumarate</i>	24	<i>rivastigmine tartrate</i>	10
<i>quetiapine fumarate er</i>	24	<i>rivastigmine transdermal system</i>	10
<i>quinapril hydrochloride</i>	34	RIVFLOZA	60
<i>quinapril/hydrochlorothiazide</i>	36	<i>rizatriptan benzoate</i>	14
<i>quinidine sulfate</i>	34	<i>rizatriptan benzoate odt</i>	14
<i>quinine sulfate</i>	21	ROCKLATAN	61
QVAR REDHALER	63	<i>roflumilast</i>	65
RABAVERT	59	ROMVIMZA	19
<i>rabeprazole sodium</i>	47	<i>ropinirole er</i>	21
RALDESY	12	<i>ropinirole hcl</i>	21
<i>raloxifene hydrochloride</i>	53	<i>ropinirole hydrochloride</i>	21
<i>ramelteon</i>	67	<i>rosuvastatin calcium</i>	37
<i>ramipril</i>	34	ROTARIX	59
<i>ranolazine er</i>	36	ROTATEQ	59
<i>rasagiline mesylate</i>	22	<i>roweepra</i>	7
RAYALDEE	60	ROZLYTREK	19
RECOMBIVAX HB	59	RUBRACA	19
<i>repaglinide</i>	29	<i>rufinamide</i>	9
REPATHA	38	RUKOBIA	27
REPATHA SURECLICK	38	RYBELSUS	29
RESTASIS	61	RYDAPT	19
RESTASIS MULTIDOSE	61	<i>sacubitril/valsartan</i>	36

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SANTYL	43	sorafenib tosylate	19
sapropterin dihydrochloride	47	sotalol hcl	34
SAVELLA	40	sotalol hydrochloride	34
SAVELLA TITRATION PACK	40	sotalol hydrochloride (af)	34
SCSEMBLIX	19	SPEVIGO	42
scopolamine	12	SPIRIVA RESPIMAT	64
SECUADO	24	spironolactone	38
selegiline hcl	22	spironolactone/hydrochlorothiazide	36
selenium sulfide	42	SPRAVATO 56MG DOSE	11
SELZENTRY	27	SPRAVATO 84MG DOSE	11
SEREVENT DISKUS	64	sprintec 28	52
sertraline hcl	12	SPRITAM	7
sertraline hydrochloride	12	SPS	45
setlakin	52	sronyx	52
sevelamer hydrochloride	45	ssd	43
SFROWASA	59	STARJEMZA	56
sharobel	53	STEQEYMA	56
SHINGRIX	59	STIOLTO RESPIMAT	66
SIGNIFOR	54	STIVARGA	19
sildenafil citrate	65	stoboclo	60
silodosin	48	STRENSIQ	47
silver sulfadiazine	43	streptomycin sulfate	3
SIMBRINZA	61	STRIBILD	25
simliya	52	SUBVENITE	7
simpesse	52	subvenite starter kit/blue	7
simvastatin	37	subvenite starter kit/green	7
sirolimus	57	subvenite starter kit/orange	7
SIRTURO	15	SUCRAID	47
SIVEXTRO	4	sucrafate	47
SKYCLARYS	60	sulfacetamide sodium	62
SKYRIZI	55	sulfacetamide sodium/prednisolone sodium	61
SKYRIZI PEN	55	phosphate	
sodium chloride	45	sulfadiazine	6
sodium chloride 0.45%	45	sulfamethoxazole/trimethoprim	6
sodium chloride 0.9%	60	sulfamethoxazole/trimethoprim ds	6
sodium oxybate	67	sulfasalazine	59
sodium phenylbutyrate	47	sulindac	1
sodium polystyrene sulfonate	45	sumatriptan	14
sodium sulfate/potassium sulfate/magnesium	46	sumatriptan succinate	14
sulfate		sunitinib malate	19
sofosbuvir/velpatasvir	25	SUNLENCA	27
solifenacin succinate	48	SUTAB	46
SOLQUA 100/33	29	SYMPAZAN	8
SOLTAMOX	15	SYMTUZA	27
SOMAVERT	54	SYNJARDY	29
sorafenib	19	SYNJARDY XR	29

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TABLOID	16	<i>tigecycline</i>	4
TABRECTA	20	<i>timolol maleate</i>	14
<i>tacrolimus</i>	42	<i>timolol maleate</i>	62
<i>tacrolimus</i>	57	<i>tinidazole</i>	4
<i>tacrolimus er</i>	57	<i>tiotropium bromide</i>	64
<i>tadalafil</i>	48	TIVICAY	25
<i>tadalafil</i>	65	TIVICAY PD	25
TAFINLAR	20	<i>tizanidine hcl</i>	24
TAGRISSO	20	<i>tizanidine hydrochloride</i>	24
TALICIA	46	TOBI PODHALER	65
TALZENNA	20	TOBRADEX	61
<i>tamoxifen citrate</i>	15	<i>tobramycin</i>	62
<i>tamsulosin hydrochloride</i>	48	<i>tobramycin</i>	65
<i>tarina fe 1/20 eq</i>	52	<i>tobramycin sulfate</i>	3
TARPEYO	59	<i>tobramycin/dexamethasone</i>	61
TAVNEOS	56	<i>tofacitinib citrate</i>	56
<i>tazarotene</i>	41	<i>tofacitinib citrate er</i>	56
TAZICEF	5	<i>tolterodine tartrate</i>	48
TAZVERIK	20	<i>tolterodine tartrate er</i>	48
<i>telmisartan</i>	33	<i>tolvaptan</i>	45
<i>telmisartan/hydrochlorothiazide</i>	36	<i>topiramate</i>	8
<i>temazepam</i>	67	<i>topotecan hcl</i>	16
TENIVAC	59	<i>topotecan hydrochloride</i>	17
<i>tenofovir disoproxil fumarate</i>	26	<i>toremifene citrate</i>	15
TEPMETKO	20	<i>torsemide</i>	37
<i>terazosin hcl</i>	48	TOUJEO MAX SOLOSTAR	31
<i>terazosin hydrochloride</i>	48	TOUJEO SOLOSTAR	31
<i>terbinafine hcl</i>	14	TRADJENTA	29
<i>terconazole</i>	14	<i>tramadol hydrochloride</i>	2
<i>teriparatide</i>	60	<i>tramadol hydrochloride/acetaminophen</i>	2
<i>testosterone</i>	49	<i>trandolapril</i>	34
<i>testosterone cypionate</i>	49	<i>tranexamic acid</i>	33
<i>testosterone enanthate</i>	49	<i>tranylcypromine sulfate</i>	11
<i>testosterone pump</i>	49	<i>travoprost</i>	63
<i>tetrabenazine</i>	40	<i>trazodone hydrochloride</i>	12
<i>tetracycline hydrochloride</i>	7	TRELEGY ELLIPTA	66
TEVIMBRA	20	TRELSTAR MIXJECT	54
THALOMID	15	TREMFYA	56
<i>theophylline er</i>	65	TREMFYA INDUCTION PACK FOR	56
<i>thioridazine hydrochloride</i>	22	CROHNS DISEASE/ULCERATIVE	
<i>thiothixene</i>	22	COLITIS	
<i>tiadylt er</i>	35	TREMFYA PEN	56
<i>tiagabine hydrochloride</i>	8	TRESIBA	31
TIBSOVO	20	TRESIBA FLEXTOUCH	31
<i>ticagrelor</i>	33	<i>tretinoin</i>	21

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<i>tretinoin</i>	41	<i>valacyclovir hydrochloride</i>	28
<i>triamcinolone acetonide</i>	42	VALCHLOR	15
<i>triamcinolone acetonide dental paste</i>	41	<i>valganciclovir</i>	25
<i>triamterene</i>	37	<i>valganciclovir hydrochloride</i>	25
<i>triamterene/hydrochlorothiazide</i>	36	<i>valproic acid</i>	8
<i>triderm</i>	42	<i>valsartan</i>	33
<i>trientine hydrochloride</i>	45	<i>valsartan/hydrochlorothiazide</i>	37
<i>tri-estarylla</i>	52	VALTOCO 10 MG DOSE	8
<i>trifluoperazine hcl</i>	22	VALTOCO 15 MG DOSE	9
<i>trifluoperazine hydrochloride</i>	22	VALTOCO 20 MG DOSE	9
<i>trifluridine</i>	62	VALTOCO 5 MG DOSE	9
<i>trihexyphenidyl hydrochloride</i>	21	VALTYA 1/35	53
TRIJARDY XR	30	<i>valtya 1/50</i>	53
TRIKAFTA	65	<i>vancomycin hcl</i>	4
<i>tri-lynyah</i>	52	<i>vancomycin hydrochloride</i>	4
<i>trimethoprim</i>	4	VANFLYTA	20
<i>tri-mili</i>	52	VAQTA	59
<i>trimipramine maleate</i>	12	<i>varenicline starting month</i>	3
TRINTELLIX	12	<i>varenicline tartrate</i>	3
<i>tri-sprintec</i>	52	<i>varenicline tartrate continuing month</i>	3
TRIUMEQ	26	VARIVAX	59
TRIUMEQ PD	26	VAXCHORA	59
<i>tri-vylibra</i>	52	VAXELIS	59
<i>trospium chloride</i>	48	VELPHORO	45
<i>trospium chloride er</i>	48	VELTASSA	45
TRULICITY	30	VENCLEXTA	20
TRUMENBA	59	VENCLEXTA STARTING PACK	20
TRUQAP	20	<i>venlafaxine hydrochloride</i>	12
TRYNGOLZA	38	<i>venlafaxine hydrochloride er</i>	12
TUKYSA	20	VEOPOZ	56
TURALIO	20	VEOZAH	40
<i>turqoz</i>	52	VEPPANU	16
TWINRIX	59	<i>verapamil hcl er</i>	35
TYBOST	27	<i>verapamil hcl sr</i>	35
TYENNE	56	<i>verapamil hydrochloride</i>	35
TYMLOS	60	<i>verapamil hydrochloride er</i>	35
TYPHIM VI	59	<i>verapamil hydrochloride sr</i>	35
TYRVAYA	61	VERQUVO	38
UBRELVY	14	VERSACLOZ	24
UDENYCA	33	VERZENIO	20
UDENYCA ONBODY	33	V-GO 20	60
<i>ulticare micro pen needles/32g x 5/32"</i>	60	V-GO 30	60
<i>unifine pentips 32gx6mm</i>	60	V-GO 40	61
UNITHROID	54	<i>vienva</i>	53
<i>urea</i>	43	<i>vigabatrin</i>	9
<i>ursodiol</i>	46	<i>vigadrone</i>	9

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VIGAFYDE	9	XPOVIO	20
<i>vilazodone hydrochloride</i>	12	XPOVIO 60 MG TWICE WEEKLY	20
VIMKUNYA	59	XPOVIO 80 MG TWICE WEEKLY	20
<i>viorele</i>	53	XTAMPZA ER	2
VIRACEPT	27	XTANDI	15
VIREAD	26	<i>xulane</i>	53
VITRAKVI	20	<i>yargesa</i>	48
VIVITROL	3	YESINTEK	56
VIVOTIF	59	YF-VAX	59
VIZIMPRO	20	YONSA	15
VOCABRIA	25	<i>yulithira</i>	20
<i>volnea</i>	53	YUPELRI	64
VONJO	16	<i>yuvaferm</i>	53
VORANIGO	21	<i>zafemy</i>	53
<i>voriconazole</i>	14	<i>zafirlukast</i>	64
VOSEVI	25	<i>zaleplon</i>	67
VOWST	46	ZARXIO	33
VRAYLAR	24	ZEJULA	20
VUMERITY	40	ZELBORAF	20
<i>vyfemla</i>	53	ZELVYSIA	48
VYJUVEK	28	<i>zenatane</i>	41
<i>vylibra</i>	53	ZENPEP	48
VYNDAMAX	37	ZEPOSIA	40
VYVGART HYTRULO	14	ZEPOSIA 7-DAY STARTER PACK	40
VYVGART HYTRULO	56	ZEPOSIA STARTER KIT	40
VYZULTA	63	<i>zidovudine</i>	26
<i>warfarin sodium</i>	32	<i>ziprasidone hcl</i>	24
WEGOVY	61	<i>ziprasidone mesylate</i>	24
WELIREG	47	ZIRGAN	62
<i>wera</i>	53	ZOKINVY	61
WINREVAIR	65	ZOLINZA	16
<i>wixela inhub</i>	66	<i>zolmitriptan</i>	14
WYOST	60	<i>zolpidem tartrate</i>	67
XALKORI	20	<i>zolpidem tartrate er</i>	67
XARELTO	32	ZONISADE	10
XATMEP	57	<i>zonisamide</i>	10
XCOPRI	9	<i>zovia 1/35</i>	53
XDEMVI	62	ZTALMY	9
XERMELO	46	ZURZUVAE	11
XIFAXAN	46	ZYDELIG	20
XIGDUO XR	30	ZYKADIA	20
XIIDRA	61	ZYMFENTRA 2-PEN	58
XOFLUZA	27	ZYMFENTRA 2-SYRINGE	58
XOLAIR	56	ZYPREXA RELPREVV	24
XOLREMDI	33		
XOSPATA	20		

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This formulary was updated on 08/06/2026.

For more recent information or other questions, please contact AZ Blue Member Services at:



480-937-0409 (in Arizona) or toll-free at **1-800-446-8331** (TTY users should call **711**) 8 a.m. to 8 p.m., Monday through Friday, from April 1 to September 30, and seven days a week from October 1 to March 31,



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