PREMERA BLUE CROSS
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Preferred (B4) Formulary Drug List Effective 10-01-2026

How to use this list:

On a 4 tier PPO plan? Refer to the B4 drug list.

Your drugs will fall into 4 tiers: Generic (1), Brand (2), Non-Preferred Brand (3), and Specialty (4). Please see the chart on page 3 for information.

Have any questions? Please call customer service at 800-722-1471 (TTY:711), Monday through Friday, 5 a.m. to 8p.m. Pacific Time.

What is the list of covered drugs (Formulary Drug list)?

This document contains a list of generic, brand and specialty drugs covered under your plan.

How is the list of covered drugs developed?

The formulary drug list is developed with an independent committee of physicians, pharmacists, and other healthcare providers called the Pharmacy and Therapeutics Committee. This independent committee reviews and selects drugs for coverage based on each drugs safety, effectiveness, and cost.

The committee meets at least quarterly to review new drugs to market to determine placement on this list and reviews updated safety, effectiveness, and cost information for existing drugs to ensure the drug list remains up to date with current medical evidence.

How do I use the Formulary Drug List?

Drugs are listed by categories depending on the type of medical conditions that they are used totreat. If you know what your drug is used for, look for the category name in the list that begins below. Then look under the category name for your drug.

If you are not sure what category to look under, you can also search for the drug in the index. The index provides an alphabetical list of all the drugs included in this document. Next to the name of the drug in the Index, 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.

How does the Formulary Drug List help me understand my drug coverage?

Drug coverage is based on your coverage contract. Coverage for a specific drug is subject to the rulesoutlined in your member booklet. This document will tell you if a drug is included on the drug list attached to your plan.

Will the Formulary Drug List change?

The formulary drug list is updated throughout the year. If you are taking a drug and it will be removed from the drug list or moved to a higher cost sharing tier, we will notify you of this change via letter. We also post information on upcoming drug list changes on our website on the "Drug List Changes" page.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These can be seen in the column next to the drug name on the list. These requirements and limits may include:

- Age Limits: Some drugs have age limits due to Food and Drug Administration (FDA) approved indications. For example, Drug A is limited to ages 2 through 5 years of age.
- Prior Authorization: Some drugs require prior approval before they are covered.
- Quantity Limits: For some drugs, we limit the amount of the drug that we will cover. For example, we will cover 18 per 30-day supply of zolmitriptan oral tablets.
- Step Therapy: For some drugs we require that you first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, then we will then cover Drug B.

Drugs subject to these restrictions will generally mean that your physician or healthcare provider may need to provide additional information on your medical condition before the drug will be covered at the pharmacy. Information on this process is on our website on the "Drugs Requiring Approval" page.

Preferred (B4) Formulary Drug List

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower-case italics (e.g., metformin oral tablet).

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

The amount you pay for a covered drug will depend on if you have met any applicable deductible for the plan year, if you have met any applicable maximum out of pocket for the planyear and what tier the medication is on.

More information on applicable deductibles and maximum out of pockets can be found in your member booklet.

Preferred (B4) Drug list

Drug Tier	Includes
Generic (1)	Tier 1 is the lowest tier and includes generic drugs. Generic drugs are as effective, safe, and high quality as their brand-name counterparts, yet less expensive.
Brand (2)	Tier 2 includes preferred brand drugs. Considered "preferred" when there is no generic, and/or because of their value and effectiveness.
Non-Preferred Brand (3)	Tier 3 includes non-preferred brand drugs. These drugs may be more expensive than their alternatives in tiers 1 and 2.
Specialty (4)	Tier 4 includes specialty drugs are drugs typically used to treat chronic,complex, or rare conditions and may require enhanced clinical support. Specialty Drugs are generally limited to a month supply on dispense. Please check your member booklet for more details.

COVERAGE AND ABBREVIATIONS

UTILIZATION MANAGEMENT RESTRICTIONS		
ABBREVIATION	DESCRIPTION	EXPLANATION
AGE	Age Limit Restriction	We limit the use of a drug to certain ages. The prescription is covered if your age is within the specific age range.
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from us before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
QL	Quantity Limit Restriction	We limit the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before we provide coverage for this drug you must first try another drug to treat your medical condition. This drug may only be covered if the other drug does not work for you.

OTHER SPECIAL REQUIREMENTS FOR COVERAGE

ACA PV	Affordable Care Act (ACA) Preventive Medication	The Affordable Care Act (ACA) makes certain preventive medications available to you at no cost when you meet the requirements of the U.S. Preventive Services Task Force (USPSTF) recommendation grade of "A" or "B." *If you have an Individual or a Family Plan that was purchased independently, the coverage in full for some drugs is limited to the following:* • *Bowel prep (example: peg 3350-electrolytes oral recon soln): Covered for persons between 45 and 75 years old. Limited to 2 prescriptions per year.* • *Breast cancer prevention (tamoxifen, raloxifene, anastrozole, exemestane, Soltamox liquid, letrozole): Covered in full for persons 35 years or older.* • *Fluoride oral: Covered in full for persons 6 months old through 16 years old* • *Smoking cessation aids (example: nicotine patches): Covered in full for persons 18 years or older. Limited to 180 days per year.* • *Statins (example: atorvastatin): Covered in full for persons 40 years old through 75 years old.* • *Vaccines: Services are considered preventive when recommended or required by: Centers for Disease Control and Prevention (immunizations).* *Coverage outside of the limits described above will be at the tier in the "Drug Tier" column.*
HCLV	High-Cost Low Value	Certain drugs are not covered under your specific plan if a lower cost generic or therapeutic equivalent is available. This is true even if the prescribed medication is listed as covered on your plan's list of covered drugs, sometimes referred to as a "formulary".
LA	Limited Access Drug	Some drugs under your plan may only be filled at an in-network specialty pharmacy. These are drugs where the FDA has restricted distribution or are drugs that require special handling, provider coordination, or patient education that cannot be met by a network retail pharmacy.

SP	Specialty Pharmacy	In general, specialty drugs are drugs typically used to treat chronic, complex, or rare conditions and may require enhanced clinical support. Specialty Drugs are generally limited to a month supply on dispense. Please check your member booklet for more details.
OCh	Oral Chemo	Oral Chemotherapy Drug. Certain oral chemotherapy drugs may be covered under your medical plan. Please check your member booklet for more details.
OPT	Optional Benefits	Many benefit plans exclude drugs for erectile dysfunction (ED), fertility, and weight management. Please refer to the applicable benefit plan to determine benefit availability and the terms, conditions, and limitations of coverage. For questions about benefit information, contact customer service using the telephone number on the back of the member identification card.

If you are unsure what plan you are on, check the front of your member ID card or call customer service at 800-722-1471 (TTY:711), Monday through Friday, 5 am to 8 pm Pacific time.

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ANCOBON ORAL CAPSULE 250 MG, 500 MG	3	HCLV
clotrimazole mucous membrane troche 10 mg	1	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	3	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	HCLV
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	
flucytosine oral capsule 250 mg, 500 mg	1	
griseofulvin microsize oral suspension 125 mg/5 ml	1	
griseofulvin microsize oral tablet 500 mg	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	
griseofulvin ultramicrosize oral tablet 165 mg	1	HCLV
itraconazole oral capsule 100 mg	1	
itraconazole oral solution 10 mg/ml	1	
ketoconazole oral tablet 200 mg	1	
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG	3	PA
nystatin oral suspension 100,000 unit/ml	1	
nystatin oral tablet 500,000 unit	1	
ORAVIG MUCO-ADHESIVE BUCCAL TABLET 50 MG	3	ST; HCLV
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)	1	
posaconazole oral tablet, delayed release (dr/ec) 100 mg	1	
SPORANOX ORAL CAPSULE 100 MG	3	HCLV
terbinafine hcl oral tablet 250 mg	1	
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	3	PA; HCLV
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)	3	ST; HCLV

Drug Name	Drug Tier	Requirements / Limits
VIVJOA ORAL CAPSULE 150 MG	4	PA; SP
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	1	
voriconazole oral tablet 200 mg, 50 mg	1	
ANTIVIRALS		
abacavir oral solution 20 mg/ml	1	
abacavir oral tablet 300 mg	1	
abacavir-lamivudine oral tablet 600-300 mg	1	
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5 ml	1	
acyclovir oral tablet 400 mg, 800 mg	1	
adefovir oral tablet 10 mg	1	
amantadine hcl oral capsule 100 mg	1	
amantadine hcl oral solution 50 mg/5 ml	1	
amantadine hcl oral tablet 100 mg	1	
APRETUDE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	4	PA; SP; ACA
APTIVUS ORAL CAPSULE 250 MG	2	
atazanavir oral capsule 150 mg, 200 mg, 300 mg	1	QL (60 per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	2	PA; HCLV
BARACLUDE ORAL TABLET 0.5 MG, 1 MG	3	PA; HCLV
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	2	ACA
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	2	
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	4	SP
CIMDUO ORAL TABLET 300-300 MG	3	
COMPLERA ORAL TABLET 200-25-300 MG	3	HCLV
darunavir oral tablet 600 mg, 800 mg	1	
DELSTRIGO ORAL TABLET 100-300-300 MG	3	HCLV
DESCOVY ORAL TABLET 120-15 MG	3	PA
DESCOVY ORAL TABLET 200-25 MG	3	PA; ACA
DOVATO ORAL TABLET 50-300 MG	2	

Drug Name	Drug Tier	Requirements / Limits
EDURANT ORAL TABLET 25 MG	3	HCLV; QL (30 per 30 days)
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	2	QL (180 per 30 days)
efavirenz oral tablet 600 mg	1	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	1	
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	1	
emtricitabine oral capsule 200 mg	1	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	1	ACA
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	1	
EMTRIVA ORAL CAPSULE 200 MG	3	HCLV
EMTRIVA ORAL SOLUTION 10 MG/ML	2	QL (720 per 30 days)
ENFLONSIA INTRAMUSCULAR SYRINGE 105 MG/0.7 ML	2	ACA
entecavir oral tablet 0.5 mg, 1 mg	1	
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	4	PA; SP; LA
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	4	PA; SP; LA
EPIVIR ORAL SOLUTION 10 MG/ML	3	HCLV
EPIVIR ORAL TABLET 150 MG, 300 MG	3	HCLV
etravirine oral tablet 100 mg, 200 mg	1	
EVOTAZ ORAL TABLET 300-150 MG	3	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	1	
FLUMADINE ORAL TABLET 100 MG	3	HCLV
fosamprenavir oral tablet 700 mg	1	
GENVOYA ORAL TABLET 150-150-200-10 MG	2	
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	4	PA; SP; LA
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	4	PA; SP; LA
INTELENCE ORAL TABLET 100 MG, 200 MG	3	HCLV

Drug Name	Drug Tier	Requirements / Limits
INTELENCE ORAL TABLET 25 MG	3	
ISENTRESS HD ORAL TABLET 600 MG	2	
ISENTRESS ORAL POWDER IN PACKET 100 MG	3	
ISENTRESS ORAL TABLET 400 MG	2	
ISENTRESS ORAL TABLET, CHEWABLE 100 MG, 25 MG	2	
JULUCA ORAL TABLET 50-25 MG	2	
KALETRA ORAL SOLUTION 400-100 MG/5 ML	3	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	3	HCLV
lamivudine oral solution 10 mg/ml	1	
lamivudine oral tablet 100 mg, 150 mg, 300 mg	1	
lamivudine-zidovudine oral tablet 150-300 mg	1	
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	4	PA; SP; LA
LIVTENCITY ORAL TABLET 200 MG	3	PA
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	1	
maraviroc oral tablet 150 mg, 300 mg	1	
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	4	PA; SP; LA
MAVYRET ORAL TABLET 100-40 MG	4	PA; SP; LA
nevirapine oral suspension 50 mg/5 ml	1	
nevirapine oral tablet 200 mg	1	
nevirapine oral tablet extended release 24 hr 400 mg	1	
NORVIR ORAL POWDER IN PACKET 100 MG	2	QL (360 per 30 days)
NORVIR ORAL TABLET 100 MG	3	HCLV; QL (360 per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	2	
oseltamivir oral capsule 30 mg, 45 mg, 75 mg	1	
oseltamivir oral suspension for reconstitution 6 mg/ml	1	
PAXLOVID ORAL TABLETS, DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5)	2	QL (40 per 90 days)
PAXLOVID ORAL TABLETS, DOSE PACK 300 MG (150 MG X 2)-100 MG	2	QL (40 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
PIFELTRO ORAL TABLET 100 MG	3	HCLV
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG	3	
PREVYMIS ORAL TABLET 240 MG, 480 MG	3	
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG	3	
PREZISTA ORAL SUSPENSION 100 MG/ML	2	QL (240 per 30 days)
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
PREZISTA ORAL TABLET 600 MG, 800 MG	3	HCLV
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	
RETROVIR ORAL CAPSULE 100 MG	3	HCLV
RETROVIR ORAL SYRUP 10 MG/ML	3	HCLV
REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	HCLV; QL (150 per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	3	QL (150 per 30 days)
ribavirin inhalation recon soln 6 gram	1	
ribavirin oral capsule 200 mg	4	SP; LA
ribavirin oral tablet 200 mg	4	SP; LA
rilpivirine hcl oral tablet 25 mg	1	QL (30 per 30 days)
rimantadine oral tablet 100 mg	1	
ritonavir oral tablet 100 mg	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	3	QL (60 per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	2	
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	HCLV
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	4	PA; SP; LA
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	4	PA; SP; LA
SOVALDI ORAL TABLET 200 MG, 400 MG	4	PA; SP; LA
STRIBILD ORAL TABLET 150-150-200-300 MG	3	
SUNLENCA ORAL TABLET 300 MG	4	PA; SP; QL (2 per 365 days)
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	4	PA; SP; QL (6 per 365 days)
SYMFI ORAL TABLET 600-300-300 MG	3	HCLV
SYMTUZA ORAL TABLET 800-150-200-10 MG	3	

Drug Name	Drug Tier	Requirements / Limits
TAMIFLU ORAL CAPSULE 75 MG	3	HCLV
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	3	HCLV
TEMBEXA ORAL SUSPENSION 10 MG/ML	3	
TEMBEXA ORAL TABLET 100 MG	3	
tenofovir disoproxil fumarate oral tablet 300 mg	1	
TIVICAY ORAL TABLET 50 MG	2	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	2	
TRIUMEQ ORAL TABLET 600-50-300 MG	2	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	3	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	3	PA; HCLV
valacyclovir oral tablet 1 gram, 500 mg	1	
VALCYTE ORAL RECON SOLN 50 MG/ML	3	HCLV
valganciclovir oral recon soln 50 mg/ml	1	
valganciclovir oral tablet 450 mg	1	
VALTREX ORAL TABLET 1 GRAM, 500 MG	3	HCLV
VEMLIDY ORAL TABLET 25 MG	2	PA
VIRACEPT ORAL TABLET 250 MG, 625 MG	2	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	3	HCLV
VOSEVI ORAL TABLET 400-100-100 MG	4	PA; SP; LA
XOCOVA ORAL TABLET 125 MG	3	QL (7 per 90 days)
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	HCLV; QL (2 per 365 days)
YEZTUGO ORAL TABLET 300 MG	4	PA; SP; ACA; QL (4 per 365 days)
YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML	4	PA; SP; ACA; QL (1 per 180 days)
ZIAGEN ORAL SOLUTION 20 MG/ML	3	HCLV
zidovudine oral capsule 100 mg	1	
zidovudine oral syrup 10 mg/ml	1	
zidovudine oral tablet 300 mg	1	
CEPHALOSPORINS		

Drug Name	Drug Tier	Requirements / Limits
cefaclor oral capsule 250 mg, 500 mg	1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	1	
cefaclor oral tablet extended release 12 hr 500 mg	1	
cefadroxil oral capsule 500 mg	1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	
cefadroxil oral tablet 1 gram	1	
cefazolin injection recon soln 1 gram	1	
cefdinir oral capsule 300 mg	1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cefixime oral capsule 400 mg	1	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	1	
cefixime oral tablet 400 mg	1	HCLV
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	1	
cefpodoxime oral tablet 100 mg, 200 mg	1	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cefprozil oral tablet 250 mg, 500 mg	1	
ceftriaxone injection recon soln 1 gram, 250 mg, 500 mg	1	
cefuroxime axetil oral tablet 250 mg, 500 mg	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral capsule 750 mg	1	HCLV
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cephalexin oral tablet 250 mg, 500 mg	1	
ERYTHROMYCINS & OTHER MACROLIDES		
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
clarithromycin oral tablet 250 mg, 500 mg	1	

Drug Name	Drug Tier	Requirements / Limits
clarithromycin oral tablet extended release 24 hr 500 mg	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	PA
DIFICID ORAL TABLET 200 MG	3	PA; HCLV
e.e.s. oral tablet 400 mg	1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	3	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	3	HCLV
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	3	HCLV
ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg	1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	
erythrocin (as stearate) oral tablet 250 mg	1	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml	1	
erythromycin ethylsuccinate oral tablet 400 mg	1	
erythromycin oral capsule, delayed release (dr/ec) 250 mg	1	
erythromycin oral tablet 250 mg, 500 mg	1	
erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg	1	
fidaxomicin oral tablet 200 mg	1	PA
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	3	
ZITHROMAX Z-PAK ORAL TABLET 250 MG	3	
MISCELLANEOUS ANTIINFECTIVES		
albendazole oral tablet 200 mg	1	PA; QL (4 per 30 days)
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	3	PA
ALINIA ORAL TABLET 500 MG	3	PA; HCLV
amikacin injection solution 500 mg/2 ml	1	

Drug Name	Drug Tier	Requirements / Limits
ARAKODA ORAL TABLET 100 MG	3	HCLV
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	4	PA; SP
atovaquone oral suspension 750 mg/5 ml	1	
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	1	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	3	
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	4	PA; SP; HCLV
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	4	PA; SP; LA; QL (84 per 30 days)
chloroquine phosphate oral tablet 250 mg, 500 mg	1	
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG	3	
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	3	HCLV
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	
clindamycin pediatric oral recon soln 75 mg/5 ml	1	
COARTEM ORAL TABLET 20-120 MG	2	
colistin (colistimethate na) injection recon soln 150 mg	1	
COLY-MYCIN M PARENTERAL INJECTION RECON SOLN 150 MG	3	
cycloserine oral capsule 250 mg	1	
dapsone oral tablet 100 mg, 25 mg	1	
DARAPRIM ORAL TABLET 25 MG	4	PA; SP; HCLV
EMVERM ORAL TABLET, CHEWABLE 100 MG	3	PA
ethambutol oral tablet 100 mg, 400 mg	1	
gentamicin injection solution 40 mg/ml	1	
HUMATIN ORAL CAPSULE 250 MG	4	PA; SP; LA
hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
IMPAVIDO ORAL CAPSULE 50 MG	3	PA
isoniazid oral solution 50 mg/5 ml	1	
isoniazid oral tablet 100 mg, 300 mg	1	

Drug Name	Drug Tier	Requirements / Limits
ivermectin oral tablet 3 mg, 6 mg	1	QL (20 per 30 days)
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	PA; SP; HCLV
KRINTAFEL ORAL TABLET 150 MG	3	HCLV
LAMPIT ORAL TABLET 120 MG, 30 MG	3	
LIKMEZ ORAL SUSPENSION 500 MG/5 ML	3	PA
linezolid oral suspension for reconstitution 100 mg/5 ml	1	
linezolid oral tablet 600 mg	1	
MALARONE ORAL TABLET 250-100 MG	3	HCLV
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG	3	HCLV
mefloquine oral tablet 250 mg	1	
MEPRON ORAL SUSPENSION 750 MG/5 ML	3	HCLV
metronidazole oral capsule 375 mg	1	HCLV
METRONIDAZOLE ORAL TABLET 125 MG	3	PA; HCLV
metronidazole oral tablet 250 mg, 500 mg	1	
NEBUPENT INHALATION RECON SOLN 300 MG	3	HCLV
neomycin oral tablet 500 mg	1	
nitazoxanide oral tablet 500 mg	1	
ORLYNVAH ORAL TABLET 500-500 MG	4	PA; SP
pentamidine inhalation recon soln 300 mg	1	
PLAQUENIL ORAL TABLET 200 MG	3	HCLV
praziquantel oral tablet 600 mg	1	
PRETOMANID ORAL TABLET 200 MG	3	
PRIFTIN ORAL TABLET 150 MG	3	
primaquine oral tablet 26.3 mg (15 mg base)	1	
pyrazinamide oral tablet 500 mg	1	
pyrimethamine oral tablet 25 mg	4	SP
quinine sulfate oral capsule 324 mg	1	
rifabutin oral capsule 150 mg	1	
rifampin oral capsule 150 mg, 300 mg	1	
rifapentine oral tablet 150 mg	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	3	PA
SIVEXTRO ORAL TABLET 200 MG	3	

Drug Name	Drug Tier	Requirements / Limits
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	3	PA
SOVUNA ORAL TABLET 200 MG, 300 MG	3	HCLV
STROMECTOL ORAL TABLET 3 MG	3	HCLV; QL (20 per 30 days)
tinidazole oral tablet 250 mg, 500 mg	1	
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	PA; SP; HCLV
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	4	PA; SP; HCLV
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	4	SP
tobramycin inhalation solution for nebulization 300 mg/4 ml	4	SP; HCLV
tobramycin sulfate injection recon soln 1.2 gram	1	
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	PA; SP; HCLV
XENLETA ORAL TABLET 600 MG	3	
XIFAXAN ORAL TABLET 200 MG, 550 MG	2	PA; QL (60 per 30 days)
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	3	
PENICILLINS		
amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet, chewable 125 mg, 250 mg	1	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	1	
amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg	1	
ampicillin oral capsule 500 mg	1	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML	3	HCLV

Drug Name	Drug Tier	Requirements / Limits
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML	3	
dicloxacillin oral capsule 250 mg, 500 mg	1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	3	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	1	
penicillin v potassium oral tablet 250 mg, 500 mg	1	
PIVYA ORAL TABLET 185 MG	3	PA
QUINOLONES		
BAXDELA ORAL TABLET 450 MG	3	HCLV
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml	1	
levofloxacin oral solution 250 mg/10 ml	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin oral tablet 400 mg	1	
ofloxacin oral tablet 400 mg	1	
SULFA'S & RELATED AGENTS		
BACTRIM DS ORAL TABLET 800-160 MG	3	HCLV
BACTRIM ORAL TABLET 400-80 MG	3	HCLV
sulfadiazine oral tablet 500 mg	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
sulfatrim oral suspension 200-40 mg/5 ml	1	
TETRACYCLINES		
AVIDOXY DK KIT 100 MG-2 % -SPF 30	3	ST; HCLV
avidoxy oral tablet 100 mg	1	ST
demeclocycline oral tablet 150 mg, 300 mg	1	

Drug Name	Drug Tier	Requirements / Limits
DORYX MPC ORAL TABLET, DELAYED RELEASE (DR/EC) 60 MG	3	ST; HCLV
DORYX ORAL TABLET, DELAYED RELEASE (DR/EC) 200 MG, 80 MG	3	ST; HCLV
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
DOXYCYCLINE HYCLATE ORAL CAPSULE 75 MG	3	ST; HCLV
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1	
doxycycline hyclate oral tablet 50 mg	1	HCLV
doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 50 mg, 75 mg	1	
doxycycline hyclate oral tablet, delayed release (dr/ec) 200 mg	1	HCLV
DOXYCYCLINE HYCLATE ORAL TABLET, DELAYED RELEASE (DR/EC) 80 MG	3	ST; HCLV
doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg	1	
doxycycline monohydrate oral capsule, ir - delay rel, biphase 40 mg	1	HCLV
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	1	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	
EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG	3	ST; HCLV
minocycline oral capsule 100 mg, 50 mg, 75 mg	1	
MINOCYCLINE ORAL CAPSULE, EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG	3	ST; HCLV
minocycline oral tablet 100 mg, 50 mg, 75 mg	1	
minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	1	ST; HCLV
mondoxyne nl oral capsule 100 mg	1	
mondoxyne nl oral capsule 75 mg	1	HCLV
MORGIDOX 1X 50 KIT 50 MG	3	ST; HCLV
MORGIDOX 1X100 KIT 100 MG	3	ST; HCLV
NUZYRA ORAL TABLET 150 MG	3	
ORACEA ORAL CAPSULE, IR - DELAY REL, BIPHASE 40 MG	3	ST; HCLV

Drug Name	Drug Tier	Requirements / Limits
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG	3	ST; HCLV
TARGADOX ORAL TABLET 50 MG	3	ST; HCLV
tetracycline oral capsule 250 mg, 500 mg	1	
tetracycline oral tablet 250 mg, 500 mg	1	HCLV
XIMINO ORAL CAPSULE, EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG	3	ST; HCLV
URINARY TRACT AGENTS		
BLUJEPA ORAL TABLET 750 MG	3	PA
fosfomycin tromethamine oral packet 3 gram	1	HCLV
FURADANTIN ORAL SUSPENSION 25 MG/5 ML	3	
MACROBID ORAL CAPSULE 100 MG	3	
methenamine hippurate oral tablet 1 gram	1	
METHENAMINE MANDELATE ORAL SOLUTION 500 MG/5 ML	3	
methenamine mandelate oral tablet 0.5 gram, 1 gram	1	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	1	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	1	
nitrofurantoin oral suspension 25 mg/5 ml	1	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML	3	HCLV
PRIMSOL ORAL SOLUTION 50 MG/5 ML	3	HCLV
trimethoprim oral tablet 100 mg	1	
VANCOMYCIN		
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	3	HCLV
VANCOCIN ORAL CAPSULE 125 MG, 250 MG	3	
vancomycin oral capsule 125 mg, 250 mg	1	
vancomycin oral recon soln 25 mg/ml, 50 mg/ml	1	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	

Drug Name	Drug Tier	Requirements / Limits
MESNEX ORAL TABLET 400 MG	3	HCLV
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	4	PA; SP
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg	4	PA; SP; OCh; LA
abiraterone oral tablet 500 mg	4	PA; SP; OCh; HCLV; LA
abirtega oral tablet 250 mg	4	PA; SP; OCh
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	4	PA; SP; OCh; HCLV; LA; QL (30 per 30 days)
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	4	PA; SP; OCh; HCLV; LA; QL (30 per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	4	PA; SP; OCh
ALECENSA ORAL CAPSULE 150 MG	4	PA; SP; OCh; LA; QL (240 per 30 days)
ALKERAN ORAL TABLET 2 MG	3	OCh; HCLV
ALUNBRIG ORAL TABLET 180 MG, 90 MG	4	PA; SP; OCh; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	4	PA; SP; OCh; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS, DOSE PACK 90 MG (7)- 180 MG (23)	4	PA; SP; OCh; QL (30 per 30 days)
anastrozole oral tablet 1 mg	1	OCh; ACA
ARIMIDEX ORAL TABLET 1 MG	3	OCh; HCLV; QL (30 per 30 days)
AROMASIN ORAL TABLET 25 MG	3	OCh; HCLV; QL (30 per 30 days)
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	3	HCLV
AUGTYRO ORAL CAPSULE 160 MG	4	PA; SP; OCh; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	4	PA; SP; OCh; QL (240 per 30 days)
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	4	PA; SP; OCh; QL (66 per 28 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	4	PA; SP; OCh; QL (30 per 30 days)
AZASAN ORAL TABLET 100 MG, 75 MG	3	HCLV
azathioprine oral tablet 100 mg, 50 mg, 75 mg	1	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	4	PA; SP; OCh
bexarotene oral capsule 75 mg	4	PA; SP; OCh; LA
bexarotene topical gel 1 %	4	PA; SP; LA
bicalutamide oral tablet 50 mg	1	OCh

Drug Name	Drug Tier	Requirements / Limits
BOSULIF ORAL CAPSULE 100 MG, 50 MG	4	PA; SP; OCh; LA
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	4	PA; SP; OCh; LA
bosutinib oral tablet 100 mg, 400 mg, 500 mg	4	PA; SP; OCh; LA
BRAFTOVI ORAL CAPSULE 75 MG	4	PA; SP; OCh; LA
BRUKINSA ORAL TABLET 160 MG	4	PA; SP; OCh; QL (60 per 30 days)
BYNFEZIA SUBCUTANEOUS PEN INJECTOR 7,000 MCG/2.8ML (2,500 MCG/ML)	4	PA; SP
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	4	PA; SP; OCh; LA; QL (30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	4	PA; SP; OCh
capecitabine oral tablet 150 mg, 500 mg	4	SP; OCh; LA
CAPRELSA ORAL TABLET 100 MG	4	PA; SP; OCh; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	4	PA; SP; OCh; QL (30 per 30 days)
CASODEX ORAL TABLET 50 MG	3	OCh; HCLV; QL (30 per 30 days)
CELLCEPT ORAL CAPSULE 250 MG	3	
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	3	
CELLCEPT ORAL TABLET 500 MG	3	
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	4	PA; SP; OCh; LA; QL (56 per 30 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	4	PA; SP; OCh; LA; QL (112 per 30 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	4	PA; SP; OCh; LA; QL (84 per 30 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	4	PA; SP; OCh
COTELLIC ORAL TABLET 20 MG	4	PA; SP; OCh; LA
cyclophosphamide oral capsule 25 mg, 50 mg	1	OCh
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	3	OCh
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	
cyclosporine modified oral solution 100 mg/ml	1	
cyclosporine oral capsule 100 mg, 25 mg	1	
DANZITEN ORAL TABLET 71 MG, 95 MG	4	PA; SP; OCh; HCLV; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg	4	PA; SP; OCh; LA
DAURISMO ORAL TABLET 100 MG, 25 MG	4	PA; SP; OCh; LA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	
ENSACOVE ORAL CAPSULE 100 MG	4	PA; SP; OCh; QL (60 per 30 days)
ENSACOVE ORAL CAPSULE 25 MG	4	PA; SP; OCh; QL (30 per 30 days)
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	4	PA; SP; LA
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	3	PA; HCLV
ERIVEDGE ORAL CAPSULE 150 MG	4	PA; SP; OCh; LA
ERLEADA ORAL TABLET 240 MG, 60 MG	4	PA; SP; OCh; LA
erlotinib oral tablet 100 mg, 150 mg, 25 mg	4	PA; SP; OCh; LA
etoposide oral capsule 50 mg	1	OCh
EULEXIN ORAL CAPSULE 125 MG	3	OCh; HCLV; QL (180 per 30 days)
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	4	PA; SP; OCh; LA; QL (30 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	4	PA; SP; OCh; LA; QL (30 per 30 days)
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	PA; QL (30 per 30 days)
exemestane oral tablet 25 mg	1	OCh; ACA
FARESTON ORAL TABLET 60 MG	3	PA; OCh; QL (30 per 30 days)
FEMARA ORAL TABLET 2.5 MG	3	OCh; HCLV; QL (30 per 30 days)
FOTIVDA ORAL CAPSULE 0.89 MG	4	PA; SP; OCh; HCLV; QL (30 per 30 days)
FOTIVDA ORAL CAPSULE 1.34 MG	4	PA; SP; OCh; HCLV; QL (22 per 30 days)
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	4	PA; SP; OCh
GAVRETO ORAL CAPSULE 100 MG	4	PA; SP; OCh; QL (120 per 30 days)
gefitinib oral tablet 250 mg	4	PA; SP; OCh
gengraf oral capsule 100 mg, 25 mg	1	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	4	PA; SP; OCh; LA
GLEEVEC ORAL TABLET 100 MG, 400 MG	4	PA; SP; OCh; HCLV; LA
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	PA; OCh; HCLV

Drug Name	Drug Tier	Requirements / Limits
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	4	PA; SP; OCh
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	4	PA; SP; OCh
HERNEXEOS ORAL TABLET 60 MG	4	PA; SP; OCh; QL (90 per 30 days)
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	4	SP; OCh; LA
HYDREA ORAL CAPSULE 500 MG	3	OCh; HCLV
hydroxyurea oral capsule 500 mg	1	OCh
HYRNUO ORAL TABLET 10 MG	4	PA; SP; OCh; QL (120 per 30 days)
IBRANCE ORAL CAPSULE 125 MG	4	PA; SP; OCh; LA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	4	PA; SP; OCh; LA
IBTROZI ORAL CAPSULE 200 MG	4	PA; SP; OCh; QL (90 per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	4	PA; SP; OCh
IDHIFA ORAL TABLET 100 MG, 50 MG	4	PA; SP; OCh; LA
imatinib oral tablet 100 mg, 400 mg	4	PA; SP; OCh; LA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	4	PA; SP; OCh; QL (30 per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	4	PA; SP; OCh
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	4	PA; SP; OCh; QL (30 per 30 days)
IMKELDI ORAL SOLUTION 80 MG/ML	4	PA; SP; OCh
IMURAN ORAL TABLET 50 MG	3	
INLURIYO ORAL TABLET 200 MG	4	PA; SP; OCh; QL (60 per 30 days)
INLYTA ORAL TABLET 1 MG	4	PA; SP; OCh; LA; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	4	PA; SP; OCh; LA; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	4	PA; SP; OCh; LA
INREBIC ORAL CAPSULE 100 MG	4	PA; SP; OCh; HCLV; LA; QL (120 per 30 days)
IRESSA ORAL TABLET 250 MG	4	PA; SP; OCh; HCLV; LA
ITOVEBI ORAL TABLET 3 MG, 9 MG	4	PA; SP; OCh; LA
IWILFIN ORAL TABLET 192 MG	4	PA; SP; OCh
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA; SP; OCh; LA; QL (60 per 30 days)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	4	PA; SP; OCh; LA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
JAYPIRCA ORAL TABLET 100 MG, 50 MG	4	PA; SP; OCh
JYLAMVO ORAL SOLUTION 2 MG/ML	3	OCh; HCLV
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	4	PA; SP; OCh; LA
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %	3	PA
KOMZIFTI ORAL CAPSULE 200 MG	4	PA; SP; OCh; QL (90 per 30 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	4	PA; SP; OCh
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG, 7.5 MG	4	PA; SP; OCh
KRAZATI ORAL TABLET 200 MG	4	PA; SP; OCh
lanreotide subcutaneous syringe 120 mg/0.5 ml	4	PA; SP; HCLV; LA
lapatinib oral tablet 250 mg	4	PA; SP; OCh; LA; QL (180 per 30 days)
LAZCLUZE ORAL TABLET 240 MG, 80 MG	4	PA; SP; OCh
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	4	PA; SP; OCh; LA
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	4	PA; SP; OCh; LA; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	4	PA; SP; OCh; LA; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	4	PA; SP; OCh; LA; QL (60 per 30 days)
letrozole oral tablet 2.5 mg	1	OCh; ACA
LEUKERAN ORAL TABLET 2 MG	2	PA; OCh
leuprolide subcutaneous kit 1 mg/0.2 ml	4	PA; SP; LA
lomustine oral capsule 10 mg, 100 mg, 40 mg	1	PA; OCh
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	4	PA; SP; OCh; LA
LORBRENA ORAL TABLET 100 MG	4	PA; SP; OCh; LA; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	4	PA; SP; OCh; LA; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	4	PA; SP; OCh; LA; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	4	PA; SP; OCh; LA; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
LUMAKRAS ORAL TABLET 320 MG	4	PA; SP; OCh; LA; QL (90 per 30 days)
LUPKYNIS ORAL CAPSULE 7.9 MG	4	PA; SP; QL (180 per 30 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	4	PA; SP; OCh; LA; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	4	PA; SP; OCh
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	4	PA; SP; OCh
MATULANE ORAL CAPSULE 50 MG	4	PA; SP; OCh
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	1	
megestrol oral tablet 20 mg, 40 mg	1	OCh
MEKINIST ORAL RECON SOLN 0.05 MG/ML	4	PA; SP; OCh; LA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	4	PA; SP; OCh; LA
MEKTOVI ORAL TABLET 15 MG	4	PA; SP; OCh; LA
mercaptopurine oral suspension 20 mg/ml	4	SP; OCh; LA
mercaptopurine oral tablet 50 mg	1	OCh
methotrexate sodium (pf) injection solution 25 mg/ml	1	
methotrexate sodium injection solution 25 mg/ml	1	
methotrexate sodium oral tablet 2.5 mg	1	OCh
MODEYSO ORAL CAPSULE 125 MG	4	PA; SP; OCh; QL (20 per 28 days)
MYCAPSSA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG	4	PA; SP
mycophenolate mofetil oral capsule 250 mg	1	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	1	
mycophenolate mofetil oral tablet 500 mg	1	
mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg	1	
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG, 360 MG	3	
MYHIBBIN ORAL SUSPENSION 200 MG/ML	3	PA
MYLERAN ORAL TABLET 2 MG	2	OCh
NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG	4	PA; SP; HCLV; LA; QL (2 per 30 days)
NEORAL ORAL CAPSULE 100 MG, 25 MG	3	

Drug Name	Drug Tier	Requirements / Limits
NEORAL ORAL SOLUTION 100 MG/ML	3	
NERLYNX ORAL TABLET 40 MG	4	PA; SP; OCh; LA; QL (180 per 30 days)
NEXAVAR ORAL TABLET 200 MG	4	PA; SP; OCh; HCLV; LA; QL (120 per 30 days)
NILOTINIB D-TARTRATE ORAL CAPSULE 150 MG, 200 MG, 50 MG	4	PA; SP; OCh; HCLV; QL (120 per 30 days)
nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg	4	PA; SP; OCh
nilutamide oral tablet 150 mg	1	OCh; QL (30 per 30 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	4	PA; SP; OCh; LA
NUBEQA ORAL TABLET 300 MG	4	PA; SP; OCh; LA
octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	PA; SP; LA
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	4	PA; SP; LA
ODOMZO ORAL CAPSULE 200 MG	4	PA; SP; OCh; LA; QL (30 per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	4	PA; SP; OCh; QL (60 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	4	PA; SP; OCh
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	4	PA; SP; OCh
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	4	PA; SP; OCh; QL (30 per 30 days)
ONUREG ORAL TABLET 200 MG	4	PA; SP; OCh; LA; QL (21 per 30 days)
ONUREG ORAL TABLET 300 MG	4	PA; SP; OCh; LA; QL (14 per 30 days)
ORGOVYX ORAL TABLET 120 MG	4	PA; SP; OCh
ORSERDU ORAL TABLET 345 MG	4	PA; SP; OCh; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	4	PA; SP; OCh; QL (90 per 30 days)
PALSONIFY ORAL TABLET 20 MG, 30 MG	4	PA; SP; QL (60 per 30 days)
pazopanib oral tablet 200 mg	4	PA; SP; OCh; LA; QL (120 per 30 days)
PAZOPANIB ORAL TABLET 400 MG	4	PA; SP; OCh; HCLV; LA; QL (60 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	4	PA; SP; OCh; QL (28 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
PHYRAGO ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	4	PA; SP; OCh; HCLV
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	4	PA; SP; OCh
pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg	4	PA; SP; OCh; LA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4	PA; SP; OCh; HCLV; LA
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	3	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	3	
PURIXAN ORAL SUSPENSION 20 MG/ML	4	PA; SP; OCh; HCLV
QINLOCK ORAL TABLET 50 MG	4	PA; SP; OCh; QL (90 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	4	PA; SP; OCh; LA; QL (60 per 30 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	4	PA; SP; OCh; HCLV; LA
REVUFORJ ORAL TABLET 110 MG	4	PA; SP; OCh; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	4	PA; SP; OCh; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	4	PA; SP; OCh; QL (240 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	4	PA; SP; OCh
REZUROCK ORAL TABLET 200 MG	3	PA; QL (30 per 30 days)
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	4	PA; SP; OCh; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	4	PA; SP; OCh; LA; QL (30 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	4	PA; SP; OCh; LA; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	4	PA; SP; OCh; LA; QL (336 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	4	PA; SP; OCh; LA
RYDAPT ORAL CAPSULE 25 MG	4	PA; SP; OCh; LA; QL (224 per 28 days)
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	3	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	4	PA; SP; HCLV; LA

Drug Name	Drug Tier	Requirements / Limits
SAPHNELO PEN SUBCUTANEOUS AUTO-INJECTOR 120 MG/0.8 ML	4	SP; LA; QL (4 per 28 days)
SAPHNELO SUBCUTANEOUS SYRINGE 120 MG/0.8 ML	4	PA; SP; LA; QL (4 per 28 days)
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	4	PA; SP; OCh
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	4	PA; SP
SIKLOS ORAL TABLET 1,000 MG, 100 MG	3	HCLV
sirolimus oral solution 1 mg/ml	1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1	
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	3	OCh; ACA
sorafenib oral tablet 200 mg	4	PA; SP; OCh; LA; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	4	PA; SP; OCh; HCLV; LA
STIVARGA ORAL TABLET 40 MG	4	PA; SP; OCh; LA; QL (84 per 28 days)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	4	PA; SP; OCh; LA; QL (28 per 28 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	4	PA; SP; OCh; HCLV; LA; QL (28 per 28 days)
TABLOID ORAL TABLET 40 MG	2	PA; OCh
TABRECTA ORAL TABLET 150 MG, 200 MG	4	PA; SP; OCh; LA; QL (168 per 30 days)
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	PA; SP; OCh; LA
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	4	PA; SP; OCh; LA
TAGRISSO ORAL TABLET 40 MG, 80 MG	4	PA; SP; OCh; LA
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA; SP; OCh; LA
tamoxifen oral tablet 10 mg, 20 mg	1	OCh; ACA
TARGRETIN ORAL CAPSULE 75 MG	4	PA; SP; OCh; HCLV; LA
TARGRETIN TOPICAL GEL 1 %	4	PA; SP; HCLV; LA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	4	PA; SP; OCh; HCLV; LA

Drug Name	Drug Tier	Requirements / Limits
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	4	PA; SP; OCh; LA
TEPMETKO ORAL TABLET 225 MG	4	PA; SP; OCh; HCLV; QL (60 per 30 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; SP; OCh; LA
TIBSOVO ORAL TABLET 250 MG	4	PA; SP; OCh
toremifene oral tablet 60 mg	1	OCh
torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	4	PA; SP; OCh
tretinoin (antineoplastic) oral capsule 10 mg	1	OCh
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	3	OCh; HCLV; QL (15 per 30 days)
TRUQAP ORAL TABLET 160 MG, 200 MG	4	PA; SP; OCh
TUKYSA ORAL TABLET 150 MG, 50 MG	4	PA; SP; OCh; QL (120 per 30 days)
TURALIO ORAL CAPSULE 125 MG	4	PA; SP; OCh; QL (120 per 30 days)
TYKERB ORAL TABLET 250 MG	4	PA; SP; OCh; HCLV; LA; QL (180 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	4	PA; SP; OCh; QL (56 per 28 days)
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	4	PA; SP; OCh
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG	4	PA; SP; OCh
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA; SP; OCh; LA; QL (60 per 30 days)
VIJOICE ORAL GRANULES IN PACKET 50 MG	4	PA; SP; QL (30 per 30 days)
VIJOICE ORAL TABLET 125 MG, 50 MG	4	PA; SP; QL (30 per 30 days)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	4	PA; SP; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	4	PA; SP; OCh; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	4	PA; SP; OCh; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	4	PA; SP; OCh; LA; QL (300 per 30 days)
VONJO ORAL CAPSULE 100 MG	4	PA; SP; OCh
VORANIGO ORAL TABLET 10 MG	4	PA; SP; OCh; QL (90 per 30 days)
VORANIGO ORAL TABLET 40 MG	4	PA; SP; OCh; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
VOTRIENT ORAL TABLET 200 MG	4	PA; SP; OCh; HCLV; LA; QL (120 per 30 days)
VOYXACT SUBCUTANEOUS SYRINGE 400 MG/2 ML (200 MG/ML)	4	PA; SP
WAYRILZ ORAL TABLET 400 MG	4	PA; SP; QL (60 per 30 days)
WELIREG ORAL TABLET 40 MG	4	PA; SP; OCh; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	4	PA; SP; OCh; LA; QL (60 per 30 days)
XALKORI ORAL PELLET 150 MG	4	PA; SP; OCh; LA; QL (90 per 30 days)
XALKORI ORAL PELLET 20 MG, 50 MG	4	PA; SP; OCh; LA; QL (60 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	3	PA; OCh; HCLV; QL (2 per 30 days)
XERMELO ORAL TABLET 250 MG	4	PA; SP
XOSPATA ORAL TABLET 40 MG	4	PA; SP; OCh; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1), 80MG TWICE WEEK (160 MG/WEEK)	4	PA; SP; OCh
XROMI ORAL SOLUTION 100 MG/ML	3	PA
XTANDI ORAL CAPSULE 40 MG	4	PA; SP; OCh; LA
XTANDI ORAL TABLET 40 MG, 80 MG	4	PA; SP; OCh; LA
YONSA ORAL TABLET 125 MG	4	PA; SP; OCh; LA
yulithira oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	4	PA; OCh
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	4	PA; SP; OCh; LA
ZELBORAF ORAL TABLET 240 MG	4	PA; SP; OCh; LA
ZOLINZA ORAL CAPSULE 100 MG	4	PA; SP; OCh; LA
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	3	
ZYDELIG ORAL TABLET 100 MG, 150 MG	4	PA; SP; OCh; LA; QL (30 per 30 days)
ZYKADIA ORAL TABLET 150 MG	4	PA; SP; OCh; LA; QL (90 per 30 days)
ZYTIGA ORAL TABLET 250 MG, 500 MG	4	PA; SP; OCh; HCLV; LA

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

Drug Name	Drug Tier	Requirements / Limits
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG	3	ST; HCLV; QL (240 per 30 days)
APTIOM ORAL TABLET 400 MG	3	ST; HCLV; QL (120 per 30 days)
APTIOM ORAL TABLET 600 MG	3	ST; HCLV; QL (80 per 30 days)
APTIOM ORAL TABLET 800 MG	3	ST; HCLV; QL (60 per 30 days)
BANZEL ORAL SUSPENSION 40 MG/ML	3	ST; HCLV
BANZEL ORAL TABLET 200 MG, 400 MG	3	ST; HCLV
brivaracetam oral solution 10 mg/ml	1	ST
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	1	ST; QL (60 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	3	ST; HCLV; QL (2 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	ST; HCLV; QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg	1	QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 300 mg	1	QL (120 per 30 days)
carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	1	
carbamazepine oral tablet, chewable 100 mg	1	
CARBAMAZEPINE ORAL TABLET, CHEWABLE 200 MG	3	ST; HCLV
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG	3	QL (60 per 30 days)
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG	3	QL (120 per 30 days)
CELONTIN ORAL CAPSULE 300 MG	3	HCLV
clobazam oral suspension 2.5 mg/ml	1	
clobazam oral tablet 10 mg, 20 mg	1	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	3	

Drug Name	Drug Tier	Requirements / Limits
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	3	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	3	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	4	PA; SP
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	4	PA; SP
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	1	
DILANTIN EXTENDED ORAL CAPSULE 100 MG	2	
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	2	
DILANTIN ORAL CAPSULE 30 MG	2	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	2	
divalproex oral capsule, delayed rel sprinkle 125 mg	1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	1	
divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg	1	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1, 000 MG, 1, 500 MG	3	ST; HCLV; QL (60 per 30 days)
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA; SP; LA; QL (400 per 30 days)
EPRONTIA ORAL SOLUTION 25 MG/ML	3	ST; HCLV
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG	3	ST; QL (60 per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG	3	ST; QL (120 per 30 days)
eslicarbazepine oral tablet 200 mg	1	ST; HCLV; QL (240 per 30 days)
eslicarbazepine oral tablet 400 mg	1	ST; HCLV; QL (120 per 30 days)
eslicarbazepine oral tablet 600 mg	1	ST; HCLV; QL (80 per 30 days)
eslicarbazepine oral tablet 800 mg	1	ST; HCLV; QL (60 per 30 days)
ethosuximide oral capsule 250 mg	1	
ethosuximide oral solution 250 mg/5 ml	1	
felbamate oral suspension 600 mg/5 ml	1	
felbamate oral tablet 400 mg, 600 mg	1	
FELBATOL ORAL TABLET 400 MG, 600 MG	3	

Drug Name	Drug Tier	Requirements / Limits
FINTEPLA ORAL SOLUTION 2.2 MG/ML	4	PA; SP
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	3	PA; HCLV; QL (2 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	PA; HCLV; QL (30 per 30 days)
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral capsule 200 mg	1	HCLV
gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)	1	
gabapentin oral tablet 600 mg, 800 mg	1	
gabapentin oral tablet extended release 24 hr 300 mg, 450 mg, 600 mg, 750 mg, 900 mg	1	PA
GABARONE ORAL TABLET 100 MG, 400 MG	3	PA; HCLV
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 450 MG, 600 MG, 750 MG, 900 MG	3	PA; HCLV
KEPPRA ORAL SOLUTION 100 MG/ML	3	HCLV
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	3	HCLV
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	3	HCLV; QL (60 per 30 days)
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	HCLV
lacosamide oral solution 10 mg/ml	1	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	
LAMICTAL ODT ORAL TABLET, DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG	3	ST; HCLV
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)	3	ST; HCLV
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	3	ST; HCLV
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	3	ST; HCLV
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	3	HCLV

Drug Name	Drug Tier	Requirements / Limits
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	HCLV
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS, DOSE PACK 25 MG (35)	3	HCLV
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS, DOSE PACK 25 MG (84) -100 MG (14)	3	HCLV
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS, DOSE PACK 25 MG (42) -100 MG (7)	3	HCLV
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	3	HCLV
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL, DOSE PACK 25 MG (21) -50 MG (7)	3	HCLV
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL, DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	3	HCLV
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL, DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	3	HCLV
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)	1	ST
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	1	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	1	
lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg	1	ST
lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)	1	
levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)	1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	1	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
LEVETIRACETAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG	3	PA; HCLV
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG	3	PA; HCLV
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	3	PA; HCLV
LYRICA ORAL SOLUTION 20 MG/ML	3	PA; HCLV
methsuximide oral capsule 300 mg	1	
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG	3	PA; QL (120 per 30 days)
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 200 MG	3	PA; QL (60 per 30 days)
MYSOLINE ORAL TABLET 250 MG, 50 MG	3	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	2	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	3	PA; HCLV
NEURONTIN ORAL SOLUTION 250 MG/5 ML	3	PA; HCLV
NEURONTIN ORAL TABLET 600 MG, 800 MG	3	PA; HCLV
ONFI ORAL SUSPENSION 2.5 MG/ML	3	HCLV
ONFI ORAL TABLET 10 MG, 20 MG	3	HCLV
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	
oxcarbazepine oral tablet extended release 24 hr 150 mg	1	QL (480 per 30 days)
oxcarbazepine oral tablet extended release 24 hr 300 mg	1	QL (240 per 30 days)
oxcarbazepine oral tablet extended release 24 hr 600 mg	1	QL (120 per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	QL (480 per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	QL (240 per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	QL (120 per 30 days)
perampanel oral suspension 0.5 mg/ml	1	PA
perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1	PA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	2	
phenytoin oral suspension 125 mg/5 ml	1	
phenytoin oral tablet, chewable 50 mg	1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1	
pregabalin oral solution 20 mg/ml	1	
pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg	1	
PRIMIDONE ORAL TABLET 125 MG	3	ST; HCLV; QL (120 per 30 days)
primidone oral tablet 250 mg, 50 mg	1	
RELGAABI ORAL CAPSULE 200 MG	3	PA; HCLV
relgaabi oral capsule 300 mg, 400 mg	1	
roweepra oral tablet 500 mg	1	
rufinamide oral suspension 40 mg/ml	1	
rufinamide oral tablet 200 mg, 400 mg	1	
SABRIL ORAL POWDER IN PACKET 500 MG	4	PA; SP; HCLV; LA
SABRIL ORAL TABLET 500 MG	4	PA; SP; HCLV; LA
SPRITAM ORAL TABLET FOR SUSPENSION 1, 000 MG	3	PA; QL (90 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG	3	PA; QL (360 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 500 MG	3	PA; QL (180 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	3	PA; QL (120 per 30 days)
SUBVENITE ORAL SUSPENSION 10 MG/ML	3	ST
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
subvenite starter (blue) kit oral tablets, dose pack 25 mg (35)	1	
subvenite starter (green) kit oral tablets, dose pack 25 mg (84) -100 mg (14)	1	

Drug Name	Drug Tier	Requirements / Limits
subvenite starter (orange) kit oral tablets, dose pack 25 mg (42) -100 mg (7)	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	3	PA; HCLV; QL (60 per 30 days)
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	3	
TEGRETOL ORAL TABLET 200 MG	3	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	3	
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1	
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG	3	ST; HCLV
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3	HCLV
topiramate oral capsule, sprinkle 15 mg, 25 mg	1	ST
topiramate oral capsule, sprinkle 50 mg	1	ST; HCLV
topiramate oral capsule, extended release 24hr 100 mg, 25 mg, 50 mg	1	ST; QL (30 per 30 days)
topiramate oral capsule, extended release 24hr 200 mg	1	ST; QL (60 per 30 days)
topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 25 mg, 50 mg	1	ST; QL (30 per 30 days)
topiramate oral capsule, sprinkle, er 24hr 200 mg	1	ST; QL (60 per 30 days)
topiramate oral solution 25 mg/ml	1	ST
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)	3	HCLV
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	3	HCLV
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	3	ST; HCLV; QL (30 per 30 days)
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG	3	ST; HCLV; QL (60 per 30 days)
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)	1	
valproic acid oral capsule 250 mg	1	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	2	

Drug Name	Drug Tier	Requirements / Limits
vigabatrin oral powder in packet 500 mg	4	PA; SP; LA
vigabatrin oral tablet 500 mg	4	PA; SP; LA
vigadrone oral powder in packet 500 mg	4	PA; SP
vigadrone oral tablet 500 mg	4	PA; SP
VIGAFYDE ORAL SOLUTION 100 MG/ML	4	PA; SP
VIMPAT ORAL SOLUTION 10 MG/ML	3	PA; QL (6 per 30 days)
VIMPAT ORAL TABLET 100 MG	3	PA; QL (120 per 30 days)
VIMPAT ORAL TABLET 150 MG	3	PA; QL (80 per 30 days)
VIMPAT ORAL TABLET 200 MG	3	PA; QL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	3	PA; QL (240 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY (150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	ST
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	ST
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14) - 25 MG (14), 150 MG (14) - 200 MG (14), 50 MG (14) - 100 MG (14)	3	ST
ZARONTIN ORAL CAPSULE 250 MG	3	
ZARONTIN ORAL SOLUTION 250 MG/5 ML	3	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	HCLV
ZONISADE ORAL SUSPENSION 100 MG/5 ML	3	ST
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	
ZTALMY ORAL SUSPENSION 50 MG/ML	4	ST; SP
ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	4	PA; SP; LA
apomorphine subcutaneous cartridge 10 mg/ml	4	PA; SP
AZILECT ORAL TABLET 0.5 MG, 1 MG	3	HCLV
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	1	
bromocriptine oral capsule 5 mg	1	
bromocriptine oral tablet 2.5 mg	1	
carbidopa oral tablet 25 mg	1	
CARBIDOPA-LEVODOPA ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	3	HCLV

Drug Name	Drug Tier	Requirements / Limits
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	1	
carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG	3	PA
DHIVY ORAL TABLET 25-100 MG	3	HCLV
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	4	PA; SP; LA
entacapone oral tablet 200 mg	1	
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 137 MG, 68.5 MG	4	PA; SP; HCLV
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	4	PA; SP
LODOSYN ORAL TABLET 25 MG	3	HCLV
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	HCLV
NOURIANZ ORAL TABLET 20 MG, 40 MG	4	PA; SP; HCLV; LA
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	3	PA
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	1	
rasagiline oral tablet 0.5 mg, 1 mg	1	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1	
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	3	PA; HCLV

Drug Name	Drug Tier	Requirements / Limits
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	HCLV
TASMAR ORAL TABLET 100 MG	3	HCLV
tolcapone oral tablet 100 mg	1	
trihexyphenidyl oral elixir 0.4 mg/ml	1	
trihexyphenidyl oral tablet 2 mg, 5 mg	1	
XADAGO ORAL TABLET 100 MG, 50 MG	3	PA; HCLV
ZELAPAR ORAL TABLET, DISINTEGRATING 1.25 MG	3	PA; HCLV
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	2	PA; QL (1.5 per 30 days)
AJOVY SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	2	PA; QL (1.5 per 30 days)
almotriptan malate oral tablet 12.5 mg, 6.25 mg	1	QL (18 per 30 days)
BREKIYA SUBCUTANEOUS AUTO-INJECTOR 1 MG/ML	4	PA; SP; HCLV; QL (24 per 28 days)
CAFERGOT ORAL TABLET 1-100 MG	3	HCLV; QL (12 per 30 days)
dihydroergotamine injection solution 1 mg/ml	1	
dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)	1	QL (8 per 30 days)
eletriptan oral tablet 20 mg, 40 mg	1	QL (18 per 30 days)
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)	3	ST; HCLV; QL (57.6 per 28 days)
EMGALITY SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA; QL (1 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3)	2	PA; QL (1 per 30 days)
ERGOMAR SUBLINGUAL TABLET 2 MG	2	HCLV
ergotamine-caffeine oral tablet 1-100 mg	1	QL (12 per 30 days)
frovatriptan oral tablet 2.5 mg	1	QL (18 per 30 days)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG	3	HCLV; QL (18 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
IMITREX STATDOSE SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML	3	HCLV; QL (8 per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML	3	HCLV; QL (8 per 30 days)
MAXALT ORAL TABLET 10 MG	3	HCLV; QL (18 per 30 days)
MAXALT-MLT ORAL TABLET, DISINTEGRATING 10 MG	3	HCLV; QL (18 per 30 days)
migergot rectal suppository 2-100 mg	1	QL (12 per 30 days)
MIGRANAL NASAL SPRAY, NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML)	3	HCLV; QL (8 per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg	1	QL (18 per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	3	PA; QL (8 per 30 days)
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG	3	PA; HCLV; QL (16 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	PA; QL (30 per 30 days)
RELPAX ORAL TABLET 20 MG, 40 MG	3	HCLV; QL (18 per 30 days)
rizatriptan oral tablet 10 mg, 5 mg	1	QL (18 per 30 days)
rizatriptan oral tablet, disintegrating 10 mg, 5 mg	1	QL (18 per 30 days)
sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation	1	QL (18 per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	1	QL (18 per 30 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	1	QL (8 per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	1	QL (8 per 30 days)
sumatriptan-naproxen oral tablet 85-500 mg	1	ST; HCLV; QL (18 per 30 days)
SYMBRAVO ORAL TABLET 10-20 MG	3	ST; HCLV; QL (18 per 30 days)
TOSYMRA NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	3	HCLV; QL (18 per 30 days)
TREXIMET ORAL TABLET 85-500 MG	3	ST; HCLV; QL (18 per 30 days)
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	3	HCLV; QL (8 per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; QL (10 per 30 days)
ZAVZPRET NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	3	PA; QL (8 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	3	PA; HCLV; QL (8 per 30 days)
zolmitriptan nasal spray, non-aerosol 5 mg	1	QL (18 per 28 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	1	QL (18 per 30 days)
zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg	1	QL (18 per 30 days)
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG	3	PA; HCLV; QL (18 per 28 days)
ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG	3	HCLV; QL (18 per 28 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG	3	HCLV; QL (18 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	4	PA; SP; HCLV; LA; QL (60 per 30 days)
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	3	HCLV
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	4	PA; SP; HCLV; LA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	4	PA; SP; HCLV; LA
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	4	PA; SP; HCLV; LA
dalfampridine oral tablet extended release 12 hr 10 mg	4	SP; LA; QL (60 per 30 days)
DAYBUE ORAL SOLUTION 200 MG/ML	4	PA; SP
DAYBUE STIX ORAL POWDER IN PACKET 5,000 MG, 6,000 MG	4	PA; SP; QL (120 per 30 days)
DAYBUE STIX ORAL POWDER IN PACKET 8,000 MG	4	PA; SP; QL (60 per 30 days)
dextromethorphan-quinidine oral capsule 20-10 mg	1	PA; HCLV; QL (60 per 30 days)
dichlorphenamide oral tablet 50 mg	4	PA; SP; LA; QL (120 per 30 days)
donepezil oral tablet 10 mg, 23 mg, 5 mg	1	
donepezil oral tablet, disintegrating 10 mg, 5 mg	1	
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	4	PA; SP; LA; QL (240 per 30 days)
EVRYSDI ORAL TABLET 5 MG	4	PA; SP; LA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	3	HCLV
FIRDAPSE ORAL TABLET 10 MG	4	PA; SP
galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	1	
galantamine oral solution 4 mg/ml	1	
galantamine oral tablet 12 mg, 4 mg, 8 mg	1	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	3	PA; HCLV
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE, DOSE PACK 40 MG (7)- 80 MG (21)	4	PA; SP; HCLV
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	4	PA; SP; HCLV
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	4	PA; SP; HCLV
KEVEYIS ORAL TABLET 50 MG	4	PA; SP; HCLV; QL (6050 per 30 days)
LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 360 MG/1.8 ML, 500 MG/2.5 ML (250MG/1.25MLX2)	4	PA; SP; QL (4 per 28 days)
memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg	1	QL (30 per 30 days)
memantine oral solution 2 mg/ml	1	
memantine oral tablet 10 mg, 5 mg	1	
MEMANTINE ORAL TABLETS, DOSE PACK 5-10 MG	3	HCLV
memantine-donepezil oral capsule, sprinkle, er 24hr 14-10 mg, 21-10 mg, 28-10 mg	1	
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	4	PA; SP
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7-14-21-28 MG	3	HCLV
NAMENDA XR ORAL CAPSULE, SPRINKLE, ER 24HR 7 MG	3	HCLV; QL (30 per 30 days)
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	HCLV
NUEDEXTA ORAL CAPSULE 20-10 MG	3	PA; HCLV; QL (60 per 30 days)
ormalvi oral tablet 50 mg	4	PA; SP; QL (121 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	4	PA; SP; LA
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	1	
SKYCLARYS ORAL CAPSULE 50 MG	4	PA; SP
tetrabenazine oral tablet 12.5 mg, 25 mg	4	SP; LA
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML	4	PA; SP; QL (30 per 30 days)
WAINUA SUBCUTANEOUS SYRINGE 45 MG/0.8 ML	4	PA; SP; QL (1 per 30 days)
XENAZINE ORAL TABLET 12.5 MG, 25 MG	4	PA; SP; HCLV; LA
ZEPOSIA ORAL CAPSULE 0.92 MG	4	PA; SP; LA; QL (30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE, DOSE PACK 0.23 MG-0.46 MG - 0.92 MG (21)	4	PA; SP; LA; QL (1 per 365 days)
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE, DOSE PACK 0.23 MG (4)- 0.46 MG (3)	4	PA; SP; LA; QL (1 per 365 days)
ZUNVEYL ORAL TABLET, DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG	3	PA; HCLV; QL (60 per 30 days)
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
AMRIX ORAL CAPSULE, EXTENDED RELEASE 24HR 15 MG, 30 MG	3	ST; HCLV
ATMEKSI ORAL SUSPENSION 750 MG/5 ML	3	ST; QL (900 per 30 days)
baclofen oral solution 10 mg/5 ml (2 mg/ml), 5 mg/5 ml	1	HCLV
baclofen oral suspension 25 mg/5 ml (5 mg/ml)	1	
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
baclofen oral tablet 15 mg	1	HCLV
carisoprodol oral tablet 250 mg, 350 mg	1	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	1	PA
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine oral capsule, extended release 24hr 15 mg, 30 mg	1	ST; HCLV
cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg	1	
DANTRIUM ORAL CAPSULE 25 MG	3	
dantrolene oral capsule 100 mg, 25 mg, 50 mg	1	

Drug Name	Drug Tier	Requirements / Limits
FEXMID ORAL TABLET 7.5 MG	3	HCLV
FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML)	3	PA; HCLV
meprobamate oral tablet 200 mg, 400 mg	1	
MESTINON ORAL SYRUP 60 MG/5 ML	3	PA; HCLV
MESTINON ORAL TABLET 60 MG	3	PA; HCLV
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG	3	PA; HCLV
metaxalone oral tablet 400 mg, 800 mg	1	
METAXALONE ORAL TABLET 640 MG	3	HCLV
methocarbamol oral tablet 1,000 mg, 500 mg, 750 mg	1	
NORGESIC FORTE ORAL TABLET 50-770-60 MG	3	ST; HCLV
NORGESIC ORAL TABLET 25-385-30 MG	3	ST; HCLV
ONTRALFY ORAL SOLUTION 2 MG/5 ML	3	PA
orphenadrine citrate oral tablet extended release 100 mg	1	
orphenadrine-asa-caffeine oral tablet 25-385-30 mg	1	
orphengesic forte oral tablet 50-770-60 mg	1	HCLV
OZOBAX DS ORAL SOLUTION 10 MG/5 ML (2 MG/ML)	3	PA; HCLV
OZOBAX ORAL SOLUTION 5 MG/5 ML	3	PA
pyridostigmine bromide oral syrup 60 mg/5 ml	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	HCLV
pyridostigmine bromide oral tablet 60 mg	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET EXTENDED RELEASE 105 MG	3	HCLV
pyridostigmine bromide oral tablet extended release 180 mg	1	
SOMA ORAL TABLET 250 MG, 350 MG	3	
tanlor oral tablet 1,000 mg	1	
tizanidine oral capsule 2 mg, 4 mg, 6 mg	1	
TIZANIDINE ORAL CAPSULE 8 MG	3	
tizanidine oral tablet 2 mg, 4 mg	1	
TONMYA SUBLINGUAL TABLET 2.8 MG	3	PA; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
vanadom oral tablet 350 mg	1	
VYVGART HYTRULO SUBCUTANEOUS SYRINGE 1,000 MG-10,000 UNIT/5 ML	4	PA; SP; LA
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG, 8 MG	3	HCLV
ZANAFLEX ORAL TABLET 4 MG	3	
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML	4	PA; SP
NARCOTIC ANALGESICS		
acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg	1	PA
acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml	1	PA
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	1	PA
ascomp with codeine oral capsule 30-50-325-40 mg	1	PA
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	3	PA
buprenorphine hcl sublingual tablet 2 mg, 8 mg	1	
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	1	PA
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	PA
butalbital-acetaminophen oral capsule 50-300 mg	1	HCLV
butalbital-acetaminophen oral tablet 50-300 mg	1	HCLV
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-acetaminophen-caff oral capsule 50-300-40 mg	1	
butalbital-acetaminophen-caff oral capsule 50-325-40 mg	1	HCLV
butalbital-acetaminophen-caff oral solution 50-325-40 mg/15 ml	1	HCLV
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	

Drug Name	Drug Tier	Requirements / Limits
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	1	HCLV
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR	3	PA; HCLV
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	1	PA
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	1	PA
DILAUDID ORAL LIQUID 1 MG/ML	3	PA
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG	3	PA
diskets oral tablet, soluble 40 mg	1	PA
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	PA
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour	1	PA
FIORICET ORAL CAPSULE 50-300-40 MG	3	HCLV
hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	1	PA; QL (60 per 30 days)
hydrocodone bitartrate oral tablet, oral only, ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	1	PA
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml	1	PA
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	PA
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	PA
hydromorphone oral liquid 1 mg/ml	1	PA
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	1	PA
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg	1	PA; QL (60 per 30 days)
hydromorphone rectal suppository 3 mg	1	PA
HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT.REL.24 HR 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	PA
levorphanol tartrate oral tablet 2 mg, 3 mg	1	PA; HCLV
meperidine oral solution 50 mg/5 ml	1	PA

Drug Name	Drug Tier	Requirements / Limits
meperidine oral tablet 50 mg	1	PA
methadone oral concentrate 10 mg/ml	1	PA
methadone oral solution 10 mg/5 ml, 5 mg/5 ml	1	PA
methadone oral tablet 10 mg, 5 mg	1	PA
methadone oral tablet, soluble 40 mg	1	PA
methadose oral concentrate 10 mg/ml	1	PA
methadose oral tablet, soluble 40 mg	1	PA
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	1	PA
morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	1	PA; QL (60 per 30 days)
morphine oral solution 10 mg/5 ml (2 mg/ml), 20 mg/5 ml (4 mg/ml)	1	PA
morphine oral tablet 15 mg, 30 mg	1	PA
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	1	PA; QL (120 per 30 days)
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	1	PA
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG	3	PA; QL (120 per 30 days)
NALOCET ORAL TABLET 2.5-300 MG	3	PA
oxycodone oral capsule 5 mg	1	PA
oxycodone oral concentrate 20 mg/ml	1	PA
oxycodone oral solution 5 mg/5 ml	1	PA
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	PA
OXYCODONE ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG	3	PA; HCLV
OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 20 MG, 40 MG	3	PA; HCLV; QL (90 per 30 days)
OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 80 MG	3	PA; HCLV; QL (120 per 30 days)
oxycodone-acetaminophen oral solution 10-300 mg/5 ml	1	PA
oxycodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-300 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	PA

Drug Name	Drug Tier	Requirements / Limits
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	3	PA; HCLV; QL (90 per 30 days)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 60 MG, 80 MG	3	PA; HCLV; QL (120 per 30 days)
oxymorphone oral tablet 10 mg, 5 mg	1	PA
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	1	PA; QL (90 per 30 days)
PERCOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	3	PA; HCLV
PRIMLEV ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	3	PA
PROLATE ORAL SOLUTION 10-300 MG/5 ML	3	PA
prolate oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	1	PA
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	PA; HCLV
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG	3	PA; HCLV
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	4	SP
tencon oral tablet 50-325 mg	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG	3	PA
XTAMPZA ER ORAL CAP, SPRINKL, ER12HR (DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	3	PA; HCLV
xyvona oral tablet 2 mg, 3 mg	1	PA; HCLV
NON-NARCOTIC ANALGESICS		
adult aspirin regimen oral tablet, delayed release (dr/ec) 81 mg	1	ACA
ANAPROX DS ORAL TABLET 550 MG	3	ST
ARTHROTEC 50 ORAL TABLET, IR, DELAYED REL, BIPHASIC 50-200 MG-MCG	3	
ARTHROTEC 75 ORAL TABLET, IR, DELAYED REL, BIPHASIC 75-200 MG-MCG	3	
aspirin childrens oral tablet, chewable 81 mg	1	ACA
aspirin oral tablet, chewable 81 mg	1	ACA
aspirin oral tablet, delayed release (dr/ec) 81 mg	1	ACA

Drug Name	Drug Tier	Requirements / Limits
BAYER CHEWABLE ASPIRIN ORAL TABLET 81 MG	3	
bayer low dose aspirin oral tablet, delayed release (dr/ec) 81 mg	1	ACA
buprenorphine-naloxone sublingual film 12-3 mg	1	QL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	1	QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	1	QL (90 per 30 days)
butorphanol nasal spray, non-aerosol 10 mg/ml	1	PA; QL (2 per 30 days)
CAMBIA ORAL POWDER IN PACKET 50 MG	3	PA; HCLV
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	3	HCLV
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	1	
CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 17-83 300 MG	3	PA; HCLV
CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; HCLV
COXANTO ORAL CAPSULE 300 MG	3	ST; HCLV
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR 1.3 %	3	ST; HCLV
diclofenac potassium oral capsule 25 mg	1	HCLV
diclofenac potassium oral powder in packet 50 mg	1	HCLV
diclofenac potassium oral tablet 25 mg	1	HCLV
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium oral tablet extended release 24 hr 100 mg	1	
diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg	1	
diclofenac sodium topical drops 1.5 %	1	
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	1	HCLV
DICLOFENAC SUBMICRONIZED ORAL CAPSULE 35 MG	3	ST
diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg	1	HCLV
diflunisal oral tablet 500 mg	1	
DOLOBID ORAL TABLET 250 MG, 375 MG	3	HCLV

Drug Name	Drug Tier	Requirements / Limits
EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG	3	ST
ecotrin low strength oral tablet, delayed release (dr/ec) 81 mg	1	ACA
etodolac oral capsule 200 mg, 300 mg	1	
etodolac oral tablet 400 mg, 500 mg	1	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	1	
fenoprofen oral capsule 200 mg, 300 mg, 400 mg	1	HCLV
fenoprofen oral tablet 600 mg	1	HCLV
FENOPRON ORAL CAPSULE 300 MG	3	ST; HCLV
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	3	ST; HCLV
flurbiprofen oral tablet 100 mg	1	
ibu oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen oral suspension 100 mg/5 ml	1	
ibuprofen oral tablet 300 mg	1	HCLV
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen-famotidine oral tablet 800-26.6 mg	1	
INDOCIN ORAL SUSPENSION 25 MG/5 ML	3	ST; HCLV
INDOCIN RECTAL SUPPOSITORY 50 MG	3	HCLV
indomethacin oral capsule 25 mg, 50 mg	1	
indomethacin oral capsule, extended release 75 mg	1	
indomethacin oral suspension 25 mg/5 ml	1	HCLV
indomethacin rectal suppository 50 mg	1	HCLV
JOURNAVX ORAL TABLET 50 MG	3	QL (30 per 90 days)
ketoprofen oral capsule 25 mg, 50 mg, 75 mg	1	
ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg	1	
ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)	1	
ketorolac injection syringe 30 mg/ml	1	
ketorolac intramuscular solution 60 mg/2 ml	1	
ketorolac oral tablet 10 mg	1	QL (20 per 5 days)
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	3	

Drug Name	Drug Tier	Requirements / Limits
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	3	ST; HCLV
LODINE ORAL TABLET 400 MG	3	ST
lofena oral tablet 25 mg	1	HCLV
lofexidine oral tablet 0.18 mg	1	PA; HCLV
LUCEMYRA ORAL TABLET 0.18 MG	3	PA; HCLV
lurbiro oral tablet 100 mg	1	
meclofenamate oral capsule 100 mg, 50 mg	1	
mefenamic acid oral capsule 250 mg	1	HCLV
MELOXICAM ORAL SUSPENSION 7.5 MG/5 ML	3	ST; HCLV
meloxicam oral tablet 15 mg, 7.5 mg	1	
meloxicam submicronized oral capsule 10 mg, 5 mg	1	
nabumetone oral tablet 500 mg, 750 mg	1	
NALFON ORAL CAPSULE 400 MG	3	ST; HCLV
NALFON ORAL TABLET 600 MG	3	HCLV
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	1	
naltrexone oral tablet 50 mg	1	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG	3	HCLV
NAPROSYN ORAL SUSPENSION 125 MG/5 ML	3	ST
NAPROSYN ORAL TABLET 500 MG	3	ST
naproxen oral suspension 125 mg/5 ml	1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg, 750 mg	1	HCLV
naproxen-esomeprazole oral tablet, ir, delayed rel, biphasic 375-20 mg, 500-20 mg	1	ST; HCLV
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	3	PA; HCLV; QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	3	PA; HCLV; QL (181 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	3	PA
ORUDIS ORAL CAPSULE 75 MG	3	HCLV
OXAPROZIN ORAL CAPSULE 300 MG	3	ST; HCLV
oxaprozin oral tablet 600 mg	1	
pentazocine-naloxone oral tablet 50-0.5 mg	1	PA
piroxicam oral capsule 10 mg, 20 mg	1	
RELAFEN DS ORAL TABLET 1, 000 MG	3	ST
REXTOVY NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	
salsalate oral tablet 500 mg, 750 mg	1	
SPRIX NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY	4	PA; SP; HCLV; QL (5 per 30 days)
st joseph aspirin oral tablet, chewable 81 mg	1	ACA
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG	3	QL (90 per 30 days)
sulindac oral tablet 150 mg, 200 mg	1	
TAPENTADOL ORAL SOLUTION 20 MG/ML	3	PA
tapentadol oral tablet 100 mg, 50 mg, 75 mg	1	PA; HCLV
TAPENTADOL ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	3	PA; HCLV; QL (60 per 30 days)
TOLECTIN 600 ORAL TABLET 600 MG	3	ST
tolectin ds oral capsule 400 mg	1	
tolmetin oral capsule 400 mg	1	
tolmetin oral tablet 200 mg	1	HCLV; QL (30 per 30 days)
tolmetin oral tablet 600 mg	1	
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 17-83 300 MG	3	PA; HCLV
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; HCLV
TRAMADOL ORAL SOLUTION 5 MG/ML	3	PA
tramadol oral tablet 100 mg, 50 mg	1	PA
TRAMADOL ORAL TABLET 25 MG, 75 MG	3	PA
tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg	1	PA

Drug Name	Drug Tier	Requirements / Limits
tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg	1	PA
tramadol-acetaminophen oral tablet 37.5-325 mg	1	PA
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	4	SP
VIVLODEX ORAL CAPSULE 10 MG, 5 MG	3	ST; HCLV
VYSCOXA ORAL SUSPENSION 10 MG/ML	3	ST; QL (1200 per 30 days)
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	3	
ZIPSOR ORAL CAPSULE 25 MG	3	ST; HCLV
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG	3	ST; HCLV
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	3	QL (90 per 30 days)
ZURNAI INJECTION AUTO-INJECTOR 1.5 MG/0.5 ML	3	
ZYBIC ORAL SUSPENSION 7.5 MG/5 ML	3	ST; HCLV
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML, 960 MG/3.2 ML	2	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG	2	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG	2	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	3	ST; HCLV
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	3	HCLV
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	3	HCLV
ADDERALL XR ORAL CAPSULE, EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	3	HCLV
ADDYI ORAL TABLET 100 MG	3	PA
ADZENYS XR-ODT ORAL TABLET, DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	3	HCLV
alprazolam intensol oral concentrate 1 mg/ml	1	HCLV

Drug Name	Drug Tier	Requirements / Limits
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	1	
alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
AMBIEN CR ORAL TABLET, EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG	3	PA; HCLV
AMBIEN ORAL TABLET 10 MG, 5 MG	3	PA; HCLV
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	1	
amphetamine oral tablet, disinteg er biphase 24h 12.5 mg, 15.7 mg, 18.8 mg, 3.1 mg, 6.3 mg, 9.4 mg	1	
amphetamine sulfate oral tablet 10 mg, 5 mg	1	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	3	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	3	ST; HCLV
aripiprazole oral solution 1 mg/ml	1	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	1	
aripiprazole oral tablet, disintegrating 10 mg, 15 mg	1	
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML	2	
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	2	
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	1	
ARYNTA ORAL SOLUTION 10 MG/ML	3	PA
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	1	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	HCLV

Drug Name	Drug Tier	Requirements / Limits
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	1	PA; QL (750 per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	3	ST
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG	3	PA
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	PA
BUCAPSOL ORAL CAPSULE 10 MG, 15 MG, 5 MG	3	HCLV; QL (30 per 30 days)
BUCAPSOL ORAL CAPSULE 7.5 MG	3	HCLV; QL (60 per 30 days)
bupropion hcl oral tablet 100 mg, 75 mg	1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	1	
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	ST; HCLV
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	1	
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
BUSPIRONE ORAL TABLET 12.5 MG, 2.5 MG	3	HCLV; QL (30 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	3	ST; HCLV
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG	3	ST
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	1	
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	1	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1	
citalopram oral capsule 30 mg	1	HCLV
citalopram oral solution 10 mg/5 ml	1	
citalopram oral tablet 10 mg, 20 mg, 40 mg	1	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	1	
clonidine hcl oral tablet extended release 12 hr 0.1 mg	1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	1	

Drug Name	Drug Tier	Requirements / Limits
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	1	
CLOZARIL ORAL TABLET 100 MG, 25 MG	3	ST; HCLV
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	3	PA; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE, DOSE PACK 50 MG-20 MG /100 MG-20 MG	3	PA
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	3	PA; HCLV
COTEMPLA XR-ODT ORAL TABLET, DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG	3	PA
DAYVIGO ORAL TABLET 10 MG, 5 MG	3	PA
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
DESOXYN ORAL TABLET 5 MG	3	HCLV
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	3	ST
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	1	
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG	3	HCLV
dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	1	
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	1	
dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg	1	
dextroamphetamine sulfate oral solution 5 mg/5 ml	1	
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg	1	
dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	1	
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	

Drug Name	Drug Tier	Requirements / Limits
diazepam intensol oral concentrate 5 mg/ml	1	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	
DORAL ORAL TABLET 15 MG	3	PA; HCLV
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
doxepin oral concentrate 10 mg/ml	1	
doxepin oral tablet 3 mg, 6 mg	1	
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	3	ST
DULOXETINE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 120 MG, 80 MG, 90 MG	3	ST; HCLV; QL (30 per 30 days)
duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg	1	
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	3	HCLV
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG	3	HCLV
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	3	PA; HCLV
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG	3	ST; HCLV
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	3	
ergoloid oral tablet 1 mg	1	
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 351 MG/2.25 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	2	
escitalopram oxalate 5 mg/5 ml oral solution	1	
ESCITALOPRAM OXALATE ORAL CAPSULE 15 MG	3	ST
escitalopram oxalate oral solution 5 mg/5 ml	1	HCLV
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	
estazolam oral tablet 1 mg, 2 mg	1	
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1	
EVEKEO ORAL TABLET 10 MG, 5 MG	3	HCLV

Drug Name	Drug Tier	Requirements / Limits
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	3	PA; QL (30 per 30 days)
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK 18.2 MG (32 TABS)	3	PA; QL (1 per 365 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	ST; HCLV
FANAPT TITRATION PACK A ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	3	ST; HCLV
FANAPT TITRATION PACK B ORAL TABLETS, DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	3	ST; HCLV
FANAPT TITRATION PACK C ORAL TABLETS, DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	3	ST; HCLV
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	3	ST
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	3	ST
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	1	
fluoxetine oral capsule, delayed release (dr/ec) 90 mg	1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	1	
fluoxetine oral tablet 10 mg, 20 mg, 60 mg	1	
fluphenazine hcl oral concentrate 5 mg/ml	1	
fluphenazine hcl oral elixir 2.5 mg/5 ml	1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	
flurazepam oral capsule 15 mg, 30 mg	1	
fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg	1	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	1	
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	PA; HCLV
FOCALIN XR ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	3	PA; HCLV
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	3	HCLV

Drug Name	Drug Tier	Requirements / Limits
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	3	ST; HCLV
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	1	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	1	
haloperidol lactate injection solution 5 mg/ml	1	
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	4	PA; SP; LA
HETLIOZ ORAL CAPSULE 20 MG	4	PA; SP; HCLV; LA; QL (30 per 30 days)
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	1	
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG	3	PA; HCLV
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML	2	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 6 MG, 9 MG	3	ST; HCLV
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	2	
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	2	
JORNAY PM ORAL CAPSULE, DEL REL, EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	PA
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	ST; HCLV
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	1	QL (30 per 30 days)
lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	QL (30 per 30 days)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	

Drug Name	Drug Tier	Requirements / Limits
lithium carbonate oral tablet 300 mg	1	
lithium carbonate oral tablet extended release 300 mg, 450 mg	1	
lithium citrate oral solution 8 meq/5 ml	1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	3	HCLV
lorazepam intensol oral concentrate 2 mg/ml	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR 1 MG, 1.5 MG, 2 MG, 3 MG	3	HCLV
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	4	PA; SP; LA; QL (30 per 30 days)
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM	4	PA; SP; LA; QL (1 per 365 days)
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG	3	PA; HCLV
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	3	ST; HCLV
MARPLAN ORAL TABLET 10 MG	3	
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	
methamphetamine oral tablet 5 mg	1	
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML	3	
methylphenidate hcl oral cap, er sprinkle, biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	
methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	1	
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	1	

Drug Name	Drug Tier	Requirements / Limits
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	1	
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	1	
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	1	
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG	3	PA
methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg	1	
METHYLPHENIDATE ORAL TABLET, DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG	3	PA
methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr	1	
midazolam oral syrup 2 mg/ml	1	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	1	
mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg	1	
modafinil oral tablet 100 mg, 200 mg	1	
molindone oral tablet 10 mg, 25 mg, 5 mg	1	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	3	PA; HCLV
NARDIL ORAL TABLET 15 MG	3	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	1	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	
nortriptyline oral solution 10 mg/5 ml	1	
NUPLAZID ORAL CAPSULE 34 MG	4	PA; SP; LA
NUPLAZID ORAL TABLET 10 MG	4	PA; SP; LA
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG	3	HCLV
olanzapine intramuscular recon soln 10 mg	1	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	
olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg	1	

Drug Name	Drug Tier	Requirements / Limits
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	1	
ONYDA XR ORAL SUSPENSION, EXTEND RELEASE 24HR 0.1 MG/ML	3	PA
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	3	PA; HCLV
oxazepam oral capsule 10 mg, 15 mg, 30 mg	1	
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg	1	
PARNATE ORAL TABLET 10 MG	3	
paroxetine hcl oral suspension 10 mg/5 ml	1	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	1	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	1	
paroxetine mesylate (menop.sym) oral capsule 7.5 mg	1	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	3	ST
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	3	ST
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	
PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	2	
phenelzine oral tablet 15 mg	1	
pimozide oral tablet 1 mg, 2 mg	1	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG	3	ST; HCLV
procentra oral solution 5 mg/5 ml	1	
protriptyline oral tablet 10 mg, 5 mg	1	
PROVIGIL ORAL TABLET 100 MG, 200 MG	3	HCLV
QELBREE ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	3	PA
QUAZEPAM ORAL TABLET 15 MG	3	PA; HCLV
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	
QUETIAPINE ORAL TABLET 150 MG	3	ST; HCLV

Drug Name	Drug Tier	Requirements / Limits
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	1	
QUILLICHEW ER ORAL TABLET, CHEW, IR-ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG	3	PA
QUILLIVANT XR ORAL SUSPENSION, EXT REL 24HR, RECON 5 MG/ML (25 MG/5 ML)	3	PA
QUVIVIQ ORAL TABLET 25 MG, 50 MG	3	PA
RALDESY ORAL SOLUTION 10 MG/ML	3	PA; HCLV; QL (1200 per 30 days)
ramelteon oral tablet 8 mg	1	
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG, 72 MG	3	PA
REMERON ORAL TABLET 15 MG, 30 MG	3	HCLV
REMERON SOLTAB ORAL TABLET, DISINTEGRATING 15 MG, 30 MG, 45 MG	3	HCLV
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG	3	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	2	ST; HCLV
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	3	HCLV
RISPERDAL ORAL SOLUTION 1 MG/ML	3	ST; HCLV
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	ST; HCLV
risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml	1	
risperidone oral solution 1 mg/ml	1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	3	PA
ROZEREM ORAL TABLET 8 MG	3	PA; HCLV
RYKINDO INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	2	

Drug Name	Drug Tier	Requirements / Limits
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	3	ST; HCLV
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	3	ST; HCLV
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	3	ST; HCLV
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	3	ST; HCLV
sertraline oral capsule 150 mg, 200 mg	1	HCLV
sertraline oral concentrate 20 mg/ml	1	
sertraline oral tablet 100 mg, 25 mg, 50 mg	1	
SILENOR ORAL TABLET 3 MG, 6 MG	3	PA
sodium oxybate oral solution 500 mg/ml	4	PA; SP; LA
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	4	PA; SP
SUNOSI ORAL TABLET 150 MG	3	PA; QL (30 per 30 days)
SUNOSI ORAL TABLET 75 MG	3	PA; QL (60 per 30 days)
tasimelteon oral capsule 20 mg	4	PA; SP; LA; QL (30 per 30 days)
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	1	
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
tranylcypromine oral tablet 10 mg	1	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1	
triazolam oral tablet 0.125 mg, 0.25 mg	1	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 100 MG/0.28 ML, 125 MG/0.35 ML, 150 MG/0.42 ML, 200 MG/0.56 ML, 250 MG/0.7 ML, 50 MG/0.14 ML, 75 MG/0.21 ML	2	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG	3	HCLV

Drug Name	Drug Tier	Requirements / Limits
VENLAFAXINE BESYLATE ORAL TABLET EXTENDED RELEASE 24HR 112.5 MG	3	ST
venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg	1	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg	1	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	3	ST; HCLV
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	3	ST; HCLV
vilazodone oral tablet 10 mg, 20 mg, 40 mg	1	
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG	2	ST; HCLV
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML	4	PA; SP
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	3	PA; HCLV; QL (30 per 30 days)
VYVANSE ORAL TABLET, CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	PA; HCLV; QL (30 per 30 days)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	4	PA; SP; HCLV; LA; QL (60 per 30 days)
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG	3	ST
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	3	ST; QL (30 per 30 days)
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	3	HCLV
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR	3	PA
XYREM ORAL SOLUTION 500 MG/ML	4	PA; SP; HCLV; LA; QL (3 per 30 days)
XYWAV ORAL SOLUTION 0.5 GRAM/ML	4	PA; SP; LA; QL (3 per 30 days)
zaleplon oral capsule 10 mg, 5 mg	1	
zenzedi oral tablet 10 mg, 5 mg	1	HCLV
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	HCLV

Drug Name	Drug Tier	Requirements / Limits
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1	
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	1	
ZOLOFT ORAL CONCENTRATE 20 MG/ML	3	ST
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG	3	ST
ZOLPIDEM ORAL CAPSULE 7.5 MG	3	PA; HCLV
zolpidem oral tablet 10 mg, 5 mg	1	
zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg	1	
zolpidem sublingual tablet 1.75 mg, 3.5 mg	1	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	4	PA; SP
ZYPREXA INTRAMUSCULAR RECON SOLN 10 MG	3	HCLV
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	3	ST; HCLV
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	2	
ZYPREXA ZYDIS ORAL TABLET, DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	3	ST; HCLV
AUTONOMIC & CNS DRUGS, NEUROLOGY		
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO ORAL TABLET 14 MG, 7 MG	4	PA; SP; HCLV; LA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	4	PA; SP; LA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	4	PA; SP; LA
BAFIERTAM ORAL CAPSULE, DELAYED RELEASE (DR/EC) 95 MG	4	PA; SP; LA; QL (120 per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	4	PA; SP; LA
cladribine(multiple sclerosis) oral tablet 10 mg	4	PA; SP
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	4	PA; SP; HCLV; LA
dimethyl fumarate oral capsule, delayed release (dr/ec) 120 mg	4	SP; QL (14 per 365 days)

Drug Name	Drug Tier	Requirements / Limits
dimethyl fumarate oral capsule, delayed release (dr/ec) 120 mg (14)- 240 mg (46)	4	SP; LA; QL (1 per 365 days)
dimethyl fumarate oral capsule, delayed release (dr/ec) 240 mg	4	SP; QL (60 per 30 days)
fingolimod oral capsule 0.5 mg	4	SP; LA
GILENYA ORAL CAPSULE 0.25 MG	4	PA; SP; HCLV
GILENYA ORAL CAPSULE 0.5 MG	4	PA; SP; HCLV; LA
glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml	4	SP; LA
glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml	4	SP; LA
KESIMPTA SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	4	PA; SP; LA
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	4	PA; SP; HCLV; LA
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	4	PA; SP; HCLV; LA
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	4	PA; SP; HCLV; LA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	4	PA; SP; HCLV; LA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	4	PA; SP; HCLV; LA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	4	PA; SP; HCLV; LA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	4	PA; SP; HCLV; LA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	4	PA; SP; LA
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (7 TABS)	4	PA; SP; LA; QL (30 per 30 days)
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (12 TABS)	4	PA; SP; LA; QL (30 per 30 days)
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	4	PA; SP; LA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; SP; LA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; SP; LA

Drug Name	Drug Tier	Requirements / Limits
PONVORY 14-DAY STARTER PACK ORAL TABLETS, DOSE PACK 2 MG (2) - 10 MG (3)	4	PA; SP; HCLV; LA
PONVORY ORAL TABLET 20 MG	4	PA; SP; HCLV; LA; QL (30 per 30 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; SP; LA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; SP; LA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; SP; LA
TASCENSO ODT ORAL TABLET, DISINTEGRATING 0.25 MG, 0.5 MG	4	PA; SP; HCLV; LA
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 120 MG	4	PA; SP; HCLV; LA; QL (14 per 365 days)
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 120 MG (14)- 240 MG (46)	4	PA; SP; HCLV; LA; QL (1 per 365 days)
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 240 MG	4	PA; SP; HCLV; LA; QL (60 per 30 days)
teriflunomide oral tablet 14 mg, 7 mg	4	SP; LA
VUMERITY ORAL CAPSULE, DELAYED RELEASE(DR/EC) 231 MG	4	PA; SP; LA; QL (120 per 30 days)
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone oral tablet 100 mg, 200 mg, 400 mg	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	3	HCLV
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	3	HCLV
disopyramide phosphate oral capsule 100 mg, 150 mg	1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	1	
flecainide oral tablet 100 mg, 150 mg, 50 mg	1	
mexiletine oral capsule 150 mg, 200 mg, 250 mg	1	
MULTAQ ORAL TABLET 400 MG	3	
NORPACE ORAL CAPSULE 100 MG, 150 MG	3	HCLV
pacerone oral tablet 100 mg, 200 mg	1	
propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg	1	

Drug Name	Drug Tier	Requirements / Limits
propafenone oral tablet 150 mg, 225 mg, 300 mg	1	
quinidine gluconate oral tablet extended release 324 mg	1	
quinidine sulfate oral tablet 200 mg, 300 mg	1	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	3	ST
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	3	HCLV
ANTIHYPERTENSIVE THERAPY		
acebutolol oral capsule 200 mg, 400 mg	1	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	3	
aliskiren oral tablet 150 mg, 300 mg	1	
amiloride oral tablet 5 mg	1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	1	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	HCLV
ARBLI ORAL SUSPENSION 10 MG/ML	3	ST; HCLV; QL (300 per 30 days)
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG	3	ST; HCLV
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	HCLV
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	3	ST; HCLV
AVAPRO ORAL TABLET 150 MG, 300 MG	3	HCLV
azilsartan medoxomil oral tablet 40 mg, 80 mg	1	HCLV

Drug Name	Drug Tier	Requirements / Limits
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	3	HCLV
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	3	ST; HCLV
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	3	HCLV
betaxolol oral tablet 10 mg, 20 mg	1	
BIDIL ORAL TABLET 20-37.5 MG	3	HCLV
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
BISOPROLOL FUMARATE ORAL TABLET 2.5 MG	3	HCLV
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	HCLV
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	HCLV
CARDAMYST NASAL SPRAY, NON-AEROSOL 70 MG/2 SPRAY	3	PA
CARDIZEM CD ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	3	HCLV
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	3	HCLV
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	HCLV
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	3	HCLV
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	3	

Drug Name	Drug Tier	Requirements / Limits
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	3	PA; HCLV
cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg	1	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR	3	HCLV
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR	3	HCLV
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR	3	HCLV
chlorthalidone oral tablet 25 mg, 50 mg	1	
CLONIDINE HCL ORAL TABLET 0.05 MG	3	HCLV; QL (30 per 30 days)
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 24 HR 0.17 MG	3	HCLV
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	1	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	3	HCLV
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG	3	HCLV
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	3	HCLV
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	3	HCLV
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG	3	HCLV
diltiazem hcl oral capsule, ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1	
diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg	1	
diltiazem hcl oral capsule, extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	

Drug Name	Drug Tier	Requirements / Limits
diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
dilt-xr oral capsule, ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	3	ST; HCLV
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	3	HCLV
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	3	
EDARBI ORAL TABLET 40 MG, 80 MG	3	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	3	ST; HCLV
EDECRIN ORAL TABLET 25 MG	3	
enalapril maleate oral solution 1 mg/ml	1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
ENBUMYST NASAL SPRAY, NON-AEROSOL 0.5 MG/SPRAY (0.1 ML)	3	PA; HCLV
EPANED ORAL SOLUTION 1 MG/ML	3	HCLV
eplerenone oral tablet 25 mg, 50 mg	1	
ethacrynic acid oral tablet 25 mg	1	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG	3	HCLV
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	3	HCLV
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	1	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	1	
FUROSCIX READYFLOW SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	SP; HCLV
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	

Drug Name	Drug Tier	Requirements / Limits
guanfacine oral tablet 1 mg, 2 mg	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	4	PA; SP; HCLV
HEMICLOR ORAL TABLET 12.5 MG	3	PA; HCLV; QL (30 per 30 days)
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	3	ST; HCLV
indapamide oral tablet 1.25 mg, 2.5 mg	1	
INDERAL LA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG	3	HCLV
INDERAL XL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 80 MG	3	HCLV
INNOPRAN XL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 80 MG	3	HCLV
INSPRA ORAL TABLET 25 MG	3	
INZIRQO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	3	PA; HCLV; QL (300 per 30 days)
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
isosorbide-hydralazine oral tablet 20-37.5 mg	1	
isradipine oral capsule 2.5 mg, 5 mg	1	
JAVADIN ORAL SOLUTION 0.02 MG/ML (20 MCG/ML)	3	ST
KAPSPARGO SPRINKLE ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 200 MG, 25 MG, 50 MG	3	HCLV
KATERZIA ORAL SUSPENSION 1 MG/ML	3	ST; HCLV
KERENDIA ORAL TABLET 10 MG	3	PA; QL (60 per 30 days)
KERENDIA ORAL TABLET 20 MG, 40 MG	3	PA; QL (30 per 30 days)
labetalol oral tablet 100 mg, 200 mg, 300 mg	1	
labetalol oral tablet 400 mg	1	HCLV
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	3	
LEVAMLODIPINE ORAL TABLET 2.5 MG, 5 MG	3	HCLV

Drug Name	Drug Tier	Requirements / Limits
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
LOPRESSOR ORAL SOLUTION 10 MG/ML	3	
LOPRESSOR ORAL TABLET 100 MG, 50 MG	3	HCLV
LOPRESSOR ORAL TABLET 12.5 MG	3	HCLV; QL (30 per 30 days)
losartan oral tablet 100 mg, 25 mg, 50 mg	1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	HCLV
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	HCLV
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
methyldopa oral tablet 250 mg, 500 mg	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
METOPROLOL TARTRATE ORAL TABLET 12.5 MG	3	QL (30 per 30 days)
metyrosine oral capsule 250 mg	1	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	3	ST; HCLV
MICARDIS ORAL TABLET 40 MG, 80 MG	3	HCLV
minoxidil oral tablet 10 mg, 2.5 mg	1	
moexipril oral tablet 15 mg, 7.5 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HR 0.17 MG	3	HCLV
nicardipine oral capsule 20 mg, 30 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	

Drug Name	Drug Tier	Requirements / Limits
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	1	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	1	
nimodipine oral capsule 30 mg	1	
nimodipine oral solution 60 mg/20 ml	1	
nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg	1	
NORLIQVA ORAL SOLUTION 1 MG/ML	3	ST
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	HCLV
NYMALIZE ORAL SOLUTION 60 MG/10 ML	3	HCLV
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	3	HCLV
olmesartan oral tablet 20 mg, 40 mg, 5 mg	1	
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL, DOSE PACK 0.125 MG (126)- 0.25 MG (42)	4	PA; SP; HCLV; LA
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL, DOSE PACK 0.125 MG (126)- 0.25 MG (210)	4	PA; SP; HCLV; LA
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL, DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG	4	PA; SP; HCLV; LA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	4	PA; SP; HCLV; LA
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	
phenoxybenzamine oral capsule 10 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
prazosin oral capsule 1 mg, 2 mg, 5 mg	1	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG	3	HCLV; QL (30 per 30 days)
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG	3	HCLV

Drug Name	Drug Tier	Requirements / Limits
propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
QBRELIS ORAL SOLUTION 1 MG/ML	3	HCLV
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
SDAMLO ORAL POWDER IN CONTAINER 10 MG, 2.5 MG, 5 MG	3	ST; QL (30 per 30 days)
SOAANZ ORAL TABLET 40 MG	3	HCLV; QL (150 per 30 days)
spironolactone oral suspension 25 mg/5 ml	1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	HCLV
TEKTURNA ORAL TABLET 150 MG, 300 MG	3	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	HCLV
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	3	HCLV
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
TEZRULY ORAL SOLUTION 1 MG/ML	3	PA; HCLV
THALITONE ORAL TABLET 15 MG	3	
tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
TIAZAC ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	3	HCLV
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	

Drug Name	Drug Tier	Requirements / Limits
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	3	HCLV
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1	HCLV
triamterene oral capsule 100 mg, 50 mg	1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	1	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	3	HCLV
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 100 MCG, 150 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; SP; LA
UPTRAVI ORAL TABLETS, DOSE PACK 200 MCG (140)- 800 MCG (60)	4	PA; SP; LA
valsartan oral solution 4 mg/ml	1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	
VASERETIC ORAL TABLET 10-25 MG	3	HCLV
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	HCLV
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	1	
verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil oral tablet 120 mg, 40 mg, 80 mg	1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	1	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	HCLV
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	3	HCLV

Drug Name	Drug Tier	Requirements / Limits
CARDIAC GLYCOSIDES		
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	1	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)	1	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	3	HCLV
COAGULATION THERAPY		
ALHEMO PEN SUBCUTANEOUS PEN INJECTOR 150 MG/1.5 ML (100 MG/ML), 300 MG/3 ML (100 MG/ML), 60 MG/1.5 ML (40 MG/ML)	4	PA; SP; LA
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	4	PA; SP; LA; QL (60 per 30 days)
AMICAR ORAL SOLUTION 250 MG/ML (25 %)	3	HCLV
AMICAR ORAL TABLET 1,000 MG, 500 MG	3	HCLV
aminocaproic acid oral solution 250 mg/ml (25 %)	1	
aminocaproic acid oral tablet 1,000 mg, 500 mg	1	
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 2.5 MG/0.5 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	4	PA; SP; HCLV
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	1	
BRILINTA ORAL TABLET 60 MG, 90 MG	3	HCLV
CABLIVI INJECTION KIT 11 MG	4	PA; SP
cilostazol oral tablet 100 mg, 50 mg	1	
clopidogrel oral tablet 300 mg, 75 mg	1	
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
DOPTELET ORAL TABLET 20 MG	4	PA; SP; LA
DOPTELET SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG	4	PA; SP; QL (60 per 30 days)
EFFIENT ORAL TABLET 10 MG, 5 MG	3	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 5 MG (74 TABS)	2	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	

Drug Name	Drug Tier	Requirements / Limits
ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4)	2	
ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG	2	
eltrombopag olamine oral powder in packet 12.5 mg, 25 mg	4	PA; SP; QL (30 per 30 days)
eltrombopag olamine oral tablet 12.5 mg, 25 mg	4	PA; SP; QL (30 per 30 days)
eltrombopag olamine oral tablet 50 mg, 75 mg	4	PA; SP; QL (60 per 30 days)
enoxaparin subcutaneous solution 300 mg/3 ml	4	SP
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml	4	SP
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	4	SP
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML	4	PA; SP
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	4	PA; SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML	4	PA; SP; LA
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	1	
heparin (porcine) injection syringe 5,000 unit/ml	1	
heparin lockflush(porcine)(pf) intravenous syringe 10 unit/ml, 100 unit/ml	1	
heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml	1	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml	1	
heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml	1	
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/0.5 ML	4	PA; SP; LA

Drug Name	Drug Tier	Requirements / Limits
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML	4	PA; SP; HCLV
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML	4	PA; SP; HCLV
MULPLETA ORAL TABLET 3 MG	4	PA; SP; HCLV; LA
pentoxifylline oral tablet extended release 400 mg	1	
phytonadione (vitamin k1) injection solution 10 mg/ml	1	
phytonadione (vitamin k1) oral tablet 5 mg	1	
PLAVIX ORAL TABLET 75 MG	3	HCLV
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	3	HCLV
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	4	SP; HCLV
prasugrel hcl oral tablet 10 mg, 5 mg	1	
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	4	PA; SP; HCLV; LA; QL (30 per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	4	PA; SP; HCLV; LA; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	4	PA; SP; HCLV; LA; QL (60 per 30 days)
QFITLIA PEN SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	4	PA; SP; QL (1 per 30 days)
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2 ML	4	PA; SP; QL (1 per 30 days)
rivaroxaban oral suspension for reconstitution 1 mg/ml	1	
rivaroxaban oral tablet 2.5 mg	1	QL (60 per 30 days)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	3	HCLV
TAVALISSE ORAL TABLET 100 MG, 150 MG	4	PA; SP; HCLV
ticagrelor oral tablet 60 mg, 90 mg	1	
vitamin k injection solution 1 mg/0.5 ml	1	
vitamin k1 injection solution 10 mg/ml	1	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 15 MG (42)- 20 MG (9)	2	

Drug Name	Drug Tier	Requirements / Limits
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	3	HCLV
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	2	
XARELTO ORAL TABLET 2.5 MG	3	HCLV
YOSPRALA ORAL TABLET, IR, DELAYED REL, BIPHASIC 325-40 MG, 81-40 MG	3	HCLV
ZONTIVITY ORAL TABLET 2.08 MG	3	
LIPID/CHOLESTEROL LOWERING AGENTS		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	1	HCLV
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	3	PA
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	ACA
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	HCLV
cholestyramine (with sugar) oral powder 4 gram	1	
cholestyramine (with sugar) oral powder in packet 4 gram	1	
cholestyramine light oral powder 4 gram	1	
cholestyramine light oral powder in packet 4 gram	1	
colesevelam oral powder in packet 3.75 gram	1	
colesevelam oral tablet 625 mg	1	
COLESTID ORAL TABLET 1 GRAM	3	HCLV
colestipol oral granules 5 gram	1	
colestipol oral packet 5 gram	1	
colestipol oral tablet 1 gram	1	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	3	PA; HCLV
ezetimibe oral tablet 10 mg	1	
EZETIMIBE-ROSUVASTATIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	3	HCLV
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1	
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	

Drug Name	Drug Tier	Requirements / Limits
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	1	
FENOFIBRATE ORAL CAPSULE 150 MG, 50 MG	3	PA; HCLV
fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg	1	
fenofibric acid (choline) oral capsule, delayed release (dr/ec) 135 mg, 45 mg	1	
fenofibric acid oral tablet 105 mg, 35 mg	1	
FIBRICOR ORAL TABLET 105 MG	3	PA
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML)	3	PA; HCLV
fluvastatin oral capsule 20 mg, 40 mg	1	ACA
fluvastatin oral tablet extended release 24 hr 80 mg	1	ACA
gemfibrozil oral tablet 600 mg	1	
icosapent ethyl oral capsule 0.5 gram, 1 gram	1	QL (120 per 30 days)
JUXTAPID ORAL CAPSULE 10 MG, 2 MG, 20 MG, 30 MG, 5 MG	4	PA; SP; LA; QL (30 per 30 days)
LEROCHOL SUBCUTANEOUS SYRINGE 300 MG/1.2 ML	3	PA; QL (1 per 30 days)
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG	3	PA; HCLV
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	3	PA; HCLV
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	3	PA; HCLV
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	3	PA; HCLV
LOPID ORAL TABLET 600 MG	3	PA
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	ACA
LOVAZA ORAL CAPSULE 1 GRAM	3	PA; QL (120 per 30 days)
NEXLETOL ORAL TABLET 180 MG	3	PA; HCLV
NEXLIZET ORAL TABLET 180-10 MG	3	PA; HCLV
niacin oral tablet 500 mg	1	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	1	
NIACOR ORAL TABLET 500 MG	3	ST
omega-3 acid ethyl esters oral capsule 1 gram	1	
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	1	ACA

Drug Name	Drug Tier	Requirements / Limits
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	3	PA; HCLV
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	ACA
prevalite oral powder 4 gram	1	
prevalite oral powder in packet 4 gram	1	
QUESTRAN LIGHT ORAL POWDER 4 GRAM	3	HCLV
QUESTRAN ORAL POWDER 4 GRAM	3	HCLV
QUESTRAN ORAL POWDER IN PACKET 4 GRAM	3	
REDEMPLO SUBCUTANEOUS SYRINGE 25 MG/0.5 ML	4	PA; SP; QL (1 per 90 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA
REPATHA SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	ACA
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	3	HCLV
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	1	ACA
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 50 MG/0.8 ML, 80 MG/0.8 ML	4	PA; SP; LA
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	3	PA; HCLV; QL (120 per 30 days)
VYTORIN ORAL TABLET 10-10 MG	3	HCLV
VYTORIN ORAL TABLET 10-20 MG	3	HCLV
VYTORIN ORAL TABLET 10-40 MG	3	HCLV
VYTORIN ORAL TABLET 10-80 MG	3	HCLV
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	3	HCLV
WELCHOL ORAL TABLET 625 MG	3	HCLV
ZETIA ORAL TABLET 10 MG	3	PA; HCLV
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	PA; HCLV
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	PA; HCLV
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ATTRUBY ORAL TABLET 356 MG	4	PA; SP

Drug Name	Drug Tier	Requirements / Limits
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	4	PA; SP; LA; QL (30 per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5 ML	4	PA; SP; HCLV
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3	PA; HCLV
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	HCLV
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG	2	
FILSPARI ORAL TABLET 200 MG, 400 MG	4	PA; SP; HCLV; QL (30 per 30 days)
ivabradine oral tablet 5 mg, 7.5 mg	1	PA
LODOCO ORAL TABLET 0.5 MG	3	PA; HCLV
MYQORZO ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	PA; SP; QL (30 per 30 days)
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	1	
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	1	
TRYVIO ORAL TABLET 12.5 MG	4	ST; SP; QL (30 per 30 days)
VANRAFIA ORAL TABLET 0.75 MG	4	PA; SP; QL (30 per 30 days)
VECAMYL ORAL TABLET 2.5 MG	3	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	PA
VYNDAMAX ORAL CAPSULE 61 MG	4	PA; SP; LA
NITRATES		
GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG	3	
ISORDIL ORAL TABLET 40 MG	3	HCLV
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	HCLV
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	1	
nitro-bid transdermal ointment 2 %	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR	2	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	1	

Drug Name	Drug Tier	Requirements / Limits
nitroglycerin transdermal ointment 2 %	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
nitroglycerin translingual spray, non-aerosol 400 mcg/spray	1	
NITROLINGUAL TRANSLINGUAL SPRAY, NON-AEROSOL 400 MCG/SPRAY	3	HCLV
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY	3	HCLV
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	3	HCLV
nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	1	
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	3	ST
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML, 320 MG/2 ML	4	PA; SP; LA; QL (2 per 56 days)
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML, 320 MG/2 ML	4	PA; SP; LA; QL (2 per 56 days)
calcipotriene scalp solution 0.005 %	1	
calcipotriene topical cream 0.005 %	1	
CALCIPOTRIENE TOPICAL FOAM 0.005 %	3	PA; HCLV
calcipotriene topical ointment 0.005 %	1	
calcipotriene-betamethasone topical ointment 0.005-0.064 %	1	HCLV
calcipotriene-betamethasone topical suspension 0.005-0.064 %	1	
calcitriol topical ointment 3 mcg/gram	1	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; SP; HCLV; LA; QL (2 per 28 days)
COSENTYX PEN (2 PENS) SUBCUTANEOUS NJECTOR 150 MG/ML	4	PA; SP; HCLV; LA; QL (2 per 28 days)
COSENTYX PEN SUBCUTANEOUS INJECTOR 150 MG/ML	4	PA; SP; HCLV; LA; QL (2 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; SP; HCLV; LA; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements / Limits
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; SP; HCLV; LA; QL (1 per 28 days)
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; SP; HCLV; LA; QL (1 per 28 days)
ENSTILAR TOPICAL FOAM 0.005-0.064 %	3	PA; HCLV
EPIFOAM TOPICAL FOAM 1-1 %	3	
hydrocortisone-pramoxine topical cream 2.5-1 %	1	
ICOTYDE ORAL TABLET 200 MG	4	PA; SP; LA; QL (30 per 30 days)
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; SP; LA; QL (1 per 84 days)
IMULDOSA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; SP; HCLV; QL (1 per 84 days)
OTULFI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; SP; QL (1 per 84 days)
OTULFI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; SP; HCLV; QL (1 per 84 days)
pellix scalp solution 0.005 %	1	
PLEXION NS TOPICAL SHAMPOO 9.8 %	3	PA
PRAMOSONE TOPICAL CREAM 1-1 %	2	ST
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	2	ST
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 %	2	ST
PYZCHIVA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.5 ML, 90 MG/ML	4	PA; SP; QL (1 per 84 days)
PYZCHIVA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; SP; HCLV; QL (1 per 84 days)
PYZCHIVA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; SP; HCLV; QL (1 per 84 days)
SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; SP; HCLV; LA; QL (1 per 84 days)
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; SP; HCLV; LA; QL (1 per 84 days)
selenium sulfide topical lotion 2.5 %	1	
selenium sulfide topical shampoo 2.25 %	1	
selenium sulfide topical shampoo 2.3 %	1	HCLV
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	4	PA; SP; HCLV; LA; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements / Limits
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; SP; LA; QL (1 per 84 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 55 MG/0.37 ML	4	PA; SP; LA; QL (1 per 84 days)
SORILUX TOPICAL FOAM 0.005 %	3	PA; HCLV
SOTYKTU ORAL TABLET 6 MG	4	PA; SP; LA; QL (30 per 30 days)
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	4	PA; SP; LA
STARJEMZA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; SP; QL (1 per 84 days)
STARJEMZA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; SP; QL (1 per 84 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; SP; HCLV; LA; QL (1 per 84 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; SP; HCLV; LA; QL (1 per 84 days)
STEQEYMA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; SP; LA; QL (1 per 84 days)
STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; SP; LA; QL (1 per 84 days)
sulfacetamide sodium topical cleanser 10 %	1	
sulfacetamide sodium topical cleanser, gel 10 %	1	
sulfacetamide sodium topical shampoo 10 %, 9.8 %	1	
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	3	PA; HCLV
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; SP; LA; QL (1 per 28 days)
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; SP; LA; QL (1 per 28 days)
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; SP; LA; QL (1 per 28 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML	4	PA; SP; LA; QL (1 per 28 days)
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; SP; LA; QL (1 per 56 days)

Drug Name	Drug Tier	Requirements / Limits
TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	4	PA; SP; LA; QL (6 per 365 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; SP; LA; QL (1 per 56 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	4	PA; SP; LA; QL (2 per 28 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; SP; LA; QL (1 per 56 days)
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	4	PA; SP; LA; QL (1 per 28 days)
USTEKINUMAB SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; SP; HCLV; QL (1 per 84 days)
USTEKINUMAB SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; SP; HCLV; QL (1 per 84 days)
USTEKINUMAB-AAUZ SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; SP; HCLV; QL (1 per 84 days)
USTEKINUMAB-AEKN SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; SP; HCLV; QL (1 per 84 days)
USTEKINUMAB-TTWE SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; SP; HCLV; LA; QL (1 per 84 days)
USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; SP; HCLV; LA; QL (1 per 84 days)
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM	3	PA; HCLV
VTAMA TOPICAL CREAM 1 %	3	PA
WEZLANA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; SP; HCLV; QL (1 per 84 days)
WEZLANA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; SP; HCLV; QL (1 per 84 days)
WYNZORA TOPICAL CREAM 0.005-0.064 %	3	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; SP; LA; QL (1 per 84 days)
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; SP; LA; QL (1 per 84 days)
ZORYVE TOPICAL CREAM 0.05 %, 0.15 %, 0.3 %	3	PA; HCLV
ZORYVE TOPICAL FOAM 0.3 %	3	PA; HCLV
BURN THERAPY		
SILVADENE TOPICAL CREAM 1 %	3	HCLV

Drug Name	Drug Tier	Requirements / Limits
silver sulfadiazine topical cream 1 %	1	
ssd topical cream 1 %	1	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	4	PA; SP; LA; QL (2 per 28 days)
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; SP; LA; QL (4 per 28 days)
ammonium lactate topical cream 12 %	1	
ammonium lactate topical lotion 12 %	1	
ANZUPGO TOPICAL CREAM 2 %	4	PA; SP; QL (60 per 30 days)
CARAC TOPICAL CREAM 0.5 %	2	PA; HCLV
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	4	PA; SP; HCLV; LA
CONDYLOX TOPICAL GEL 0.5 %	3	PA; HCLV
CORTANE-B TOPICAL LOTION 1-1-0.1 %	3	HCLV
diclofenac sodium topical gel 3 %	1	
doxepin topical cream 5 %	1	HCLV
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	3	
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	4	PA; SP; LA; QL (2 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	4	PA; SP; LA; QL (2 per 28 days)
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML	4	PA; SP; LA; QL (4 per 28 days)
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML	4	PA; SP; LA; QL (4 per 28 days)
EFUDEX TOPICAL CREAM 5 %	3	
EUCRISA TOPICAL OINTMENT 2 %	3	PA
FILSUVEZ TOPICAL GEL 10 %	4	PA; SP; QL (60 per 30 days)
FLUOROURACIL TOPICAL CREAM 0.5 %	2	PA; HCLV
fluorouracil topical cream 5 %	1	
fluorouracil topical solution 2 %, 5 %	1	
HYFTOR TOPICAL GEL 0.2 %	4	PA; SP
imiquimod topical cream in metered-dose pump 3.75 %	1	HCLV
imiquimod topical cream in packet 3.75 %, 5 %	1	

Drug Name	Drug Tier	Requirements / Limits
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	3	
IODOSORB TOPICAL GEL 0.9 %	3	
methoxsalen oral capsule, liqd-filled, rapid rel 10 mg	1	
OPZELURA TOPICAL CREAM 1.5 %	3	PA
PANRETIN TOPICAL GEL 0.1 %	3	
pimecrolimus topical cream 1 %	1	
podofilox topical gel 0.5 %	1	
podofilox topical solution 0.5 %	1	
prudoxin topical cream 5 %	1	HCLV
QBREXZA TOPICAL TOWELETTE 2.4 %	3	PA; HCLV
SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION)	3	PA; QL (1 per 30 days)
tacrolimus topical ointment 0.03 %, 0.1 %	1	
VALCHLOR TOPICAL GEL 0.016 %	4	PA; SP; LA
VEREGEN TOPICAL OINTMENT 15 %	3	PA; HCLV
ZELSUVMI TOPICAL GEL 10.3 %	3	PA; QL (1 per 30 days)
ZONALON TOPICAL CREAM 5 %	3	HCLV
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %, 3.75 %	3	PA; HCLV
ZYCLARA TOPICAL CREAM IN PACKET 3.75 %	3	PA; HCLV
THERAPY FOR ACNE		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	3	ST; HCLV
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	3	ST; HCLV
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	3	HCLV
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
ACZONE TOPICAL GEL WITH PUMP 7.5 %	3	HCLV
adapalene topical cream 0.1 %	1	ST; HCLV
adapalene topical gel 0.3 %	1	ST
adapalene topical gel with pump 0.3 %	1	ST
ADAPALENE TOPICAL LOTION 0.1 %	2	ST; HCLV
adapalene topical solution 0.1 %	1	ST; HCLV

Drug Name	Drug Tier	Requirements / Limits
adapalene topical swab 0.1 %	1	ST; HCLV
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %	1	QL (45 per 30 days)
adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %	1	HCLV; QL (45 per 30 days)
AKLIEF TOPICAL CREAM 0.005 %	3	ST
ALTRENO TOPICAL LOTION 0.05 %	3	ST; HCLV
amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
AMZEEQ TOPICAL FOAM 4 %	3	ST; HCLV
ARAZLO TOPICAL LOTION 0.045 %	3	ST; HCLV
ATRALIN TOPICAL GEL 0.05 %	3	ST; HCLV
AVAR LS TOPICAL CLEANSER 10-2 %	3	ST; HCLV
avar topical cleanser 10-5 % (w/w)	1	
AVAR-E TOPICAL CREAM 10-5 % (W/W)	3	HCLV
azelaic acid topical gel 15 %	1	
AZELEX TOPICAL CREAM 20 %	3	ST; HCLV
BENZAMYCIN TOPICAL GEL 3-5 %	3	PA; HCLV
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %	3	HCLV
benzepro topical towelette 6 %	1	HCLV
benzoyl peroxide topical cleanser 7 %	1	
benzoyl peroxide topical foam 9.8 %	1	HCLV
bp topical cleanser 10-1 %	1	
brimonidine topical gel with pump 0.33 %	1	
CABTREO TOPICAL GEL 0.15-3.1-1.2 %	3	ST; HCLV
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
CLENIA PLUS TOPICAL SUSPENSION 9-4.25 %	3	ST; HCLV
CLEOCIN T TOPICAL LOTION 1 %	3	HCLV
CLINDACIN ETZ TOPICAL KIT 1 %	3	ST; HCLV
clindacin etz topical swab 1 %	1	
clindacin p topical swab 1 %	1	
CLINDACIN PAC TOPICAL KIT 1 %	3	ST; HCLV
clindacin topical foam 1 %	1	HCLV
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 %	3	ST; HCLV

Drug Name	Drug Tier	Requirements / Limits
clindamycin phosphate topical foam 1 %	1	HCLV
clindamycin phosphate topical gel 1 %	1	
clindamycin phosphate topical gel, once daily 1 %	1	HCLV
clindamycin phosphate topical lotion 1 %	1	
clindamycin phosphate topical solution 1 %	1	
clindamycin phosphate topical swab 1 %	1	
clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %	1	
clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %, 1.2-2.5 %	1	HCLV
clindamycin-benzoyl peroxide topical gel with pump 1-5 %	1	
clindamycin-tretinoin topical gel 1.2-0.025 %	1	HCLV
dapsone topical gel 5 %	1	
DAPSONE TOPICAL GEL 7.5 %	3	
dapsone topical gel with pump 7.5 %	1	
DIFFERIN TOPICAL CREAM 0.1 %	3	ST; HCLV
DIFFERIN TOPICAL GEL WITH PUMP 0.3 %	3	ST; HCLV
DIFFERIN TOPICAL LOTION 0.1 %	2	ST; HCLV
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	3	ST; HCLV; QL (45 per 30 days)
EPSOLAY TOPICAL CREAM 5 %	3	PA
ery pads topical swab 2 %	1	
erythromycin with ethanol topical gel 2 %	1	
erythromycin with ethanol topical solution 2 %	1	
erythromycin-benzoyl peroxide topical gel 3-5 %	1	
FABIOR TOPICAL FOAM 0.1 %	3	ST; HCLV
FINACEA TOPICAL FOAM 15 %	3	ST
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
isotretinoin oral capsule 25 mg, 35 mg	1	HCLV
ivermectin topical cream 1 %	1	
METROCREAM TOPICAL CREAM 0.75 %	3	PA; HCLV
METROGEL TOPICAL GEL 1 %	3	PA; HCLV
metronidazole topical cream 0.75 %	1	
metronidazole topical gel 0.75 %, 1 %	1	

Drug Name	Drug Tier	Requirements / Limits
metronidazole topical gel with pump 1 %	1	HCLV
metronidazole topical lotion 0.75 %	1	
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	3	
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 %	3	ST; HCLV
neuac topical gel 1.2 %(1 % base) -5 %	1	
NORITATE TOPICAL CREAM 1 %	3	PA; HCLV
ONEXTON TOPICAL GEL WITH PUMP 1.2 % (1 % BASE) -3.75 %	3	ST; HCLV
oxymetazoline topical cream 1 %	1	HCLV
PACNEX TOPICAL CLEANSER 7 %	3	HCLV
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 %	3	HCLV
PLEXION TOPICAL CLEANSER 9.8-4.8 %	3	ST; HCLV
PLEXION TOPICAL CREAM 9.8-4.8 %	3	HCLV
PLEXION TOPICAL LOTION 9.8-4.8 %	3	HCLV
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	3	HCLV
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	3	ST; HCLV
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %	3	ST; HCLV
RETIN-A TOPICAL CREAM 0.1 %	3	ST
RETIN-A TOPICAL GEL 0.01 %, 0.025 %	3	ST; HCLV
RHOFADE TOPICAL CREAM 1 %	3	PA
rosadan topical cream 0.75 %	1	
rosadan topical gel 0.75 %	1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	3	ST; HCLV
ROSADAN TOPICAL KIT, CLEANSER AND CREAM 0.75 %	3	ST; HCLV
SOOLANTRA TOPICAL CREAM 1 %	3	PA; HCLV
sss 10-5 topical cream 10-5 % (w/w)	1	
sss 10-5 topical foam 10-5 %	1	HCLV
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4.5 %, 9.8-4.8 %	1	
SULFACETAMIDE SODIUM-SULFUR TOPICAL CLEANSER 8-4 %	3	ST

Drug Name	Drug Tier	Requirements / Limits
sulfacetamide sodium-sulfur topical cleanser 9-4 %	1	HCLV
sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %	1	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %	1	
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %	1	
sulfacetamide sodium-sulfur topical suspension 10-5 %	1	
sulfacetamide sodium-sulfur topical suspension 8-4 %	1	HCLV
SULFACETAMIDE SODIUM-SULFUR TOPICAL SUSPENSION 9-4.25 %	3	ST; HCLV
sulfacleanse 8-4 topical suspension 8-4 %	1	HCLV
SUMADAN TOPICAL CLEANSER 9-4.5 %	3	ST; HCLV
SUMADAN TOPICAL KIT 9-4.5 %	3	ST; HCLV
SUMADAN XLT TOPICAL COMBO PACK, CLEANSER AND CREAM 9 %-4.5 % -SPF 25	3	ST
SUMAXIN CP TOPICAL KIT 10-4 %	3	ST; HCLV
SUMAXIN TOPICAL CLEANSER 9-4 %	3	ST; HCLV
SUMAXIN TOPICAL PADS, MEDICATED 10-4 %	3	HCLV
SUMAXIN TS TOPICAL SUSPENSION 8-4 %	3	ST; HCLV
tazarotene topical cream 0.05 %, 0.1 %	1	
TAZAROTENE TOPICAL FOAM 0.1 %	3	ST; HCLV
tazarotene topical gel 0.05 %, 0.1 %	1	HCLV
TAZORAC TOPICAL CREAM 0.05 %, 0.1 %	3	ST; HCLV
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	3	ST; HCLV
tretinoin microspheres topical gel 0.04 %, 0.1 %	1	
tretinoin microspheres topical gel with pump 0.04 %, 0.08 %, 0.1 %	1	HCLV
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	1	
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	1	
trilitas topical gel 0.1 %	1	HCLV
TWYNEO TOPICAL CREAM 0.1-3 %	3	ST; HCLV
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	3	PA

Drug Name	Drug Tier	Requirements / Limits
WINLEVI TOPICAL CREAM 1 %	3	ST
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
ZIANA TOPICAL GEL 1.2-0.025 %	3	PA; HCLV
ZILXI TOPICAL FOAM 1.5 %	3	ST; HCLV
ZMA CLEAR TOPICAL SUSPENSION 9-4.5 %	3	ST
TOPICAL ANESTHETICS		
dermacinrx lidocan topical adhesive patch, medicated 5 %	1	
lidocaine hcl laryngotracheal solution 4 %	1	
lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)	1	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	1	
lidocaine topical adhesive patch, medicated 5 %	1	
lidocaine topical ointment 5 %	1	
lidocaine-prilocaine topical cream 2.5-2.5 %	1	
lidocaine-prilocaine topical kit 2.5-2.5 %	1	HCLV
lidocan iii topical adhesive patch, medicated 5 %	1	
lidocan iv topical adhesive patch, medicated 5 %	1	
lidocan v topical adhesive patch, medicated 5 %	1	
lidocort topical cream 3-0.5 %	1	
LIDODERM TOPICAL ADHESIVE PATCH, MEDICATED 5 %	3	ST; HCLV
PLIAGLIS TOPICAL CREAM 7-7 %	3	
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 %	3	ST; HCLV
TOPICAL ANTIBACTERIALS		
CENTANY AT TOPICAL OINTMENT KIT 2 %	3	ST; HCLV
CENTANY TOPICAL OINTMENT 2 %	2	PA; HCLV
gentamicin topical cream 0.1 %	1	
gentamicin topical ointment 0.1 %	1	
KLARON TOPICAL SUSPENSION 10 %	3	HCLV
lugols topical solution 5-10 %	1	
mupirocin calcium topical cream 2 %	1	
mupirocin topical ointment 2 %	1	

Drug Name	Drug Tier	Requirements / Limits
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	3	ST; HCLV
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	3	ST; HCLV
strong iodine topical solution 5-10 %	1	
sulfacetamide sodium (acne) topical suspension 10 %	1	
SULFAMYLON TOPICAL CREAM 85 MG/G	3	
XEPI TOPICAL CREAM 1 %	3	PA
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	3	ST; HCLV
CICLODAN KIT TOPICAL SOLUTION 8 %	3	ST; HCLV
ciclodan topical cream 0.77 %	1	
ciclodan topical solution 8 %	1	
ciclopirox topical cream 0.77 %	1	
ciclopirox topical gel 0.77 %	1	
ciclopirox topical shampoo 1 %	1	
ciclopirox topical solution 8 %	1	
ciclopirox topical suspension 0.77 %	1	
ciclopirox-ure-camph-menth-euc topical solution 8 %	1	HCLV
clotrimazole topical cream 1 %	1	
clotrimazole topical solution 1 %	1	
clotrimazole-betamethasone topical cream 1-0.05 %	1	
clotrimazole-betamethasone topical lotion 1-0.05 %	1	
econazole nitrate topical cream 1 %	1	
ECONAZOLE NITRATE TOPICAL FOAM 1 %	3	ST; HCLV
ECOZA TOPICAL FOAM 1 %	3	ST; HCLV
ERTACZO TOPICAL CREAM 2 %	3	ST; HCLV
EXELDERM TOPICAL CREAM 1 %	3	ST; HCLV
EXELDERM TOPICAL SOLUTION 1 %	3	ST; HCLV
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	3	PA; HCLV
ketoconazole topical cream 2 %	1	

Drug Name	Drug Tier	Requirements / Limits
ketoconazole topical foam 2 %	1	HCLV
ketoconazole topical shampoo 2 %	1	
ketodan kit topical combo pack 2 %	1	ST; HCLV
ketodan topical foam 2 %	1	HCLV
klayesta topical powder 100,000 unit/gram	1	
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 %	3	ST; HCLV
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 %	3	ST; HCLV
LOPROX KIT TOPICAL COMBO PACK 0.77 %	3	ST; HCLV
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %	3	ST; HCLV
LULICONAZOLE TOPICAL CREAM 1 %	3	ST; HCLV
LUZU TOPICAL CREAM 1 %	3	ST; HCLV
MICONAZOLE NITRATE-ZINC OX-PET TOPICAL OINTMENT 0.25-15-81.35 %	3	ST; HCLV
naftifine topical cream 1 %, 2 %	1	
naftifine topical gel 2 %	1	
NAFTIN TOPICAL GEL 2 %	3	ST; HCLV
nystatin topical cream 100,000 unit/gram	1	
nystatin topical ointment 100,000 unit/gram	1	
nystatin topical powder 100,000 unit/gram	1	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	1	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	1	
nystop topical powder 100,000 unit/gram	1	
oxiconazole topical cream 1 %	1	HCLV
OXISTAT TOPICAL LOTION 1 %	3	ST; HCLV
SULCONAZOLE TOPICAL CREAM 1 %	3	ST; HCLV
SULCONAZOLE TOPICAL SOLUTION 1 %	3	ST; HCLV
tavaborole topical solution with applicator 5 %	1	PA
VUSION TOPICAL OINTMENT 0.25-15-81.35 %	3	ST; HCLV
TOPICAL ANTIVIRALS		
acyclovir topical cream 5 %	1	
acyclovir topical ointment 5 %	1	

Drug Name	Drug Tier	Requirements / Limits
DENAVIR TOPICAL CREAM 1 %	3	PA; HCLV
penciclovir topical cream 1 %	1	PA; HCLV
XERESE TOPICAL CREAM 5-1 %	3	PA; HCLV
ZOVIRAX TOPICAL CREAM 5 %	3	PA; HCLV
ZOVIRAX TOPICAL OINTMENT 5 %	3	PA; HCLV
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream 1 %	1	HCLV
ALA-SCALP TOPICAL LOTION 2 %	3	ST; HCLV
alclometasone topical cream 0.05 %	1	
alclometasone topical ointment 0.05 %	1	
amcinonide topical cream 0.1 %	1	
amcinonide topical ointment 0.1 %	1	
beser topical lotion 0.05 %	1	HCLV
betamethasone dipropionate topical cream 0.05 %	1	
betamethasone dipropionate topical lotion 0.05 %	1	
betamethasone dipropionate topical ointment 0.05 %	1	
betamethasone valerate topical cream 0.1 %	1	
betamethasone valerate topical foam 0.12 %	1	
betamethasone valerate topical lotion 0.1 %	1	
betamethasone valerate topical ointment 0.1 %	1	
betamethasone, augmented topical cream 0.05 %	1	
betamethasone, augmented topical gel 0.05 %	1	
betamethasone, augmented topical lotion 0.05 %	1	
betamethasone, augmented topical ointment 0.05 %	1	
BRYHALI TOPICAL LOTION 0.01 %	3	ST; HCLV
CAPEX TOPICAL SHAMPOO 0.01 %	2	ST; HCLV
clobetasol scalp solution 0.05 %	1	
CLOBETASOL TOPICAL CREAM 0.025 %	3	ST; HCLV
clobetasol topical cream 0.05 %	1	
clobetasol topical foam 0.05 %	1	
clobetasol topical gel 0.05 %	1	
clobetasol topical lotion 0.05 %	1	
clobetasol topical ointment 0.05 %	1	

Drug Name	Drug Tier	Requirements / Limits
clobetasol topical shampoo 0.05 %	1	
clobetasol topical spray, non-aerosol 0.05 %	1	
clobetasol-emollient topical cream 0.05 %	1	
clobetasol-emollient topical foam 0.05 %	1	HCLV
CLOBEX TOPICAL SHAMPOO 0.05 %	3	ST; HCLV
CLOBEX TOPICAL SPRAY, NON-AEROSOL 0.05 %	3	ST; HCLV
clocortolone pivalate topical cream 0.1 %	1	HCLV
CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER 0.05 %	3	ST; HCLV
clodan topical shampoo 0.05 %	1	HCLV
CORDRAN LARGE ROLL TOPICAL TAPE 4 MCG/CM2	3	ST; HCLV
DERMA-SMOOTHE/FS BODY TOPICAL OIL 0.01 %	3	
DERMA-SMOOTHE/FS SCALP OIL 0.01 %	3	
desonide topical cream 0.05 %	1	
desonide topical gel 0.05 %	1	HCLV
desonide topical lotion 0.05 %	1	HCLV
desonide topical ointment 0.05 %	1	
desoximetasone topical cream 0.05 %, 0.25 %	1	
desoximetasone topical gel 0.05 %	1	HCLV
desoximetasone topical ointment 0.05 %, 0.25 %	1	
desoximetasone topical spray, non-aerosol 0.25 %	1	HCLV
diflorasone topical cream 0.05 %	1	HCLV
diflorasone topical ointment 0.05 %	1	HCLV
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 %	3	ST; HCLV
DUOBRII TOPICAL LOTION 0.01-0.045 %	3	ST; HCLV
evesse topical lotion 0.1 %	1	HCLV
fluocinolone and shower cap scalp oil 0.01 %	1	
fluocinolone topical cream 0.01 %, 0.025 %	1	
fluocinolone topical oil 0.01 %	1	
fluocinolone topical ointment 0.025 %	1	
fluocinolone topical solution 0.01 %	1	
fluocinonide topical cream 0.05 %, 0.1 %	1	

Drug Name	Drug Tier	Requirements / Limits
fluocinonide topical gel 0.05 %	1	
fluocinonide topical ointment 0.05 %	1	
fluocinonide topical solution 0.05 %	1	
fluocinonide-e topical cream 0.05 %	1	
flurandrenolide topical cream 0.05 %	1	HCLV
flurandrenolide topical lotion 0.05 %	1	HCLV
flurandrenolide topical ointment 0.05 %	1	HCLV
fluticasone propionate topical cream 0.05 %	1	
fluticasone propionate topical lotion 0.05 %	1	HCLV
fluticasone propionate topical ointment 0.005 %	1	
halcinonide topical cream 0.1 %	1	HCLV
halcinonide topical solution 0.1 %	1	HCLV
halobetasol propionate topical cream 0.05 %	1	
halobetasol propionate topical foam 0.05 %	1	HCLV
HALOBETASOL PROPIONATE TOPICAL LOTION 0.05 %	3	ST; HCLV
halobetasol propionate topical ointment 0.05 %	1	
HALOG TOPICAL CREAM 0.1 %	3	ST; HCLV
HALOG TOPICAL SOLUTION 0.1 %	3	ST; HCLV
hydrocortisone butyrate topical cream 0.1 %	1	
hydrocortisone butyrate topical lotion 0.1 %	1	HCLV
hydrocortisone butyrate topical ointment 0.1 %	1	
hydrocortisone butyrate topical solution 0.1 %	1	
hydrocortisone topical cream 1 %, 2.5 %	1	
hydrocortisone topical lotion 2 %	1	HCLV
hydrocortisone topical lotion 2.5 %	1	
hydrocortisone topical ointment 1 %, 2.5 %	1	
hydrocortisone topical solution 2.5 %	1	HCLV
hydrocortisone valerate topical cream 0.2 %	1	
hydrocortisone valerate topical ointment 0.2 %	1	
IMPOYZ TOPICAL CREAM 0.025 %	3	ST; HCLV
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	3	ST; HCLV
lexette topical foam 0.05 %	1	HCLV
mometasone topical cream 0.1 %	1	

Drug Name	Drug Tier	Requirements / Limits
mometasone topical ointment 0.1 %	1	
mometasone topical solution 0.1 %	1	
NUCORT TOPICAL LOTION 2 %	3	ST
prednicarbate topical cream 0.1 %	1	
PROCTOCORT TOPICAL CREAM 1 %	3	ST; HCLV
scalacort topical lotion 2 %	1	HCLV
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	3	ST; HCLV
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %	3	ST; HCLV
SYNALAR OINTMENT KIT TOPICAL COMBO PACK, OINTMENT AND CREAM 0.025 %	3	ST; HCLV
SYNALAR TOPICAL CREAM 0.025 %	3	ST; HCLV
SYNALAR TOPICAL OINTMENT 0.025 %	3	ST; HCLV
SYNALAR TOPICAL SOLUTION 0.01 %	3	ST; HCLV
SYNALAR TS TOPICAL KIT 0.01 %	3	ST; HCLV
TEXACORT TOPICAL SOLUTION 2.5 %	3	ST; HCLV
TOPICORT TOPICAL CREAM 0.05 %, 0.25 %	3	ST; HCLV
TOPICORT TOPICAL GEL 0.05 %	3	ST; HCLV
TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 %	3	ST; HCLV
TOPICORT TOPICAL SPRAY, NON-AEROSOL 0.25 %	3	ST; HCLV
tovet emollient topical foam 0.05 %	1	HCLV
triamcinolone acetonide topical aerosol 0.147 mg/gram	1	HCLV
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	1	
triamcinolone acetonide topical ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %	1	
triderm topical cream 0.5 %	1	HCLV
ULTRAVATE TOPICAL LOTION 0.05 %	3	ST; HCLV
VANOS TOPICAL CREAM 0.1 %	3	ST; HCLV
TOPICAL ENZYMES		
NEXOBRID TOPICAL GEL 8.8 %	3	PA

Drug Name	Drug Tier	Requirements / Limits
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	3	QL (6 per 30 days)
TOPICAL SCABICIDES / PEDICULICIDES		
crotan topical lotion 10 %	1	HCLV
EURAX TOPICAL CREAM 10 %	2	
EURAX TOPICAL LOTION 10 %	3	
malathion topical lotion 0.5 %	1	
NATROBA TOPICAL SUSPENSION 0.9 %	3	HCLV
OVIDE TOPICAL LOTION 0.5 %	3	HCLV
permethrin topical cream 5 %	1	
pruradik topical lotion 10 %	1	HCLV
spinosad topical suspension 0.9 %	1	
ULESFIA TOPICAL LOTION 5 %	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		
benzphetamine oral tablet 50 mg	1	OPT
CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG	3	PA; OPT; QL (120 per 30 days)
diethylpropion oral tablet 25 mg	1	OPT
diethylpropion oral tablet extended release 75 mg	1	OPT
FOUNDAYO ORAL TABLET 0.8 MG, 14.5 MG, 17.2 MG, 2.5 MG, 5.5 MG, 9 MG	3	PA; OPT; QL (30 per 30 days)
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA; SP; QL (90 per 30 days)
liraglutide (weight loss) subcutaneous pen injector 3 mg/0.5 ml (18 mg/3 ml)	1	PA; OPT
LOMAIRA ORAL TABLET 8 MG	3	OPT
ORLISTAT ORAL CAPSULE 120 MG	3	PA; OPT; QL (90 per 30 days)
phendimetrazine tartrate oral capsule, extended release 105 mg	1	OPT
phendimetrazine tartrate oral tablet 35 mg	1	OPT
phentermine oral capsule 15 mg, 30 mg, 37.5 mg	1	OPT
phentermine oral tablet 37.5 mg, 8 mg	1	OPT
phentermine-topiramate oral capsule, er multiphase 24 hr 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg	1	PA; OPT; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG	3	PA; OPT; QL (30 per 30 days)
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML)	3	PA; HCLV; OPT; QL (5 per 30 days)
WEGOVY HD SUBCUTANEOUS PEN INJECTOR 7.2 MG/0.75 ML	3	PA; OPT
WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG	3	PA; OPT; QL (30 per 30 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	3	PA; OPT; QL (4 per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	3	PA; OPT; QL (1 per 28 days)
XENICAL ORAL CAPSULE 120 MG	3	PA; OPT; QL (90 per 30 days)
ZEPBOUND KWIKPEN SUBCUTANEOUS PEN INJECTOR 10 MG/0.6 ML (40 MG/2.4 ML), 12.5 MG/0.6 ML (50 MG/2.4 ML), 15 MG/0.6 ML (60 MG/2.4 ML), 2.5 MG/0.6 ML (10 MG/2.4 ML), 5 MG/0.6 ML (20 MG/2.4 ML), 7.5 MG/0.6 ML (30 MG/2.4 ML)	3	PA; OPT
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	3	PA; OPT; QL (4 per 28 days)
IRRIGATING SOLUTIONS		
lactated ringers irrigation solution	1	
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml	1	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	3	HCLV
PHYSIOSOL IRRIGATION SOLUTION 140-5-3-98 MEQ/L	3	HCLV
SORBITOL IRRIGATION SOLUTION 3 %	3	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION 2.7-0.54 GRAM/100 ML	3	
MISCELLANEOUS AGENTS		
acamprosate oral tablet, delayed release (dr/ec) 333 mg	1	
acetic acid irrigation solution 0.25 %	1	
AGRYLIN ORAL CAPSULE 0.5 MG	3	
anagrelide oral capsule 0.5 mg, 1 mg	1	

Drug Name	Drug Tier	Requirements / Limits
AQVESME ORAL TABLET 100 MG	4	PA; SP; QL (60 per 30 days)
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM	4	PA; SP; HCLV
BUPHENYL ORAL TABLET 500 MG	4	PA; SP; HCLV
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)	1	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	4	PA; SP; HCLV; LA
carglumic acid oral tablet, dispersible 200 mg	4	PA; SP
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	3	
CARNITOR ORAL SOLUTION 100 MG/ML	3	
CARNITOR ORAL TABLET 330 MG	3	
cevimeline oral capsule 30 mg	1	
CHEMET ORAL CAPSULE 100 MG	2	PA
CUVRIOR ORAL TABLET 300 MG	4	PA; SP; HCLV
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	4	PA; SP; LA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	4	PA; SP; LA
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	4	PA; SP; LA
deferiprone oral tablet 1,000 mg, 500 mg	4	PA; SP; LA
disulfiram oral tablet 250 mg, 500 mg	1	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	4	PA; SP; HCLV; LA
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	4	PA; SP
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	4	PA; SP
ENDARI ORAL POWDER IN PACKET 5 GRAM	4	PA; SP; HCLV; LA; QL (180 per 30 days)
EVOXAC ORAL CAPSULE 30 MG	3	
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	4	PA; SP; HCLV; LA
FABHALTA ORAL CAPSULE 200 MG	4	PA; SP
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	4	PA; SP; HCLV
FERRIPROX ORAL SOLUTION 100 MG/ML	4	PA; SP
FERRIPROX ORAL TABLET 1,000 MG	4	PA; SP; HCLV

Drug Name	Drug Tier	Requirements / Limits
FORZINITY SUBCUTANEOUS SOLUTION 80 MG/ML	4	PA; SP; QL (1 per 30 days)
glutamine (sickle cell) oral powder in packet 5 gram	4	PA; SP; LA; QL (180 per 30 days)
glycerol phenylbutyrate oral liquid 1.1 gram/ml	4	PA; SP; LA
HARLIKU ORAL TABLET 2 MG	4	PA; SP; HCLV
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA; SP
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	4	PA; SP; HCLV; LA
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	4	PA; SP; HCLV; LA
JOENJA ORAL TABLET 70 MG	4	PA; SP; QL (60 per 30 days)
levocarnitine (with sugar) oral solution 100 mg/ml	1	
levocarnitine oral solution 100 mg/ml	1	
levocarnitine oral tablet 330 mg	1	
LITHOSTAT ORAL TABLET 250 MG	3	PA; QL (180 per 30 days)
METOPIRONE ORAL CAPSULE 250 MG	3	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	1	
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	4	PA; SP; LA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	4	PA; SP; LA
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	4	PA; SP; HCLV; LA
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	4	PA; SP; HCLV
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	4	PA; SP; HCLV
ORFADIN ORAL SUSPENSION 4 MG/ML	4	PA; SP
PHEBURANE ORAL GRANULES 483 MG/GRAM	4	PA; SP; HCLV; LA
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	4	PA; SP; QL (60 per 30 days)
PYRUKYND ORAL TABLETS, DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	4	PA; SP; QL (60 per 30 days)
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	3	
RAVICTI ORAL LIQUID 1.1 GRAM/ML	4	PA; SP; HCLV; LA
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	4	PA; SP; LA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
RHAPSIDO ORAL TABLET 25 MG	3	PA; QL (60 per 30 days)
riluzole oral tablet 50 mg	1	
risedronate oral tablet 30 mg	1	
sodium chlor 0.9% bacteriostat injection solution 0.9 %	1	
sodium chloride 0.9 % injection solution	1	
sodium chloride injection syringe 0.9 %	1	
sodium chloride irrigation solution 0.9 %	1	
sodium phenylbutyrate oral powder 0.94 gram/gram	1	PA
sodium phenylbutyrate oral tablet 500 mg	1	PA
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG	4	PA; SP; QL (120 per 30 days)
SOHONOS ORAL CAPSULE 10 MG	4	PA; SP; QL (60 per 30 days)
SOHONOS ORAL CAPSULE 2.5 MG	4	PA; SP; QL (150 per 30 days)
SOHONOS ORAL CAPSULE 5 MG	4	PA; SP; QL (90 per 30 days)
SYPRINE ORAL CAPSULE 250 MG	3	PA; HCLV; QL (240 per 30 days)
TAVNEOS ORAL CAPSULE 10 MG	4	PA; SP
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	4	PA; SP
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG	4	PA; SP; HCLV
THIOLA ORAL TABLET 100 MG	4	PA; SP; HCLV
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	4	PA; SP
tiopronin oral tablet 100 mg	4	PA; SP; LA
tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg	4	PA; SP
trientine oral capsule 250 mg	1	PA; QL (240 per 30 days)
TRIENTINE ORAL CAPSULE 500 MG	3	PA; HCLV; QL (240 per 30 days)
VAFSEO ORAL TABLET 150 MG, 300 MG	3	PA; QL (30 per 30 days)
venxxiva oral tablet, delayed release (dr/ec) 100 mg, 300 mg	4	PA; SP; HCLV
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)	4	PA; SP; QL (120 per 30 days)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	4	PA; SP; QL (90 per 30 days)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	4	PA; SP; QL (60 per 30 days)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	4	PA; SP; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
water for irrigation, sterile irrigation solution	1	
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	4	PA; SP; QL (120 per 30 days)
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	4	PA; SP
SMOKING DETERRENTS		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	1	ACA
CHANTIX ORAL TABLET 0.5 MG, 1 MG	3	
CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK 0.5 MG (11)- 1 MG (42)	3	
nicotine (polacrilex) buccal gum 2 mg, 4 mg	1	ACA
nicotine (polacrilex) buccal lozenge 2 mg, 4 mg	1	ACA
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	1	ACA
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	1	ACA
nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr	1	ACA
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	2	ACA
quit 2 buccal gum 2 mg	1	ACA
quit 4 buccal gum 4 mg	1	ACA
stop smoking aid buccal lozenge 2 mg, 4 mg	1	ACA
varenicline tartrate oral tablet 0.5 mg, 1 mg	1	ACA
varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)	1	ACA
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal spray, non-aerosol 137 mcg (0.1 %)	1	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	1	
CLINPRO 5000 DENTAL PASTE 1.1 %	3	
denta 5000 plus dental cream 1.1 %	1	
denta 5000 plus sensitive dental paste 1.1-5 %	1	
dentagel dental gel 1.1 %	1	
fluoride (sodium) dental cream 1.1 %	1	

Drug Name	Drug Tier	Requirements / Limits
fluoride (sodium) dental gel 1.1 %	1	
fluoride (sodium) dental paste 1.1 %	1	
fluoride (sodium) dental solution 0.2 %	1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	3	
FLUORIMAX 5000 DENTAL PASTE 1.1 %	3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 %	3	
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	3	
ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)	1	
JUST RIGHT 5000 DENTAL PASTE 1.1 %	3	
kourzeq dental paste 0.1 %	1	
MUGARD MUCOUS MEMBRANE SOLUTION	4	SP; HCLV
olopatadine nasal spray, non-aerosol 0.6 %	1	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	3	
paroex oral rinse mucous membrane mouthwash 0.12 %	1	
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 %	3	HCLV
periogard mucous membrane mouthwash 0.12 %	1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	3	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	3	HCLV
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %	3	
PREVIDENT DENTAL GEL 1.1 %	3	HCLV
PREVIDENT DENTAL SOLUTION 0.2 %	3	HCLV
PREVIDENT KIDS DENTAL PASTE 1.1 %	3	

Drug Name	Drug Tier	Requirements / Limits
PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML	3	
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG	3	
sf 5000 plus dental cream 1.1 %	1	
sf dental gel 1.1 %	1	
sodium fluoride 5000 plus dental cream 1.1 %	1	
sodium fluoride-pot nitrate dental paste 1.1-5 %	1	
triamcinolone acetonide dental paste 0.1 %	1	
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear) solution 2 %	1	
CETRAXAL OTIC (EAR) DROPPERETTE 0.2 %	3	HCLV
ciprofloxacin hcl otic (ear) dropperette 0.2 %	1	
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	3	HCLV
flac oil otic (ear) drops 0.01 %	1	
fluocinolone acetonide oil otic (ear) drops 0.01 %	1	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	1	
ofloxacin otic (ear) drops 0.3 %	1	
XTORO OTIC (EAR) DROPS, SUSPENSION 0.3 %	3	HCLV
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS, SUSPENSION 0.2-1 %	3	HCLV
ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %	1	
CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	3	HCLV
ciprofloxacin-hydrocortisone otic (ear) drops, suspension 0.2-1 %	1	HCLV
CORTISPORIN-TC OTIC (EAR) DROPS, SUSPENSION 3.3-3-10-0.5 MG/ML	3	
neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10,000-1 mg/ml-unit/ml-%	1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	1	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	3	HCLV

Drug Name	Drug Tier	Requirements / Limits
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR INJECTION GEL 80 UNIT/ML	4	PA; SP; LA
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	4	PA; SP; LA
AGAMREE ORAL SUSPENSION 40 MG/ML	4	PA; SP
ALKINDI ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	4	ST; SP; HCLV
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST; HCLV
cortisone oral tablet 25 mg	1	
CORTROPHIN GEL INJECTION 80 UNIT/ML	4	PA; SP; LA
CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML, 80 UNIT/ML	4	PA; SP; LA
deflazacort oral suspension 22.75 mg/ml	4	PA; SP; HCLV; LA
deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg	4	PA; SP; HCLV; LA
dexabliss oral tablets, dose pack 1.5 mg (39 tabs)	1	HCLV
dexamethasone intensol oral drops 1 mg/ml	1	
dexamethasone oral elixir 0.5 mg/5 ml	1	
dexamethasone oral solution 0.5 mg/5 ml	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	
dexamethasone oral tablets, dose pack 1.5 mg (21 tabs)	1	HCLV
DEXLYT ORAL TABLET 0.25 MG	3	ST; HCLV
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	4	PA; SP; HCLV; LA
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	4	PA; SP; HCLV; LA
fludrocortisone oral tablet 0.1 mg	1	
HEMADY ORAL TABLET 20 MG	3	ST; HCLV
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
jaythari oral suspension 22.75 mg/ml	4	PA; SP; HCLV
jaythari oral tablet 18 mg, 30 mg, 36 mg, 6 mg	4	PA; SP
KHINDIVI ORAL SOLUTION 1 MG/ML	4	ST; SP; HCLV
kymbee oral suspension 22.75 mg/ml	4	PA; SP; HCLV
kymbee oral tablet 18 mg, 30 mg, 36 mg, 6 mg	4	PA; SP; HCLV
MEDROL (PAK) ORAL TABLETS, DOSE PACK 4 MG	3	ST; HCLV

Drug Name	Drug Tier	Requirements / Limits
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	ST; HCLV
MEDROL ORAL TABLET 2 MG	2	ST; HCLV
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
methylprednisolone oral tablets, dose pack 4 mg	1	
millipred dp oral tablets, dose pack 5 mg (21 tabs), 5 mg (48 tabs)	1	HCLV
millipred oral tablet 5 mg	1	
ORAPRED ODT ORAL TABLET, DISINTEGRATING 10 MG, 15 MG, 30 MG	3	ST; HCLV
prednisolone oral solution 15 mg/5 ml	1	
prednisolone oral tablet 5 mg	1	
prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	1	HCLV
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1	
prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg	1	
prednisone intensol oral concentrate 5 mg/ml	1	HCLV
prednisone oral solution 5 mg/5 ml	1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	
prednisone oral tablet, delayed release (dr/ec) 1 mg, 2 mg	1	ST; HCLV
prednisone oral tablet, delayed release (dr/ec) 5 mg	1	HCLV
prednisone oral tablets, dose pack 10 mg, 5 mg	1	
pyquvi oral suspension 22.75 mg/ml	4	PA; SP; HCLV
TAPERDEX ORAL TABLETS, DOSE PACK 1.5 MG (21 TABS), 1.5 MG (27 TABS), 1.5 MG (49 TABS)	3	ST; HCLV
TARPEYO ORAL CAPSULE, DELAYED RELEASE(DR/EC) 4 MG	4	PA; SP; QL (120 per 30 days)
ZCORT ORAL TABLETS, DOSE PACK 1.5 MG (25 TABS)	3	ST; HCLV
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	
potassium iodide oral solution 1 gram/ml	1	

Drug Name	Drug Tier	Requirements / Limits
propylthiouracil oral tablet 50 mg	1	
SSKI ORAL SOLUTION 1 GRAM/ML	3	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ACCU-CHEK AVIVA PLUS TEST STRIP	3	ST
ACCU-CHEK GUIDE TEST STRIP	3	ST
ACCU-CHEK SMARTVIEW TEST STRIP	3	ST
ACCUTREND GLUCOSE TEST STRIP	3	ST
ASSURE TITANIUM TEST STRIP	3	ST
CARESENS S TEST STRIP	3	ST
CONTOUR NEXT TEST STRIP	2	
CONTOUR PLUS TEST STRIP	2	
CONTOUR TEST STRIP	2	
DEXCOM G6 RECEIVER	3	
DEXCOM G6 SENSOR DEVICE	3	
DEXCOM G6 TRANSMITTER DEVICE	3	
DEXCOM G7 15 DAY SENSOR DEVICE	3	QL (2 per 30 days)
DEXCOM G7 RECEIVER	3	
DEXCOM G7 SENSOR DEVICE	3	
FREESTYLE INSULINX STRIP	3	ST
FREESTYLE INSULINX TEST STRIP	3	ST
FREESTYLE LIBRE 14 DAY READER	3	
FREESTYLE LIBRE 14 DAY SENSOR KIT	3	
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE	3	
FREESTYLE LIBRE 2 READER	3	
FREESTYLE LIBRE 2 SENSOR KIT	3	
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	3	
FREESTYLE LIBRE 3 READER	3	
FREESTYLE LIBRE 3 SENSOR DEVICE	3	
FREESTYLE LITE STRIP	3	ST
FREESTYLE TEST STRIP	3	ST
GUARDIAN 4 GLUCOSE SENSOR DEVICE	3	
GUARDIAN 4 TRANSMITTER DEVICE	3	
GUARDIAN SENSOR 3 DEVICE	3	
MINIMED APP MANAGER	3	
ONETOUCH ULTRA TEST STRIP	2	

Drug Name	Drug Tier	Requirements / Limits
ONETOUCH VERIO TEST STRIP	2	
OPTIUM EZ STRIP	3	ST
PRECISION POINT OF CARE TEST STRIP	3	ST
PRECISION XTRA TEST STRIP	3	ST
SIMPLERA SENSOR DEVICE	3	
SIMPLERA SYNC SENSOR DEVICE	3	
TRUETRACK TEST STRIP	3	ST
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	2	
OMNIPOD 5 (LIBRE 2/3 PLUS) SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD 5 INTRO (LIBRE2/3PLUS) SUBCUTANEOUS CARTRIDGE	3	HCLV
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	2	
diazoxide oral suspension 50 mg/ml	1	PA
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	3	
glucagon emergency kit (human) injection recon soln 1 mg	1	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	3	PA; HCLV
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
BD MICROTAINER LANCET 30 GAUGE	2	
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	
LANCETS 33 GAUGE	2	
LANCING DEVICE	2	

Drug Name	Drug Tier	Requirements / Limits
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	
PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	2	
PIVOT INSULIN PUMP STARTER KIT KIT	3	
TWIIST REFILL KT(CSST-NDL-SYR) KIT	3	
TWIIST RFL(INFUS-CSST-NDL-SYR) KIT	3	
TWIIST STARTER KIT KIT	3	
INSULIN THERAPY		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	PA; HCLV
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA; HCLV
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	3	HCLV
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	PA; HCLV
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA; HCLV
BASAGLAR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	PA
FIASP FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	2	
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	3	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	

Drug Name	Drug Tier	Requirements / Limits
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	3	PA; HCLV
HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	3	PA; HCLV
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	3	PA; HCLV
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	3	PA; HCLV
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	3	PA; HCLV
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	PA; HCLV
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA; HCLV
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	PA; HCLV
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	PA; HCLV
HUMULIN N NPH KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	PA; HCLV
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	PA; HCLV
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	3	PA; HCLV
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	
INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML)	3	PA
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	PA
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA

Drug Name	Drug Tier	Requirements / Limits
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	3	PA
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	PA; HCLV
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	3	PA
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA; HCLV
KIRSTY PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	HCLV
KIRSTY SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA; HCLV
LANTUS SOLOSTAR U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LYUMJEV KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	PA
LYUMJEV KWIKPEN U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	3	PA
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA
MERILOG SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
MERILOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
NOVOLOG FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	2	

Drug Name	Drug Tier	Requirements / Limits
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	2	
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	PA
SEMGLEE (INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA
SEMGLEE (INSULIN GLARG-YFGN) PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	PA
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	PA
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	
TOUJEO SOLOSTAR U-300 SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	PA
MISCELLANEOUS HORMONES		
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PA; HCLV

Drug Name	Drug Tier	Requirements / Limits
AZMIRO INTRAMUSCULAR SYRINGE 200 MG/ML	3	HCLV
cabergoline oral tablet 0.5 mg	1	QL (8 per 28 days)
calcitonin (salmon) injection solution 200 unit/ml	1	PA
calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation	1	PA; QL (30 per 30 days)
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1	
calcitriol oral solution 1 mcg/ml	1	
CERDELGA ORAL CAPSULE 84 MG	4	PA; SP; LA; QL (60 per 30 days)
cetrorelix subcutaneous kit 0.25 mg	4	SP; OPT; LA
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	4	SP; OPT; LA
cinacalcet oral tablet 30 mg, 60 mg, 90 mg	1	PA
clomid oral tablet 50 mg	1	OPT
clomiphene citrate oral tablet 50 mg	1	OPT
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG	4	PA; SP
CRENESSITY ORAL SOLUTION 50 MG/ML	4	PA; SP; QL (240 per 30 days)
danazol oral capsule 100 mg, 200 mg, 50 mg	1	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	3	HCLV
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML	3	HCLV
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 200 MG/ML	3	
desmopressin injection solution 4 mcg/ml	4	SP; LA
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)	1	
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	3	
desmopressin oral tablet 0.1 mg, 0.2 mg	1	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	1	
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML	4	PA; SP; OPT; LA
fyremadel subcutaneous syringe 250 mcg/0.5 ml	4	PA; SP; OPT; LA
GALAFOLD ORAL CAPSULE 123 MG	4	PA; SP; LA; QL (15 per 30 days)
ganirelix subcutaneous syringe 250 mcg/0.5 ml	4	PA; SP; OPT; LA

Drug Name	Drug Tier	Requirements / Limits
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300 UNIT/0.48 ML, 450 UNIT/0.72 ML, 900 UNIT/1.44 ML	4	SP; OPT; LA
GONAL-F SUBCUTANEOUS RECON SOLN 450 UNIT	4	SP; OPT; LA
ISTURISA ORAL TABLET 1 MG, 5 MG	4	PA; SP; HCLV
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	3	PA; HCLV
javygtor oral powder in packet 100 mg, 500 mg	4	PA; SP; LA
javygtor oral tablet, soluble 100 mg	4	PA; SP; LA
JYNARQUE ORAL TABLET 15 MG, 30 MG	4	PA; SP; HCLV; QL (60 per 30 days)
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	4	PA; SP; HCLV; QL (60 per 30 days)
KORLYM ORAL TABLET 300 MG	4	PA; SP; HCLV
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	4	PA; SP; HCLV; LA
KUVAN ORAL TABLET, SOLUBLE 100 MG	4	PA; SP; HCLV; LA
KYZATREX ORAL CAPSULE 150 MG, 200 MG	3	PA; HCLV
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	4	SP; OPT; LA
METHITEST ORAL TABLET 10 MG	2	PA; HCLV
methyltestosterone oral capsule 10 mg	1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	3	PA; HCLV
mifepristone oral tablet 300 mg	4	PA; SP; LA
miglustat oral capsule 100 mg	4	PA; SP; LA
milophene oral tablet 50 mg	1	OPT
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	4	PA; SP; LA; QL (27 per 30 days)
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	3	PA; HCLV
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	4	SP; OPT; LA
OPFOLDA ORAL CAPSULE 65 MG	4	PA; SP; LA
ORILISSA ORAL TABLET 150 MG	3	PA; QL (30 per 30 days)
ORILISSA ORAL TABLET 200 MG	3	PA; QL (360 per 365 days)

Drug Name	Drug Tier	Requirements / Limits
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	4	SP; OPT; LA
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	4	PA; SP; LA
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	1	
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	4	PA; SP; OPT; LA
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	3	PA; QL (60 per 30 days)
RECORLEV ORAL TABLET 150 MG	4	PA; SP; HCLV
SAMSCA ORAL TABLET 15 MG, 30 MG	4	PA; SP; HCLV; LA; QL (60 per 30 days)
sapropterin oral powder in packet 100 mg, 500 mg	4	PA; SP; LA
sapropterin oral tablet, soluble 100 mg	4	PA; SP; LA
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	3	PA; HCLV
SEPHIENCE ORAL POWDER IN PACKET 1,000 MG, 250 MG	4	PA; SP
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA; SP; LA
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	4	PA; SP
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	2	PA
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	3	PA; HCLV
testosterone cypionate intramuscular oil 100 mg/ml	1	
testosterone transdermal gel 50 mg/5 gram (1 %)	1	
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)	1	
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)	1	
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	1	
TLANDO ORAL CAPSULE 112.5 MG	3	PA; HCLV

Drug Name	Drug Tier	Requirements / Limits
tolvaptan (polycys kidney dis) oral tablet 15 mg, 30 mg	4	PA; SP; LA; QL (60 per 30 days)
tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)	4	PA; SP; LA; QL (60 per 30 days)
tolvaptan oral tablet 15 mg, 30 mg	4	PA; SP; LA; QL (60 per 30 days)
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	3	PA; HCLV
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	3	PA; HCLV
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	3	PA; HCLV
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	4	PA; SP; LA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	3	PA; HCLV
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML	4	PA; SP
YUVIWEL SUBCUTANEOUS RECON SOLN 1.3 MG, 2.8 MG, 5.5 MG	4	PA; SP
zelvysia oral powder in packet 100 mg, 500 mg	4	PA; SP
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	PA
NON-INSULIN HYPOGLYCEMIC AGENTS		
acarbose oral tablet 100 mg, 25 mg, 50 mg	1	
ACTOPLUS MET ORAL TABLET 15-850 MG	3	HCLV
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	3	HCLV
ALOGLIPTIN ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	3	PA; HCLV
ALOGLIPTIN-METFORMIN ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	3	PA; HCLV
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	PA; HCLV
BRENZAVVY ORAL TABLET 20 MG	3	PA; HCLV
BRYNOVIN ORAL SOLUTION 25 MG/ML	3	PA; QL (60 per 30 days)
CYCLOSET ORAL TABLET 0.8 MG	3	

Drug Name	Drug Tier	Requirements / Limits
dapagliflozin oral tablet 10 mg, 5 mg	1	
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg, 5-1,000 mg, 5-500 mg	1	
dapagliflozin-saxagliptin oral tablet 10-5 mg	1	
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	3	HCLV
FARXIGA ORAL TABLET 10 MG, 5 MG	3	PA; HCLV
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
GLIMEPIRIDE ORAL TABLET 3 MG	3	HCLV
glipizide oral tablet 10 mg, 5 mg	1	
GLIPIZIDE ORAL TABLET 15 MG, 2.5 MG	3	HCLV
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	PA
INPEFA ORAL TABLET 200 MG, 400 MG	3	PA; HCLV
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	3	PA; HCLV
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	3	PA; HCLV
INVOKANA ORAL TABLET 100 MG, 300 MG	3	PA; HCLV
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	PA; HCLV
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	2	PA
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	PA; HCLV
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	PA
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	2	PA
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	2	PA

Drug Name	Drug Tier	Requirements / Limits
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	3	PA; HCLV
liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)	1	PA
metformin oral solution 500 mg/5 ml	1	ST
metformin oral tablet 1,000 mg, 500 mg, 850 mg	1	
metformin oral tablet 625 mg	1	PA; HCLV
metformin oral tablet 750 mg	1	HCLV
metformin oral tablet extended release 24 hr 500 mg, 750 mg	1	
metformin oral tablet extended release 24hr 1,000 mg, 500 mg	1	ST; HCLV
metformin oral tablet, er gast.retention 24 hr 1,000 mg, 500 mg	1	ST; HCLV
miglitol oral tablet 100 mg, 25 mg, 50 mg	1	
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	PA; QL (4 per 28 days)
nateglinide oral tablet 120 mg, 60 mg	1	
NESINA ORAL TABLET 25 MG	3	PA; HCLV
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG	2	PA; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL (1 per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	1	
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	1	HCLV
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	1	HCLV
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	1	
RIOMET ORAL SOLUTION 500 MG/5 ML	3	ST; HCLV
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; QL (30 per 30 days)
saxagliptin oral tablet 2.5 mg, 5 mg	1	
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg, 5-500 mg	1	
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	3	PA; HCLV

Drug Name	Drug Tier	Requirements / Limits
sitagliptin phos-metformin oral tablet 50-1,000 mg, 50-500 mg	1	PA
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg, 50-1,000 mg, 50-500 mg	1	PA
sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg	1	PA
SITAGLIPTIN-METFORMIN ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	3	PA
STEGLATRO ORAL TABLET 15 MG, 5 MG	3	PA; HCLV
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	3	PA
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	PA
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	2	PA
TRADJENTA ORAL TABLET 5 MG	2	PA
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG	2	PA
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	PA; QL (4 per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	PA; HCLV; QL (2 per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	PA; HCLV; QL (3 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-1,000 MG, 5-500 MG	3	PA; HCLV
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	PA
ZITUVIMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	PA
ZITUVIMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	3	PA
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG	3	PA
THYROID HORMONES		

Drug Name	Drug Tier	Requirements / Limits
adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	3	
amerithroid oral tablet 120 mg, 15 mg, 180 mg, 240 mg, 30 mg, 300 mg, 60 mg, 90 mg	1	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	3	HCLV
evexithroid oral tablet 120 mg, 15 mg, 180 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	1	
levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
LEVOTHYROXINE ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	HCLV
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
liomny oral tablet 25 mcg, 5 mcg, 50 mcg	1	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	1	
niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
renthyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
RENTHYROID ORAL TABLET 45 MG, 75 MG	2	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	
THYQUIDITY ORAL SOLUTION 20 MCG/ML	3	
thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	

Drug Name	Drug Tier	Requirements / Limits
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	3	HCLV
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	3	HCLV
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	1	PA
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	1	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	3	HCLV
dicyclomine oral capsule 10 mg	1	
dicyclomine oral solution 10 mg/5 ml	1	
dicyclomine oral tablet 20 mg	1	
DICYCLOMINE ORAL TABLET 40 MG	3	HCLV
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	3	HCLV
DONNATAL ORAL TABLET 16.2-0.1037 -0.0194 MG	3	HCLV
ed-spaz oral tablet, disintegrating 0.125 mg	1	
GLYCATE ORAL TABLET 1.5 MG	3	HCLV
glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
glycopyrrolate oral tablet 1.5 mg	1	HCLV
hyoscyamine sulfate oral drops 0.125 mg/ml	1	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	1	
hyoscyamine sulfate oral tablet 0.125 mg	1	

Drug Name	Drug Tier	Requirements / Limits
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	1	
hyoscyamine sulfate oral tablet, disintegrating 0.125 mg	1	
hyoscyamine sulfate sublingual tablet 0.125 mg	1	
hyosyne oral drops 0.125 mg/ml	1	
hyosyne oral elixir 0.125 mg/5 ml	1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	3	HCLV
LEVSIN ORAL TABLET 0.125 MG	3	HCLV
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG	3	HCLV
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG	3	HCLV
LOMOTIL ORAL TABLET 2.5-0.025 MG	3	HCLV
loperamide oral capsule 2 mg	1	
methscopolamine oral tablet 2.5 mg, 5 mg	1	
MOTOFEN ORAL TABLET 1-0.025 MG	3	
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG	4	PA; SP; HCLV; QL (60 per 30 days)
NULEV ORAL TABLET, DISINTEGRATING 0.125 MG	3	HCLV
opium oral tincture 10 mg/ml (morphine)	1	
oscimin oral tablet 0.125 mg	1	
oscimin sl sublingual tablet 0.125 mg	1	
phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml	1	
phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg	1	
phenohytro oral elixir 16.2-0.1037 -0.0194 mg/5 ml	1	
phenohytro oral tablet 16.2-0.1037 -0.0194 mg	1	
ROBINUL FORTE ORAL TABLET 2 MG	3	HCLV
ROBINUL ORAL TABLET 1 MG	3	HCLV
SYMAX DUOTAB ORAL TABLET, EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	3	HCLV
symax fastabs oral tablet, disintegrating 0.125 mg	1	
symax-sl sublingual tablet 0.125 mg	1	

Drug Name	Drug Tier	Requirements / Limits
symax-sr oral tablet extended release 12 hr 0.375 mg	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	3	PA; HCLV
alosetron oral tablet 0.5 mg, 1 mg	1	
alvimopan oral capsule 12 mg	1	
ANALPRAM-HC RECTAL CREAM 1-1 %	2	
ANALPRAM-HC RECTAL CREAM 2.5-1 %	3	HCLV
ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1 % (4G)	3	HCLV
ANTIVERT ORAL TABLET 50 MG	3	
ANTIVERT ORAL TABLET, CHEWABLE 25 MG	3	HCLV
anucort-hc rectal suppository 25 mg	1	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	3	ST; HCLV
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	3	ST; HCLV
aprepitant oral capsule 125 mg, 40 mg, 80 mg	1	
aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)	1	
APRISO ORAL CAPSULE, EXTENDED RELEASE 24HR 0.375 GRAM	3	PA; HCLV
AZULFIDINE EN-TABS ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	HCLV
AZULFIDINE ORAL TABLET 500 MG	3	HCLV
balsalazide oral capsule 750 mg	1	
betaine oral powder 1 gram/scoop	4	PA; SP; LA
BONJESTA ORAL TABLET, IR, DELAYED REL, BIPHASIC 20-20 MG	3	PA; HCLV; QL (60 per 30 days)
budesonide oral capsule, delayed, extend.release 3 mg	1	
budesonide oral tablet, delayed and ext.release 9 mg	1	
budesonide rectal foam 2 mg/actuation	1	
BYLVAY ORAL CAPSULE 1,200 MCG	4	PA; SP; LA; QL (60 per 30 days)
BYLVAY ORAL CAPSULE 400 MCG	4	PA; SP; LA; QL (150 per 30 days)
BYLVAY ORAL PELLET 200 MCG	4	PA; SP; LA; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
BYLVAY ORAL PELLET 600 MCG	4	PA; SP; LA; QL (30 per 30 days)
CANASA RECTAL SUPPOSITORY 1,000 MG	3	HCLV
CHOLBAM ORAL CAPSULE 250 MG	4	PA; SP
CHOLBAM ORAL CAPSULE 50 MG	4	PA; SP; QL (120 per 30 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	4	PA; SP; LA; QL (1 per 28 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2)	4	PA; SP; LA; QL (1 per 28 days)
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	3	ACA
COLAZAL ORAL CAPSULE 750 MG	3	PA; HCLV
COMPAZINE ORAL TABLET 10 MG, 5 MG	3	HCLV
COMPAZINE RECTAL SUPPOSITORY 25 MG	3	HCLV
compro rectal suppository 25 mg	1	
constulose oral solution 10 gram/15 ml	1	
CORTENEMA RECTAL ENEMA 100 MG/60 ML	3	HCLV
CORTIFOAM RECTAL FOAM 10 % (80 MG)	2	ST; HCLV
CREON ORAL CAPSULE,DELAYED RELEASE (DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
cromolyn oral concentrate 100 mg/5 ml	1	
CTEXLI ORAL TABLET 250 MG	4	PA; SP; QL (90 per 30 days)
CYSTADANE ORAL POWDER 1 GRAM/SCOOP	4	PA; SP; HCLV
DICLEGIS ORAL TABLET, DELAYED RELEASE (DR/EC) 10-10 MG	3	PA; HCLV; QL (120 per 30 days)
DIPENTUM ORAL CAPSULE 250 MG	3	PA; HCLV
doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg	1	PA; HCLV; QL (120 per 30 days)
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1	PA
DRONABINOL ORAL SOLUTION 5 MG/ML	3	PA
EMEND ORAL CAPSULE 80 MG	3	PA; HCLV
EMEND ORAL CAPSULE, DOSE PACK 125 MG (1)- 80 MG (2)	3	PA; HCLV

Drug Name	Drug Tier	Requirements / Limits
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	2	PA; HCLV
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	4	PA; SP; LA; QL (2 per 28 days)
enulose oral solution 10 gram/15 ml	1	
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML	3	PA
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML	3	
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	1	ACA
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	1	ACA
gavilyte-n oral recon soln 420 gram	1	ACA
generlac oral solution 10 gram/15 ml	1	
gentle laxative (mag hydrox) oral suspension 400 mg/5 ml	1	ACA
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY	4	PA; SP; HCLV
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	3	
granisetron hcl oral tablet 1 mg	1	
GRANISOL ORAL SOLUTION 1 MG/5 ML	3	
hemmorex-hc rectal suppository 25 mg, 30 mg	1	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	1	
hydrocortisone acetate topical cream with perineal applicator 2.5 %	1	HCLV
hydrocortisone rectal enema 100 mg/60 ml	1	
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	1	
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)	1	
HYDROCORTISONE-PRAMOXINE RECTAL SUPPOSITORY 25-18 MG	3	ST; HCLV
IBSRELA ORAL TABLET 50 MG	3	PA
IQIRVO ORAL TABLET 80 MG	4	PA; SP; LA; QL (30 per 30 days)
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	3	HCLV

Drug Name	Drug Tier	Requirements / Limits
lactulose oral packet 10 gram	1	
lactulose oral packet 20 gram	1	HCLV
lactulose oral solution 10 gram/15 ml	1	
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM	3	PA; HCLV
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL 3 %-2.5 % (7 GRAM)	3	
lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram), 3-2.5 % (7 gram)	1	ST; HCLV
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	PA; QL (30 per 30 days)
LIVDELZI ORAL CAPSULE 10 MG	4	PA; SP; QL (30 per 30 days)
LIVMARLI ORAL SOLUTION 19 MG/ML	4	PA; SP; QL (60 per 30 days)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	4	PA; SP; QL (3 per 30 days)
LIVMARLI ORAL TABLET 10 MG, 15 MG, 30 MG	4	PA; SP; QL (30 per 30 days)
LIVMARLI ORAL TABLET 20 MG	4	PA; SP; QL (60 per 30 days)
LOTRONEX ORAL TABLET 0.5 MG, 1 MG	3	
lubiprostone oral capsule 24 mcg, 8 mcg	1	
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	3	PA; HCLV
meclizine oral tablet 12.5 mg, 25 mg	1	
meclizine oral tablet 50 mg	1	HCLV
meclizine oral tablet, chewable 25 mg	1	
mesalamine oral capsule (with del rel tablets) 400 mg	1	
mesalamine oral capsule, extended release 250 mg, 500 mg	1	
mesalamine oral capsule, extended release 24hr 0.375 gram	1	
mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg	1	
mesalamine rectal enema 4 gram/60 ml	1	
mesalamine rectal suppository 1,000 mg	1	

Drug Name	Drug Tier	Requirements / Limits
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	1	ST
metoclopramide hcl oral solution 5 mg/5 ml	1	
metoclopramide hcl oral tablet 10 mg, 5 mg	1	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	3	PA; HCLV
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	PA
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	3	
NEREUS ORAL CAPSULE 85 MG	4	PA; SP; QL (8 per 30 days)
nitroglycerin rectal ointment 0.4 % (w/w)	1	
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; SP; LA; QL (2 per 28 days)
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML, 300MG/3ML(100MG /ML-200 MG/2ML)	4	PA; SP; LA; QL (1 per 28 days)
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; SP; LA; QL (2 per 28 days)
OMVOH SUBCUTANEOUS SYRINGE 200 MG/2 ML, 300MG/3ML(100MG /ML-200 MG/2ML)	4	PA; SP; LA; QL (1 per 28 days)
ondansetron hcl (pf) injection solution 4 mg/2 ml	1	
ondansetron hcl oral solution 4 mg/5 ml	1	
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ONDANSETRON ORAL TABLET, DISINTEGRATING 16 MG	3	HCLV; QL (60 per 30 days)
ondansetron oral tablet, disintegrating 4 mg, 8 mg	1	
PANCREAZE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800-15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200-24,600 UNIT	3	PA; HCLV
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	1	ACA
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	1	ACA
peg-electrolyte oral recon soln 420 gram	1	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	3	PA; HCLV

Drug Name	Drug Tier	Requirements / Limits
PERTZYE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	3	PA; HCLV
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	3	ACA
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	
prochlorperazine rectal suppository 25 mg	1	
PROCORT RECTAL CREAM 1.85-1.15 %	3	HCLV
PROCTOCORT RECTAL SUPPOSITORY 30 MG	3	ST; HCLV
PROCTOFOAM HC RECTAL FOAM 1-1 %	3	HCLV
procto-med hc topical cream with perineal applicator 2.5 %	1	
proctosol hc topical cream with perineal applicator 2.5 %	1	
proctozone-hc topical cream with perineal applicator 2.5 %	1	
prucalopride oral tablet 1 mg, 2 mg	1	PA
RECTIV RECTAL OINTMENT 0.4 % (W/W)	3	
REGLAN ORAL TABLET 10 MG, 5 MG	3	
RELISTOR ORAL TABLET 150 MG	3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	3	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	3	PA
RELTONE ORAL CAPSULE 200 MG, 400 MG	3	HCLV
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML	3	ST; HCLV
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	3	PA; HCLV
scopolamine base transdermal patch 3 day 1 mg over 3 days	1	
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	4	PA; SP; LA; QL (1 per 56 days)
sodium, potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram	1	ACA
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	4	PA; SP; QL (236 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	3	ACA
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet, delayed release (dr/ec) 500 mg	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	3	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	3	ACA
SYMPROIC ORAL TABLET 0.2 MG	3	PA
SYNDROS ORAL SOLUTION 5 MG/ML	3	PA
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	3	HCLV
trimethobenzamide oral capsule 300 mg	1	
TRULANCE ORAL TABLET 3 MG	3	PA; HCLV
UCERIS ORAL TABLET, DELAYED AND EXT.RELEASE 9 MG	3	PA; HCLV
UCERIS RECTAL FOAM 2 MG/ACTUATION	3	HCLV
URSO FORTE ORAL TABLET 500 MG	3	HCLV
ursodiol oral capsule 200 mg, 300 mg, 400 mg	1	
ursodiol oral tablet 250 mg, 500 mg	1	
URSOLIGN ORAL CAPSULE 150 MG	3	HCLV
VARUBI ORAL TABLET 90 MG	3	PA
VELSIPITY ORAL TABLET 2 MG	4	PA; SP; LA; QL (30 per 30 days)
VIBERZI ORAL TABLET 100 MG, 75 MG	2	PA; QL (60 per 30 days)
VIOKACE ORAL TABLET 10,440-39,150-39,150 UNIT, 20,880-78,300- 78,300 UNIT	2	HCLV
VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL	4	PA; SP
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	2	
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	4	PA; SP; QL (2 per 28 days)
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	4	PA; SP; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements / Limits
ULCER THERAPY		
ACIPHEX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG	3	ST; HCLV
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	1	
bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg	1	PA
CARAFATE ORAL TABLET 1 GRAM	3	HCLV
cimetidine hcl oral solution 300 mg/5 ml	1	
cimetidine oral tablet 200 mg	1	HCLV
cimetidine oral tablet 300 mg, 400 mg, 800 mg	1	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	3	HCLV
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEAS 30 MG, 60 MG	3	ST; HCLV
dexlansoprazole oral capsule, biphase delayed releas 30 mg, 60 mg	1	ST; HCLV
esomeprazole magnesium oral capsule, delayed release (dr/ec) 40 mg	1	
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg	1	HCLV
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	1	
famotidine oral tablet 20 mg, 40 mg	1	
KONVOMEP ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML	3	ST; HCLV
lansoprazole oral capsule, delayed release (dr/ec) 15 mg, 30 mg	1	HCLV
lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg	1	HCLV
misoprostol oral tablet 100 mcg, 200 mcg	1	
NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG, 40 MG	3	ST; HCLV
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG	3	ST; HCLV
nizatidine oral capsule 150 mg, 300 mg	1	HCLV
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	3	

Drug Name	Drug Tier	Requirements / Limits
omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg	1	
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram	1	ST; HCLV
omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg	1	ST; HCLV
pantoprazole oral granules dr for susp in packet 40 mg	1	
pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg	1	
PEPCID ORAL TABLET 20 MG, 40 MG	3	HCLV
PREVACID ORAL CAPSULE, DELAYED RELEASE (DR/EC) 30 MG	3	ST; HCLV
PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 15 MG, 30 MG	3	ST; HCLV
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG, 2.5 MG	3	ST; HCLV
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	3	ST; HCLV
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG, 40 MG	3	ST; HCLV
PYLERA ORAL CAPSULE 140-125-125 MG	3	PA; HCLV
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG	3	ST; HCLV
rabeprazole oral tablet, delayed release (dr/ec) 20 mg	1	
ranitidine hcl oral tablet 150 mg, 300 mg	1	HCLV
sucralfate oral suspension 100 mg/ml	1	
sucralfate oral tablet 1 gram	1	
TALICIA ORAL CAPSULE, IR - DELAY REL, BIPHASE 10-250-12.5 MG	3	HCLV
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	3	PA
VOQUEZNA ORAL TABLET 10 MG, 20 MG	3	PA; QL (30 per 30 days)
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	3	PA
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		

Drug Name	Drug Tier	Requirements / Limits
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; SP; LA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	4	PA; SP; LA
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	4	PA; SP
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA; SP; LA
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; SP
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; SP; HCLV
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML	4	SP
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	SP
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	4	PA; SP; LA
LEUKINE INJECTION RECON SOLN 250 MCG	4	PA; SP; LA
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	4	PA; SP
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	4	PA; SP; HCLV
NEULASTA SUBCUTANEOUS SOLUTION 4 MG/0.4 ML	4	PA; SP
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; SP; HCLV
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	PA; SP; HCLV
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; SP; HCLV
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	SP

Drug Name	Drug Tier	Requirements / Limits
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	SP
NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; SP; HCLV
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; SP; HCLV
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	4	PA; SP; LA
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; SP; HCLV
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	4	PA; SP; LA
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	4	PA; SP
RYZNEUTA SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; SP
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; SP; HCLV
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	4	PA; SP
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	4	PA; SP
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; SP
XOLREMDI ORAL CAPSULE 100 MG	4	PA; SP
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; SP; HCLV
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; SP; HCLV
GROWTH HORMONES		
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	4	PA; SP; LA

Drug Name	Drug Tier	Requirements / Limits
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	4	PA; SP; LA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	4	PA; SP; HCLV; LA
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)	4	PA; SP; LA
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA; SP; HCLV; LA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA; SP; LA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	4	PA; SP; LA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; SP; HCLV; LA; QL (4 per 28 days)
SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 11 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	4	PA; SP; LA
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA; SP; LA
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	4	PA; SP; HCLV; LA
INTERFERONS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	4	PA; SP; LA
BESREMI PEN SUBCUTANEOUS PEN INJECTOR 500 MCG/0.5 ML	4	PA; SP; QL (2 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	4	PA; SP; QL (2 per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	PA; SP; LA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	4	PA; SP; LA
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		

Drug Name	Drug Tier	Requirements / Limits
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	2	ACA
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	ACA
ADACEL (TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	ACA
ADACEL (TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	ACA
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	2	ACA
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	2	ACA
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	2	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	2	ACA
CAPVAXIVE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	ACA
COMIRNATY 2025-2026(5-11Y)(PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	2	ACA
COMIRNATY 2025-26 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	2	ACA
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	2	ACA
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	2	ACA
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	2	ACA
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	2	ACA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	2	ACA

Drug Name	Drug Tier	Requirements / Limits
FLUAD 2026-2027 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	ACA
FLUARIX 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	ACA
FLUBLOK 2026-2027 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	2	ACA
FLUCELVAX 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	ACA
FLULAVAL 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	ACA
FLUMIST 2026-2027 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	2	ACA
FLUMIST HOME 2026-2027 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	2	ACA
FLUZONE 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	ACA
FLUZONE 2026-2027 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	2	ACA
FLUZONE HIGH-DOSE 2026-27 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	2	ACA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	2	ACA
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	ACA
GRASTEK SUBLINGUAL TABLET 2,800 BAU	3	PA
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1, 440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	2	ACA
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	2	ACA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	ACA
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	2	ACA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	2	ACA
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	2	ACA

Drug Name	Drug Tier	Requirements / Limits
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	ACA
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	2	ACA
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	2	ACA
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	2	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	2	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	2	ACA
MFLUSIVA 2026-2027 (PF) INTRAMUSCULAR SYRINGE 37.5 MCG (12.5 MCG X 3)/0.38ML	2	ACA
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	2	ACA
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	2	ACA
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	3	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	PA; SP
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	4	PA; SP; HCLV; QL (180 per 30 days)
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	4	PA; SP; HCLV; QL (180 per 30 days)
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	4	PA; SP; HCLV; QL (180 per 30 days)
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	4	PA; SP; HCLV; QL (180 per 30 days)
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	4	PA; SP; HCLV; QL (180 per 30 days)
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	4	PA; SP; HCLV; QL (180 per 30 days)
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	4	PA; SP; HCLV; QL (180 per 30 days)
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	4	PA; SP; HCLV; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	4	PA; SP; HCLV; QL (180 per 30 days)
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	4	PA; SP; HCLV; QL (180 per 30 days)
PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	4	PA; SP; HCLV; QL (180 per 30 days)
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	4	PA; SP; HCLV; QL (180 per 30 days)
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	ACA
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	2	ACA
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	2	ACA
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	2	ACA
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	2	ACA
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	3	ACA
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	ACA
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	2	ACA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	2	ACA
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	ACA
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	ACA
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	2	ACA
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	3	PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	2	ACA

Drug Name	Drug Tier	Requirements / Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	2	ACA
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	2	ACA
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	ACA
SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	2	ACA
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	2	ACA
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	2	ACA
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	2	ACA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	3	ACA
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	2	ACA
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	2	ACA
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	2	ACA
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	2	ACA
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	2	ACA
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	2	ACA
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	2	ACA
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	2	ACA
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	ACA
VIMKUNYA (PF) INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	2	ACA
VIVOTIF ORAL CAPSULE, DELAYED RELEASE (DR/EC) 2 BILLION UNIT	2	ACA

Drug Name	Drug Tier	Requirements / Limits
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	2	ACA
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
allopurinol oral tablet 100 mg, 300 mg	1	
allopurinol oral tablet 200 mg	1	HCLV
colchicine oral capsule 0.6 mg	1	HCLV
colchicine oral tablet 0.6 mg	1	
febuxostat oral tablet 40 mg, 80 mg	1	
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	3	PA
MITIGARE ORAL CAPSULE 0.6 MG	3	HCLV
probenecid oral tablet 500 mg	1	
probenecid-colchicine oral tablet 500-0.5 mg	1	
ULORIC ORAL TABLET 40 MG, 80 MG	3	PA; HCLV
ZYLOPRIM ORAL TABLET 100 MG	3	PA
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG, 35 MG	3	HCLV
alendronate oral solution 70 mg/75 ml	1	
alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1	
ATELVIA ORAL TABLET, DELAYED RELEASE (DR/EC) 35 MG	3	HCLV
BILDYOS SUBCUTANEOUS SYRINGE 60 MG/ML	4	PA; SP; LA
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	3	HCLV
BONSITY SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	4	PA; SP; HCLV; QL (1 per 30 days)
BOSAYA SUBCUTANEOUS SYRINGE 60 MG/ML	4	PA; SP
CONEXXENCE SUBCUTANEOUS SYRINGE 60 MG/ML	4	PA; SP; HCLV; LA
ENOBY SUBCUTANEOUS SYRINGE 60 MG/ML	4	PA; SP
EVISTA ORAL TABLET 60 MG	3	HCLV; QL (30 per 30 days)
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	4	PA; SP; HCLV; LA; QL (1 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
FOSAMAX ORAL TABLET 70 MG	3	HCLV
FOSAMAX PLUS D ORAL TABLET 70 MG- 2, 800 UNIT, 70 MG- 5, 600 UNIT	3	HCLV
ibandronate oral tablet 150 mg	1	
JUBBONTI SUBCUTANEOUS SYRINGE 60 MG/ML	4	PA; SP; HCLV; LA
OSPOMYV SUBCUTANEOUS SYRINGE 60 MG/ML	4	PA; SP; HCLV
OSVYRTI SUBCUTANEOUS SYRINGE 60 MG/ML	4	PA; SP
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	4	PA; SP; LA
raloxifene oral tablet 60 mg	1	OCh; ACA
risedronate oral tablet 150 mg, 35 mg, 5 mg	1	
risedronate oral tablet, delayed release (dr/ec) 35 mg	1	
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML	4	PA; SP; HCLV
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	4	PA; SP; LA; QL (1 per 30 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	4	PA; SP; LA
OTHER RHEUMATOLOGICALS		
ABRILADA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; SP; HCLV; QL (4 per 28 days)
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	4	PA; SP; HCLV; QL (2 per 28 days)
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; SP; HCLV; QL (4 per 28 days)
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	4	PA; SP; LA; QL (4 per 28 days)
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4	PA; SP; LA; QL (4 per 28 days)
ADALIMUMAB-AACF SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; SP; HCLV; LA; QL (4 per 28 days)
ADALIMUMAB-AACF SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; SP; HCLV; LA; QL (4 per 28 days)
ADALIMUMAB-AACF(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; SP; HCLV; LA; QL (1 per 365 days)

Drug Name	Drug Tier	Requirements / Limits
ADALIMUMAB-AACF(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; SP; HCLV; LA; QL (1 per 365 days)
ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	4	PA; SP; QL (4 per 28 days)
ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	4	PA; SP; LA; QL (1 per 28 days)
ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	4	PA; SP; LA; QL (2 per 28 days)
ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; SP; LA; QL (4 per 28 days)
ADALIMUMAB-AATY(CF) AI CROHNS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	4	PA; SP; QL (1 per 365 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	4	PA; SP; QL (4 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	4	PA; SP; QL (2 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML	4	PA; SP; QL (2 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; SP; QL (4 per 28 days)
ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; SP; LA; QL (4 per 28 days)
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	4	PA; SP; LA; QL (2 per 28 days)
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; SP; LA; QL (4 per 28 days)
ADALIMUMAB-BWWD SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	4	PA; SP; HCLV; QL (4 per 28 days)
ADALIMUMAB-BWWD SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; SP; HCLV; QL (4 per 28 days)
ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; SP; HCLV; QL (4 per 28 days)
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	4	PA; SP; HCLV; QL (2 per 28 days)
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; SP; HCLV; QL (4 per 28 days)
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	4	PA; SP; LA; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements / Limits
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	4	PA; SP; LA; QL (1 per 28 days)
ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; SP; LA; QL (4 per 28 days)
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; SP; HCLV; LA; QL (4 per 28 days)
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	4	PA; SP; HCLV; LA; QL (2 per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML	4	PA; SP; HCLV; LA; QL (2 per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; SP; HCLV; LA; QL (4 per 28 days)
ARAVA ORAL TABLET 10 MG, 20 MG	3	HCLV
AURANOFIN ORAL CAPSULE 3 MG	2	
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	4	PA; SP; LA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	4	PA; SP; LA
CUPRIMINE ORAL CAPSULE 250 MG	3	PA; HCLV
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; SP; HCLV; LA; QL (4 per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	4	PA; SP; HCLV; LA; QL (2 per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; SP; HCLV; LA; QL (4 per 28 days)
DEPEN TITRATABS ORAL TABLET 250 MG	3	PA; HCLV
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	PA; SP; LA; QL (4 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	4	PA; SP; LA; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	4	PA; SP; LA; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	4	PA; SP; LA; QL (4 per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	PA; SP; LA; QL (4 per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	4	PA; SP; HCLV; LA; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements / Limits
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	4	PA; SP; HCLV; LA; QL (4 per 28 days)
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	4	PA; SP; HCLV; LA; QL (4 per 28 days)
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; SP; HCLV; LA; QL (4 per 28 days)
HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; SP; HCLV; QL (4 per 28 days)
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	4	PA; SP; HCLV; QL (2 per 28 days)
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; SP; HCLV; QL (4 per 28 days)
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; SP; HCLV; LA; QL (4 per 28 days)
HUMIRA PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; SP; HCLV; LA; QL (4 per 28 days)
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	4	PA; SP; HCLV; LA; QL (2 per 28 days)
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; SP; HCLV; LA; QL (4 per 28 days)
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; SP; HCLV; LA; QL (4 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; SP; HCLV; LA; QL (1 per 365 days)
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	4	PA; SP; HCLV; LA; QL (2 per 28 days)
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2)	4	PA; SP; HCLV; LA; QL (2 per 365 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	4	PA; SP; HCLV; LA; QL (1 per 365 days)
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	4	PA; SP; HCLV; LA; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements / Limits
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	4	PA; SP; HCLV; LA; QL (2 per 28 days)
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML	4	PA; SP; HCLV; LA; QL (2 per 28 days)
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; SP; HCLV; LA; QL (4 per 28 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	4	PA; SP; LA; QL (2 per 28 days)
KEVZARA SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4	PA; SP; LA; QL (2 per 28 days)
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	4	PA; SP; HCLV; QL (28 per 28 days)
leflunomide oral tablet 10 mg, 20 mg	1	
LEQSELVI ORAL TABLET 8 MG	4	PA; SP; LA; QL (60 per 30 days)
milnacipran oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	PA; QL (60 per 30 days)
milnacipran oral tablets, dose pack 12.5 mg (5)-25 mg(8)-50 mg(42)	1	PA; QL (60 per 30 days)
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	4	PA; SP; LA; QL (30 per 30 days)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	4	PA; SP; LA; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	4	PA; SP; LA; QL (4 per 28 days)
OTEZLA ORAL TABLET 20 MG, 30 MG	4	PA; SP; LA; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; SP; LA; QL (1 per 365 days)
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG	4	PA; SP; LA; QL (1 per 365 days)
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	4	PA; SP; LA; QL (30 per 30 days)
penicillamine oral capsule 250 mg	1	PA
penicillamine oral tablet 250 mg	1	PA; HCLV
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	3	PA; QL (4 per 30 days)
RIDAURA ORAL CAPSULE 3 MG	2	

Drug Name	Drug Tier	Requirements / Limits
RINVOQ LQ ORAL SOLUTION 1 MG/ML	4	PA; SP; LA; QL (2 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	4	PA; SP; LA; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	4	PA; SP; LA; QL (112 per 365 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	PA; HCLV; QL (60 per 30 days)
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	PA; HCLV; QL (60 per 30 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	4	PA; SP; LA; QL (4 per 28 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	4	PA; SP; LA; QL (1 per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	4	PA; SP; LA; QL (2 per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; SP; LA; QL (4 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	4	PA; SP; LA; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	4	PA; SP; LA; QL (1 per 28 days)
tofacitinib oral solution 1 mg/ml	4	PA; SP; LA
tofacitinib oral tablet 10 mg, 5 mg	4	PA; SP; LA; QL (60 per 30 days)
tofacitinib oral tablet extended release 24 hr 11 mg, 22 mg	4	PA; SP; LA; QL (30 per 30 days)
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	4	PA; SP; LA; QL (4 per 28 days)
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4	PA; SP; LA; QL (4 per 28 days)
XELJANZ ORAL SOLUTION 1 MG/ML	4	PA; SP; HCLV; LA; QL (2 per 30 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	4	PA; SP; HCLV; LA; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	4	PA; SP; HCLV; LA; QL (30 per 30 days)
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	4	PA; SP; QL (1 per 365 days)

Drug Name	Drug Tier	Requirements / Limits
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	4	PA; SP; QL (4 per 28 days)
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	4	PA; SP; QL (1 per 28 days)
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	4	PA; SP; QL (2 per 28 days)
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; SP; QL (4 per 28 days)
YUSIMRY(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	4	PA; SP; HCLV; QL (4 per 28 days)
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	3	ACA
DUREX AVANTI BARE REAL FEEL	3	ACA
DUREX TROPICAL CONDOM DEVICE	3	ACA
FC2 FEMALE CONDOM	3	ACA
FEMCAP VAGINAL DEVICE 22 MM	3	ACA
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	4	SP; ACA
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	4	SP; ACA
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	4	SP; ACA
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM	3	ACA
PARAGARD T 380A INTRAUTERINE DEVICE 380 SQUARE MM	4	SP; ACA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	4	SP; ACA
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	3	ACA
ESTROGENS & PROGESTINS		
abigale lo oral tablet 0.5-0.1 mg	1	
abigale oral tablet 1-0.5 mg	1	
ACTIVELLA ORAL TABLET 1-0.5 MG	3	HCLV
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	3	HCLV

Drug Name	Drug Tier	Requirements / Limits
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG	3	HCLV
camila oral tablet 0.35 mg	1	ACA
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	3	HCLV
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	HCLV
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	2	
conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	1	
covaryx h.s. oral tablet 0.625-1.25 mg	1	
covaryx oral tablet 1.25-2.5 mg	1	
CRINONE VAGINAL GEL 4 %	3	
CRINONE VAGINAL GEL 8 %	4	SP; OPT; LA
deblitane oral tablet 0.35 mg	1	ACA
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML	3	HCLV
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	HCLV; ACA
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML	3	HCLV; ACA
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	3	ACA
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %)	3	HCLV
dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	
DUAVEE ORAL TABLET 0.45-20 MG	2	HCLV
eemt hs oral tablet 0.625-1.25 mg	1	
eemt oral tablet 1.25-2.5 mg	1	

Drug Name	Drug Tier	Requirements / Limits
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	3	HCLV
emzahh oral tablet 0.35 mg	1	ACA
ENDOMETRIN VAGINAL INSERT 100 MG	4	SP; HCLV; OPT; LA
errin oral tablet 0.35 mg	1	ACA
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	3	HCLV
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	
estradiol transdermal gel in metered-dose pump 1.25 gram/actuation	1	HCLV
estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)	1	
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	
estradiol vaginal cream 0.01 % (0.1 mg/gram)	1	
estradiol vaginal tablet 10 mcg	1	
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	2	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	3	HCLV
estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg	1	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	2	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	3	HCLV
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
gallifrey oral tablet 5 mg	1	

Drug Name	Drug Tier	Requirements / Limits
heather oral tablet 0.35 mg	1	ACA
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	3	
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	3	
incassia oral tablet 0.35 mg	1	ACA
jencycla oral tablet 0.35 mg	1	ACA
jinteli oral tablet 1-5 mg-mcg	1	
lyleq oral tablet 0.35 mg	1	ACA
lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	
lyza oral tablet 0.35 mg	1	ACA
medroxyprogesterone intramuscular suspension 150 mg/ml	1	ACA
medroxyprogesterone intramuscular syringe 150 mg/ml	1	ACA
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	1	
meleya oral tablet 0.35 mg	1	ACA
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	3	HCLV
mimvey oral tablet 1-0.5 mg	1	
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	HCLV
nora-be oral tablet 0.35 mg	1	ACA
norethindrone (contraceptive) oral tablet 0.35 mg	1	ACA
norethindrone acetate oral tablet 5 mg	1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
OPILL ORAL TABLET 0.075 MG	2	ACA; QL (30 per 30 days)
orquidea oral tablet 0.35 mg	1	ACA
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	HCLV
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	

Drug Name	Drug Tier	Requirements / Limits
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	
progesterone intramuscular oil 50 mg/ml	4	SP; LA
progesterone micronized oral capsule 100 mg, 200 mg	1	
progesterone micronized vaginal insert 100 mg	4	SP; OPT; LA
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	3	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	
sharobel oral tablet 0.35 mg	1	ACA
tulana oral tablet 0.35 mg	1	ACA
VAGIFEM VAGINAL TABLET 10 MCG	3	HCLV
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	HCLV
yuvafem vaginal tablet 10 mcg	1	
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	2	ACA
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	3	
CLEOCIN VAGINAL CREAM 2 %	3	HCLV
CLEOCIN VAGINAL SUPPOSITORY 100 MG	3	
clindamycin phosphate vaginal cream 2 %	1	
CLINDESSE VAGINAL CREAM, EXTENDED RELEASE 2 %	3	PA
eluryng vaginal ring 0.12-0.015 mg/24 hr	1	ACA
enilloring vaginal ring 0.12-0.015 mg/24 hr	1	ACA
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	1	ACA
fem ph vaginal gel 0.9-0.025 %	1	
GWYN LO TRANSDERMAL PATCH WEEKLY 220-20 MCG/24 HR	3	ACA
GYNAZOLE-1 VAGINAL CREAM 2 %	3	
INTRAROSA VAGINAL INSERT 6.5 MG	3	HCLV

Drug Name	Drug Tier	Requirements / Limits
LYNKUET ORAL CAPSULE 60 MG	3	QL (60 per 30 days)
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	1	
miconazole-3 vaginal suppository 200 mg	1	
MYFEMBREE ORAL TABLET 40-1-0.5 MG	3	PA; QL (30 per 30 days)
NEXPLANON SUBDERMAL IMPLANT 68 MG	4	SP; ACA
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	1	ACA
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	3	ACA
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	3	PA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG (AM) /300 MG (PM)	3	PA; QL (56 per 30 days)
OSPHENA ORAL TABLET 60 MG	3	HCLV
PHEXX VAGINAL GEL 1.8-1-0.4 %	2	ACA
PREPIDIL VAGINAL GEL 0.5 MG/3 G	3	
RELAGARD VAGINAL GEL 0.9-0.025 %	3	HCLV
terconazole vaginal cream 0.4 %, 0.8 %	1	
terconazole vaginal suppository 80 mg	1	
tranexamic acid oral tablet 650 mg	1	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	3	ACA
vandazole vaginal gel 0.75 % (37.5mg/5 gram)	1	
VCF CONTRACEPTIVE VAGINAL FILM 28 %	3	ACA
VCF CONTRACEPTIVE VAGINAL GEL 4 %	3	ACA
VEOZAH ORAL TABLET 45 MG	3	QL (30 per 30 days)
XACIATO VAGINAL GEL 2 %	3	PA
xulane transdermal patch weekly 150-35 mcg/24 hr	1	ACA
zafemy transdermal patch weekly 150-35 mcg/24 hr	1	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
afirmelle oral tablet 0.1-20 mg-mcg	1	ACA
after pill oral tablet 1.5 mg	1	ACA
AFTERA ORAL TABLET 1.5 MG	3	HCLV; ACA
altavera (28) oral tablet 0.15-0.03 mg	1	ACA

Drug Name	Drug Tier	Requirements / Limits
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	1	ACA
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	ACA
amethia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	ACA
amethyst oral tablet 90-20 mcg (28)	1	ACA
apri oral tablet 0.15-0.03 mg	1	ACA
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	1	ACA
ashlyna oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	ACA
aubra eq oral tablet 0.1-20 mg-mcg	1	ACA
aubra oral tablet 0.1-20 mg-mcg	1	ACA
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	ACA
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	1	ACA
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	ACA
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA
AVERI ORAL TABLET 0.15 MG-0.03 MG (21)/36.5 MG(7)	3	HCLV; ACA
aviane oral tablet 0.1-20 mg-mcg	1	ACA
ayuna oral tablet 0.15-0.03 mg	1	ACA
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	3	HCLV; ACA
balziva (28) oral tablet 0.4-35 mg-mcg	1	ACA
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)	3	HCLV; ACA
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	ACA
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA
briellyn oral tablet 0.4-35 mg-mcg	1	ACA

Drug Name	Drug Tier	Requirements / Limits
camrese lo oral tablets, dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	1	ACA
camrese oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	ACA
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg	1	ACA
charlotte 24 fe oral tablet, chewable 1 mg-20 mcg (24) /75 mg (4)	1	ACA
chateal eq (28) oral tablet 0.15-0.03 mg	1	ACA
cryselle (28) oral tablet 0.3-30 mg-mcg	1	ACA
cyred eq oral tablet 0.15-0.03 mg	1	ACA
cyred oral tablet 0.15-0.03 mg	1	ACA
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	1	ACA
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	ACA
daysee oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	ACA
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA
dolishale oral tablet 90-20 mcg (28)	1	ACA
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)	1	ACA
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	1	ACA
econtra ez oral tablet 1.5 mg	1	ACA
econtra one-step oral tablet 1.5 mg	1	ACA
elinest oral tablet 0.3-30 mg-mcg	1	ACA
ELLA ORAL TABLET 30 MG	2	ACA
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	ACA
enskyce oral tablet 0.15-0.03 mg	1	ACA
estarylla oral tablet 0.25-0.035 mg	1	ACA
falmina (28) oral tablet 0.1-20 mg-mcg	1	ACA
feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
FEMLYV ORAL TABLET, DISINTEGRATING 1 MG- 20 MCG	3	ACA
finzala oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)	1	ACA

Drug Name	Drug Tier	Requirements / Limits
galbriela oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)	1	ACA
gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)	1	ACA
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	ACA
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA
hailey oral tablet 1.5-30 mg-mcg	1	ACA
iclevia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)	1	ACA
introvale oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)	1	ACA
isibloom oral tablet 0.15-0.03 mg	1	ACA
jaimiess oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	ACA
jasmiel (28) oral tablet 3-0.02 mg	1	ACA
jolessa oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)	1	ACA
joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)	1	ACA
juleber oral tablet 0.15-0.03 mg	1	ACA
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	ACA
junel 1/20 (21) oral tablet 1-20 mg-mcg	1	ACA
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	ACA
kaitlib fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)	1	ACA
kalliga oral tablet 0.15-0.03 mg	1	ACA
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	1	ACA
kurvelo (28) oral tablet 0.15-0.03 mg	1	ACA
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	ACA
larin 1/20 (21) oral tablet 1-20 mg-mcg	1	ACA

Drug Name	Drug Tier	Requirements / Limits
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	ACA
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA
lessina oral tablet 0.1-20 mg-mcg	1	ACA
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	ACA
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	1	ACA
levonorgestrel oral tablet 1.5 mg	1	ACA
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	1	ACA
levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)	1	ACA
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30 (10)	1	ACA
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	2	ACA
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	3	HCLV; ACA
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	3	HCLV; ACA
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	3	HCLV; ACA
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	3	HCLV; ACA
lojaimiess oral tablets, dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	1	ACA
loryna (28) oral tablet 3-0.02 mg	1	ACA
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	1	ACA
lo-zumandimine (28) oral tablet 3-0.02 mg	1	ACA
luizza oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	ACA
lutera (28) oral tablet 0.1-20 mg-mcg	1	ACA
marlissa (28) oral tablet 0.15-0.03 mg	1	ACA
mibelas 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)	1	ACA
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	ACA
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	1	ACA

Drug Name	Drug Tier	Requirements / Limits
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA
mili oral tablet 0.25-0.035 mg	1	ACA
minzoya oral tablet 0.1 mg-0.02 mg (21)/iron (7)	1	ACA
mono-linyah oral tablet 0.25-0.035 mg	1	ACA
my choice oral tablet 1.5 mg	1	ACA
my way oral tablet 1.5 mg	1	ACA
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	2	ACA
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	ACA
new day oral tablet 1.5 mg	1	ACA
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	2	ACA
nikki (28) oral tablet 3-0.02 mg	1	ACA
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1	ACA
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	1	ACA
norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg (24) /75 mg (4)	1	ACA
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg	1	ACA
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	ACA
nortrel 1/35 oral tablet 1-35 mg-mcg (21)	1	ACA
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	ACA
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	ACA
nylia 1/35 (28) oral tablet 1-35 mg-mcg	1	ACA
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	ACA
opcicon one-step oral tablet 1.5 mg	1	ACA
option-2 oral tablet 1.5 mg	1	ACA
philith oral tablet 0.4-35 mg-mcg	1	ACA
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA
PLAN B ONE-STEP ORAL TABLET 1.5 MG	3	HCLV; ACA

Drug Name	Drug Tier	Requirements / Limits
portia 28 oral tablet 0.15-0.03 mg	1	ACA
reclipsen (28) oral tablet 0.15-0.03 mg	1	ACA
rivelsa oral tablets, dose pack, 3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	1	ACA
rosyrah oral tablets, dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	1	ACA
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7)	3	HCLV; ACA
setlakin oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)	1	ACA
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA
simpesse oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	ACA
SLYND ORAL TABLET 4 MG (28)	3	ACA
sprintec (28) oral tablet 0.25-0.035 mg	1	ACA
syeda oral tablet 3-0.03 mg	1	ACA
TAKE ACTION ORAL TABLET 1.5 MG	3	HCLV; ACA
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	ACA
tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	3	HCLV; ACA
tilia fe oral tablet 1-20 (5)/1-30 (7) /1mg-35mcg (9)	1	ACA
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	ACA
tri-legest fe oral tablet 1-20 (5)/1-30 (7) /1mg-35mcg (9)	1	ACA
tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	ACA
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	ACA
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	ACA
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	ACA
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	ACA

Drug Name	Drug Tier	Requirements / Limits
tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	ACA
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	ACA
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	ACA
tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	ACA
turqoz (28) oral tablet 0.3-30 mg-mcg	1	ACA
TYBLUME ORAL TABLET, CHEWABLE 0.1 MG- 20 MCG	2	ACA
tydemy oral tablet 3-0.03-0.451 mg (21) (7)	1	ACA
valtya oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	ACA
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	1	ACA
vestura (28) oral tablet 3-0.02 mg	1	ACA
vienva oral tablet 0.1-20 mg-mcg	1	ACA
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA
vyfemla (28) oral tablet 0.4-35 mg-mcg	1	ACA
vylibra oral tablet 0.25-0.035 mg	1	ACA
wera (28) oral tablet 0.5-35 mg-mcg	1	ACA
wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)	1	ACA
xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	1	ACA
xelria fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)	1	ACA
YASMIN (28) ORAL TABLET 3-0.03 MG	3	HCLV; ACA
YAZ (28) ORAL TABLET 3-0.02 MG	3	HCLV; ACA
your choice oral tablet 1.5 mg	1	ACA
zarah oral tablet 3-0.03 mg	1	ACA
zovia 1-35 (28) oral tablet 1-35 mg-mcg	1	ACA
zumandimine (28) oral tablet 3-0.03 mg	1	ACA
OXYTOCICS		
methylergonovine oral tablet 0.2 mg	1	

Drug Name	Drug Tier	Requirements / Limits
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	3	
bacitracin ophthalmic (eye) ointment 500 unit/gram	1	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	1	
BESIFLOXACIN OPHTHALMIC (EYE) DROPS, SUSPENSION 0.6 %	3	
BESIVANCE OPHTHALMIC (EYE) DROPS, SUSPENSION 0.6 %	3	
BETADINE PREP OPHTHALMIC (EYE) SOLUTION 5 %	3	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	3	HCLV
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	1	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	1	
gatifloxacin ophthalmic (eye) drops 0.5 %	1	
gentamicin ophthalmic (eye) drops 0.3 %	1	
levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %	1	
moxifloxacin ophthalmic (eye) drops 0.5 %	1	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	1	
NATACYN OPHTHALMIC (EYE) DROPS, SUSPENSION 5 %	3	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	1	
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 %	3	HCLV
ofloxacin ophthalmic (eye) drops 0.3 %	1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	1	
povidone-iodine ophthalmic (eye) solution 5 %	1	
tobramycin ophthalmic (eye) drops 0.3 %	1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	2	

Drug Name	Drug Tier	Requirements / Limits
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	3	HCLV
ANTIVIRALS		
trifluridine ophthalmic (eye) drops 1 %	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
BETA-BLOCKERS		
betaxolol ophthalmic (eye) drops 0.5 %	1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.5 %	3	HCLV
carteolol ophthalmic (eye) drops 1 %	1	
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 %	3	HCLV
levobunolol ophthalmic (eye) drops 0.5 %	1	
timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %	1	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	1	
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	1	
timolol ophthalmic (eye) drops 0.5 %	1	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 %	3	HCLV
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	4	SP
CYCLOPLEGIC MYDRIATICS		
atropine ophthalmic (eye) drops 1 %	1	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %	3	HCLV
CYCLOGYL OPHTHALMIC (EYE) DROPS 2 %	3	
cyclopentolate ophthalmic (eye) drops 1 %	1	
homatropaire ophthalmic (eye) drops 5 %	1	
MYDRIACYL OPHTHALMIC (EYE) DROPS 1 %	3	HCLV
tropicamide ophthalmic (eye) drops 0.5 %, 1 %	1	
DIRECT ACTING MIOTICS		

Drug Name	Drug Tier	Requirements / Limits
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	
pilocarpine hcl ophthalmic (eye) drops 1.25 %	1	PA
QLOSI OPHTHALMIC (EYE) DROPPERETTE 0.4 %	3	PA
VIZZ OPHTHALMIC (EYE) DROPPERETTE 1.44 %	3	PA
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	3	PA; HCLV
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	3	
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %	3	HCLV
altacaine ophthalmic (eye) drops 0.5 %	1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %	3	HCLV
azelastine ophthalmic (eye) drops 0.05 %	1	
bepotastine besilate ophthalmic (eye) drops 1.5 %	1	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	3	PA; HCLV
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	3	PA; HCLV; QL (60 per 30 days)
cromolyn ophthalmic (eye) drops 4 %	1	
cyclosporine ophthalmic (eye) dropperette 0.05 %	1	QL (60 per 30 days)
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	4	PA; SP; HCLV
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	4	PA; SP
epinastine ophthalmic (eye) drops 0.05 %	1	
FLUORESCEIN-BENOXINATE OPHTHALMIC (EYE) DROPS 0.3-0.4 %	3	
fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %	1	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	3	PA; HCLV; QL (1 per 30 days)
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	4	PA; SP; LA
proparacaine ophthalmic (eye) drops 0.5 %	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	3	PA; QL (1 per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	3	PA; HCLV; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 %	2	HCLV
tetracaine hcl ophthalmic (eye) drops 0.5 %	1	
TRYPTYR OPHTHALMIC (EYE) DROPPERETTE 0.003 %	3	PA; QL (60 per 30 days)
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	3	PA
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	3	PA; HCLV; QL (120 per 30 days)
VEVYE OPHTHALMIC (EYE) DROPS 0.1 %	3	PA; HCLV; QL (1 per 30 days)
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	4	PA; SP
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	PA; QL (60 per 30 days)
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	3	PA; HCLV
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	3	HCLV
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	3	HCLV
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	3	HCLV
bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %, 0.09 %	1	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	3	HCLV
diclofenac sodium ophthalmic (eye) drops 0.1 %	1	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	1	
ILEVRO OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3 %	3	
ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %	1	
NEVANAC OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 %	3	HCLV
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	3	HCLV
ORAL DRUGS FOR GLAUCOMA		
acetazolamide oral capsule, extended release 500 mg	1	

Drug Name	Drug Tier	Requirements / Limits
acetazolamide oral tablet 125 mg, 250 mg	1	
methazolamide oral tablet 25 mg, 50 mg	1	
OTHER GLAUCOMA DRUGS		
AZOPT OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	3	HCLV
bimatoprost ophthalmic (eye) drops 0.01 %, 0.03 %	1	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	1	
brinzolamide ophthalmic (eye) drops, suspension 1 %	1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	3	
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	3	
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML	3	HCLV
DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 2 %	3	
dorzolamide ophthalmic (eye) drops 2 %	1	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	1	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	1	
IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 %	3	PA
latanoprost ophthalmic (eye) drops 0.005 %	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	PA; HCLV
OMLONTI OPHTHALMIC (EYE) DROPS 0.002 %	3	PA
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	PA
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	PA
SIMBRINZA OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.2 %	3	
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	1	HCLV

Drug Name	Drug Tier	Requirements / Limits
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	3	PA; HCLV
travoprost ophthalmic (eye) drops 0.004 %	1	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	3	PA; HCLV
XALATAN OPHTHALMIC (EYE) DROPS 0.005 %	3	PA; HCLV
YUVEZZI OPHTHALMIC (EYE) DROPPERETTE 2.75-0.1 %	3	PA; QL (30 per 30 days)
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	3	PA; HCLV
ZOLYMBUS OPHTHALMIC (EYE) DROPPERETTE, GEL 0.01 %	3	PA; QL (30 per 30 days)
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL OPHTHALMIC (EYE) DROPS, SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	3	HCLV
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops, suspension 3.5mg/ml-10,000 unit/ml-0.1 %	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	1	
neomycin-polymyxin-hc ophthalmic (eye) drops, suspension 3.5-10,000-10 mg-unit-mg/ml	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	3	
TOBRADEX ST OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3-0.05 %	2	ST; HCLV
tobramycin-dexamethasone ophthalmic (eye) drops, suspension 0.3-0.1 %	1	
tobramycin-lotepred ophthalmic (eye) drops, suspension 0.3-0.5 %	1	HCLV
ZYLET OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3-0.5 %	3	PA; HCLV
STEROIDS		
ALREX OPHTHALMIC (EYE) DROPS, SUSPENSION 0.2 %	3	HCLV
BYQLOVI OPHTHALMIC (EYE) DROPS, SUSPENSION 0.05 %	3	HCLV

Drug Name	Drug Tier	Requirements / Limits
CLOBETASOL OPHTHALMIC (EYE) DROPS, SUSPENSION 0.05 %	3	HCLV
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	1	
DEXTENZA INTRACANALICULAR INSERT 0.4 MG	3	HCLV
difluprednate ophthalmic (eye) drops 0.05 %	1	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	3	HCLV
EYSUVIS OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %	3	PA; HCLV
FLAREX OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 %	3	HCLV
fluorometholone ophthalmic (eye) drops, suspension 0.1 %	1	
FML FORTE OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %	2	HCLV
FML LIQUIFILM OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 %	3	HCLV
INVELTYS OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	3	HCLV
LOTEMAX OPHTHALMIC (EYE) DROPS, GEL 0.5 %	3	HCLV
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	HCLV
LOTEMAX SM OPHTHALMIC (EYE) DROPS, GEL 0.38 %	3	HCLV
loteprednol etabonate ophthalmic (eye) drops, gel 0.5 %	1	
loteprednol etabonate ophthalmic (eye) drops, suspension 0.2 %	1	HCLV
loteprednol etabonate ophthalmic (eye) drops, suspension 0.5 %	1	
MAXIDEX OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 %	3	HCLV
PRED FORTE OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	3	HCLV
PRED MILD OPHTHALMIC (EYE) DROPS, SUSPENSION 0.12 %	2	HCLV
prednisolone acetate ophthalmic (eye) drops, suspension 1 %	1	

Drug Name	Drug Tier	Requirements / Limits
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	1	
STEROID-SULFONAMIDE COMBINATIONS		
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	1	
SULFONAMIDES		
sulfacetamide sodium ophthalmic (eye) drops 10 %	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %, 0.15 %	3	
apraclonidine ophthalmic (eye) drops 0.5 %	1	
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	2	HCLV
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	3	
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %	1	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	3	PA; HCLV; QL (30 per 30 days)
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTIHISTAMINE & ANTIALLERGENIC AGENTS		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	3	ST; HCLV; QL (4 per 28 days)
carbinoxamine maleate oral liquid 4 mg/5 ml	1	
CARBINOXAMINE MALEATE ORAL SUSPENSION, EXTENDED REL 12 HR 4 MG/5 ML	3	
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	1	HCLV
carbzah oral liquid 4 mg/5 ml	1	
cetirizine oral solution 1 mg/ml	1	HCLV
CLARINEX ORAL TABLET 5 MG	3	HCLV
clemastine oral syrup 0.5 mg/5 ml	1	HCLV
clemastine oral tablet 2.68 mg	1	HCLV

Drug Name	Drug Tier	Requirements / Limits
clemsza oral tablet 2.68 mg	1	HCLV
corphena oral solution 2 mg/5 ml	1	HCLV
cyproheptadine oral syrup 2 mg/5 ml	1	
cyproheptadine oral tablet 4 mg	1	
DESLORATADINE ORAL SOLUTION 0.5 MG/ML	3	HCLV
desloratadine oral tablet 5 mg	1	
desloratadine oral tablet, disintegrating 2.5 mg, 5 mg	1	
dexchlorpheniramine maleate oral solution 2 mg/5 ml	1	HCLV
DIPHEN ORAL ELIXIR 12.5 MG/5 ML	3	HCLV
diphenhydramine hcl oral elixir 12.5 mg/5 ml	1	HCLV
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	2	QL (4 per 28 days)
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	1	QL (4 per 28 days)
EPINEPHRINE INJECTION SYRINGE 0.3 MG/0.3 ML	2	QL (4 per 28 days)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	3	HCLV; QL (4 per 28 days)
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	3	HCLV; QL (4 per 28 days)
hydroxyzine hcl oral solution 10 mg/5 ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	
KARBINAL ER ORAL SUSPENSION, EXTENDED REL 12 HR 4 MG/5 ML	3	ST; HCLV
levocetirizine oral solution 2.5 mg/5 ml	1	HCLV
levocetirizine oral tablet 5 mg	1	HCLV
NEFFY NASAL SPRAY, NON-AEROSOL 1 MG/SPRAY (0.1 ML), 2 MG/SPRAY (0.1 ML)	3	QL (4 per 28 days)
promethazine oral syrup 6.25 mg/5 ml	1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	1	
promethazine rectal suppository 12.5 mg, 25 mg	1	
promethegan rectal suppository 12.5 mg, 25 mg	1	
promethegan rectal suppository 50 mg	1	HCLV

Drug Name	Drug Tier	Requirements / Limits
RYCLORA ORAL SOLUTION 2 MG/5 ML	3	ST; HCLV
RYVENT ORAL TABLET 6 MG	3	ST
COUGH & COLD THERAPY		
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	1	HCLV
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	3	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	1	
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	3	HCLV
codeine-guaifenesin oral liquid 10-100 mg/5 ml	1	
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML	3	
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML	3	
g tussin ac oral liquid 10-100 mg/5 ml	1	
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML	3	
HYCODAN (WITH HOMATROPINE) ORAL SOLUTION 5-1.5 MG/5 ML	3	
HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG	3	
hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml	1	
hydrocodone-homatropine oral solution 5-1.5 mg/5 ml	1	
hydrocodone-homatropine oral tablet 5-1.5 mg	1	
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML	3	
maxi-tuss ac oral liquid 10-100 mg/5 ml	1	
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML	3	
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML	3	
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	3	
promethazine-codeine oral syrup 6.25-10 mg/5 ml	1	
promethazine-dm oral solution 6.25-15 mg/5 ml	1	
promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml	1	

Drug Name	Drug Tier	Requirements / Limits
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	3	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	3	
PULMONARY AGENTS		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	1	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; SP; LA
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	3	
ADVAIR HFA INHALATION AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	3	ST; QL (2 per 30 days)
albuterol hfa 90 mcg inhaler 90 mcg/actuation (generic)	1	QL
ALBUTEROL HFA 90 MCG INHALER 90 MCG/ACTUATION (BRAND)	3	PA; QL
albuterol sulfate inhalation inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml	1	
albuterol sulfate inhalation oral syrup 2 mg/5 ml	1	
albuterol sulfate inhalation oral tablet 2 mg, 4 mg	1	
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	3	PA; HCLV
ALYFTREK ORAL TABLET 10-50-125 MG	4	PA; SP; LA; QL (56 per 28 days)
ALYFTREK ORAL TABLET 4-20-50 MG	4	PA; SP; LA; QL (84 per 28 days)
alyq oral tablet 20 mg	4	PA; SP
ambrisentan oral tablet 10 mg, 5 mg	4	PA; SP; LA
ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML	4	PA; SP; LA; QL (4.8 per 90 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	
arformoterol inhalation solution for nebulization 15 mcg/2 ml	1	

Drug Name	Drug Tier	Requirements / Limits
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	2	
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	2	QL (1 per 30 days)
ASMANEX HFA INHALATION AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	PA
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	PA
ATROVENT HFA INHALATION AEROSOL INHALER 17 MCG/ACTUATION	3	HCLV
azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray	1	
beclomethasone dipropionate inhalation aerosol 40 mcg/actuation, 80 mcg/actuation	1	
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	3	
bosentan oral tablet 125 mg, 62.5 mg	4	PA; SP; LA
bosentan oral tablet for suspension 32 mg	4	PA; SP; LA
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	2	
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	1	
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-18-4.8 MCG/ACTUATION, 160-9-4.8 MCG/ACTUATION	3	
BRINSUPRI ORAL TABLET 10 MG, 25 MG	4	PA; SP; QL (30 per 30 days)
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	4	ST; SP; LA; QL (400 per 30 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	3	HCLV
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	1	

Drug Name	Drug Tier	Requirements / Limits
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	1	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	
cromolyn inhalation solution for nebulization 20 mg/2 ml	1	
DALIRESP ORAL TABLET 250 MCG, 500 MCG	3	HCLV
DAWNZERA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	4	PA; SP; QL (1 per 28 days)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	3	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	
DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY	3	ST; HCLV
EKTERLY ORAL TABLET 300 MG	4	PA; SP; LA; QL (4 per 30 days)
ESBRIET ORAL TABLET 267 MG, 801 MG	4	PA; SP; HCLV; LA; QL (90 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	4	PA; SP; LA
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	4	PA; SP; LA
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	4	PA; SP; HCLV
flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)	1	
FLUTICASONE FUROATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	2	
FLUTICASONE FUROATE INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	2	QL (1 per 30 days)
FLUTICASONE FUROATE-VILANTEROL INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	HCLV

Drug Name	Drug Tier	Requirements / Limits
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	3	
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION	2	
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation	1	
fluticasone propionate nasal spray, suspension 50 mcg/actuation	1	
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	3	
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	
FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	1	
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	4	PA; SP; LA
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %, 7 %	3	
icatibant subcutaneous syringe 30 mg/3 ml	4	PA; SP
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	HCLV
ipratropium bromide inhalation hfa aerosol inhaler 17 mcg/actuation	1	QL (26 per 30 days)
ipratropium bromide inhalation solution 0.02 %	1	
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	1	
JASCAYD ORAL TABLET 18 MG, 9 MG	4	PA; SP; LA; QL (60 per 30 days)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	4	PA; SP; LA
KALYDECO ORAL TABLET 150 MG	4	PA; SP; LA
LETAIRIS ORAL TABLET 10 MG, 5 MG	4	PA; SP; HCLV; LA

Drug Name	Drug Tier	Requirements / Limits
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml	1	
levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml	1	HCLV
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	3	ST; HCLV; QL (2 per 30 days)
macitentan oral tablet 10 mg	4	PA; SP; LA
mometasone nasal spray, non-aerosol 50 mcg/actuation	1	HCLV
montelukast oral granules in packet 4 mg	1	
montelukast oral tablet 10 mg	1	
montelukast oral tablet, chewable 4 mg, 5 mg	1	
nebusal inhalation solution for nebulization 3 %	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
nintedanib oral capsule 100 mg, 150 mg	4	PA; SP; LA; QL (60 per 30 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; SP; LA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	4	PA; SP; LA
OFEV ORAL CAPSULE 100 MG, 150 MG	4	PA; SP; HCLV; LA; QL (60 per 30 days)
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML	4	PA; SP
OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG	3	ST; HCLV
OPSUMIT ORAL TABLET 10 MG	4	PA; SP; HCLV; LA
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	4	PA; SP; LA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	4	PA; SP; LA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; SP; LA
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	4	PA; SP; QL (30 per 30 days)
ORLADEYO ORAL PELLETS IN PACKET 108 MG, 132 MG, 72 MG, 96 MG	4	PA; SP; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	3	HCLV
pirfenidone oral capsule 267 mg	4	PA; SP; LA; QL (270 per 30 days)
pirfenidone oral tablet 267 mg, 801 mg	4	PA; SP; LA; QL (90 per 30 days)
PIRFENIDONE ORAL TABLET 534 MG	4	PA; SP; HCLV; QL (90 per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	ST; HCLV; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	3	PA
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML	3	HCLV
pulmosal inhalation solution for nebulization 7 %	1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	PA; SP; LA
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION, 80 MCG/ACTUATION	3	ST; HCLV
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	
REVATIO ORAL TABLET 20 MG	4	PA; SP; HCLV; LA
roflumilast oral tablet 250 mcg, 500 mcg	1	
RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY	3	ST
sajazir subcutaneous syringe 30 mg/3 ml	4	PA; SP; HCLV; LA
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	
sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml	4	PA; SP
sildenafil (pulm.hypertension) oral tablet 20 mg	4	PA; SP
SINGULAIR ORAL TABLET 10 MG	3	HCLV
SINGULAIR ORAL TABLET, CHEWABLE 4 MG, 5 MG	3	HCLV
sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %	1	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION	2	QL (4 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	2	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	QL (30 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	HCLV
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	3	
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	4	PA; SP; LA
tadalafil (pulm. hypertension) oral tablet 20 mg	4	PA; SP
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	4	PA; SP; LA
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	4	PA; SP; LA; QL (2 per 30 days)
terbutaline oral tablet 2.5 mg, 5 mg	1	
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	4	PA; SP; LA; QL (1.91 per 28 days)
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)	4	PA; SP; LA; QL (1.91 per 28 days)
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	3	
theophylline oral elixir 80 mg/15 ml	1	
theophylline oral solution 80 mg/15 ml	1	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	1	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	1	
tiotropium bromide inhalation capsule, w/inhalation device 18 mcg	1	
TRACLEER ORAL TABLET 125 MG, 62.5 MG	4	PA; SP; HCLV; LA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	4	PA; SP; HCLV; LA
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	

Drug Name	Drug Tier	Requirements / Limits
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	4	PA; SP; LA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	4	PA; SP; LA
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	3	
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG	4	PA; SP; LA; QL (1 per 28 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16(112)-32(112) -48(28) MCG	4	PA; SP; LA; QL (1 per 365 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 32-64 MCG, 48-64 MCG, 48-80 MCG	4	PA; SP; LA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; SP; LA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; SP; LA; QL (1 per 28 days)
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	4	PA; SP; LA; QL (1 per 365 days)
UMECLIDINIUM INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	HCLV; QL (1 per 30 days)
UMECLIDINIUM-VILANTEROL INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	
VENTOLIN HFA INHALATION AEROSOL INHALER 90 MCG/ACTUATION	3	ST; HCLV; QL (2 per 30 days)
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	4	PA; SP; LA
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	3	ST; HCLV
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML	4	PA; SP; LA; QL (2 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	4	PA; SP; LA; QL (1 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	4	PA; SP; LA; QL (4 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	4	PA; SP; LA; QL (1 per 30 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; SP; LA; QL (2 per 30 days)
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; SP; LA; QL (1 per 30 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; SP; LA; QL (4 per 30 days)
XOPENEX HFA INHALATION AEROSOL INHALER 45 MCG/ACTUATION	3	ST; HCLV; QL (2 per 30 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	3	QL (30 per 30 days)
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	4	PA; SP; LA; QL (140 per 28 days)
zafirlukast oral tablet 10 mg, 20 mg	1	
zileuton oral tablet, er multiphase 12 hr 600 mg	1	ST; QL (120 per 30 days)
PULMONARY DEVICES		
ACE AEROSOL CLOUD ENHANCER SPACER	3	
AEROCHAMBER MECHANICAL VENT SPACER	3	
AEROCHAMBER MINI SPACER	3	
AEROCHAMBER PLUS FLOW-VU SPACER	3	
AEROCHAMBER PLUS Z STAT SPACER	3	
AEROCHAMBER2GO SPACER	3	
AEROTRACH PLUS SPACER	3	
AEROVENT PLUS SPACER	3	
BREATHERITE MDI SPACER	3	
COMPACT SPACE CHAMBER SPACER	3	
EASIVENT HOLDING CHAMBER SPACER	3	
FLEXICHAMBER SPACER	3	
LITEAIRE MDI CHAMBER SPACER	3	
MICROCHAMBER SPACER	3	
MICROSPACER SPACER	3	
OPTICHAMBER DIAMOND VHC SPACER	3	
POCKET CHAMBER SPACER	3	

Drug Name	Drug Tier	Requirements / Limits
PRIMEAIRE SPACER	3	
PROCHAMBER SPACER	2	
RITEFLO AEROCHAMBER SPACER	3	
SPACE CHAMBER SPACER	3	
VORTEX HOLDING CHAMBER SPACER	3	
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg	1	
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	1	
flavoxate oral tablet 100 mg	1	
GEMTESA ORAL TABLET 75 MG	3	ST
mirabegron oral suspension, extended rel recon 8 mg/ml	1	ST; HCLV
mirabegron oral tablet extended release 24 hr 25 mg, 50 mg	1	ST; HCLV
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML	3	ST; HCLV
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	ST; HCLV
oxybutynin chloride oral syrup 5 mg/5 ml	1	
oxybutynin chloride oral tablet 2.5 mg	1	QL (90 per 30 days)
oxybutynin chloride oral tablet 5 mg	1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	2	ST; HCLV
solifenacin oral tablet 10 mg, 5 mg	1	
tolterodine oral capsule, extended release 24hr 2 mg, 4 mg	1	
tolterodine oral tablet 1 mg, 2 mg	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	3	ST; HCLV
trospium oral capsule, extended release 24hr 60 mg	1	
trospium oral tablet 20 mg	1	
VESICARE ORAL TABLET 10 MG, 5 MG	3	ST; HCLV

Drug Name	Drug Tier	Requirements / Limits
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
alfuzosin oral tablet extended release 24 hr 10 mg	1	
AVODART ORAL CAPSULE 0.5 MG	3	HCLV
CIALIS ORAL TABLET 10 MG, 20 MG, 5 MG	3	OPT
dutasteride oral capsule 0.5 mg	1	
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	1	
ENTADFI ORAL CAPSULE 5-5 MG	3	HCLV
finasteride oral tablet 5 mg	1	
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG	3	HCLV
PROSCAR ORAL TABLET 5 MG	3	HCLV
silodosin oral capsule 4 mg, 8 mg	1	
tadalafil oral tablet 10 mg, 20 mg	1	OPT
tamsulosin oral capsule 0.4 mg	1	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG	3	HCLV
CHOLINERGIC STIMULANTS		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1	
MISCELLANEOUS UROLOGICALS		
avanafil oral tablet 100 mg, 200 mg, 50 mg	1	OPT
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	3	OPT
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG	3	OPT
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG	3	OPT
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA; SP
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	3	OPT
ELMIRON ORAL CAPSULE 100 MG	2	PA
K-PHOS NO 2 ORAL TABLET 305-700 MG	3	
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG	3	
mb caps oral capsule 120-10.8-40.8 mg	1	HCLV
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg	1	HCLV

Drug Name	Drug Tier	Requirements / Limits
ORACIT ORAL SOLUTION 490-640 MG/5 ML	3	
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	1	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	4	PA; SP; HCLV; LA
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	4	PA; SP; HCLV; LA
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	2	
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)	4	PA; SP
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML	4	PA; SP
sildenafil oral tablet 100 mg, 25 mg, 50 mg	1	OPT
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG	3	OPT
URELLE ORAL TABLET 81-10.8-40.8 MG	3	HCLV
uretron d-s oral tablet 81.6-10.8-40.8 mg	1	HCLV
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG	3	HCLV
URIMAR-T ORAL CAPSULE 120-10.8-40.8 MG	3	HCLV
urimar-t oral tablet 120-10.8-0.12 mg	1	HCLV
URNEVA ORAL CAPSULE 120-10.8-40.8 MG	3	HCLV
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG)	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ	3	
urogesic-blue oral tablet 81.6-40.8-0.12 mg	1	HCLV
uro-mp oral capsule 118-10-40.8-36 mg	1	HCLV
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	3	
uro-sp oral capsule 118-10-40.8-36 mg	1	HCLV
uryl oral tablet 81.6-40.8-0.12 mg	1	HCLV
vardenafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	OPT
vardenafil oral tablet, disintegrating 10 mg	1	OPT
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG	3	OPT
VYBRIQUE ORAL FILM 100 MG, 25 MG, 50 MG, 75 MG	3	OPT; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
URINARY ANESTHETICS		
phenazopyridine oral tablet 100 mg, 200 mg	1	
PYRIDIUM ORAL TABLET 100 MG, 200 MG	3	HCLV
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
AURYXIA ORAL TABLET 210 MG IRON	3	PA
calcium acetate(phosphat bind) oral capsule 667 mg	1	
calcium acetate(phosphat bind) oral tablet 667 mg	1	HCLV
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	2	
effer-k oral tablet, effervescent 25 meq	1	
ferric citrate oral tablet 210 mg iron	1	PA
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	3	HCLV
FOSRENOL ORAL TABLET, CHEWABLE 1,000 MG, 500 MG, 750 MG	3	HCLV
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	4	SP
kionex oral suspension 15 gram/60 ml	1	
klor-con 10 oral tablet extended release 10 meq	1	
klor-con 8 oral tablet extended release 8 meq	1	
klor-con m10 oral tablet, er particles/crystals 10 meq	1	
klor-con m15 oral tablet, er particles/crystals 15 meq	1	
klor-con m20 oral tablet, er particles/crystals 20 meq	1	
klor-con oral packet 20 meq	1	
lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg	1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	3	PA
lugols oral solution 5 %	1	
POKONZA ORAL LIQUID 10 MEQ/15 ML	3	HCLV
POKONZA ORAL PACKET 10 MEQ	3	
POKONZA ORAL PACKET 15 MEQ	3	HCLV

Drug Name	Drug Tier	Requirements / Limits
potassium chloride oral capsule, extended release 10 meq, 8 meq	1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	1	
potassium chloride oral packet 20 meq	1	
POTASSIUM CHLORIDE ORAL PACKET 40 MEQ	3	HCLV
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	1	
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	2	
potassium chloride oral tablet, er particles/crystals 10 meq, 15 meq, 20 meq	1	
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	3	HCLV
RENVELA ORAL TABLET 800 MG	3	HCLV
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	1	HCLV
sevelamer carbonate oral tablet 800 mg	1	
sevelamer hcl oral tablet 400 mg, 800 mg	1	HCLV
sodium polystyrene sulfonate oral powder 15 gram	1	
sodium polystyrene sulfonate oral suspension 15 gram/60 ml	1	
sps (with sorbitol) oral suspension 15-20 gram/60 ml	1	
sps (with sorbitol) rectal enema 30-40 gram/120 ml	1	
strong iodine oral solution 5 %	1	
VELPHORO ORAL TABLET, CHEWABLE 500 MG	3	PA
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM	3	PA
XPHOZAH ORAL TABLET 20 MG, 30 MG	4	SP; HCLV; QL (60 per 30 days)
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
AQNEURSA ORAL GRANULES IN PACKET 1 GRAM	4	PA; SP; QL (120 per 30 days)
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	4	PA; SP; HCLV; LA
VITAMINS & HEMATINICS		
ACCRUFER ORAL CAPSULE 30 MG	3	PA; HCLV

Drug Name	Drug Tier	Requirements / Limits
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG -374 MG	3	
bal-care dha oral combo pack, tablet and cap, dr 27-1-430 mg	1	
complete natal dha oral combo pack 29 mg iron- 1 mg-200 mg	1	
CONCEPT DHA ORAL CAPSULE 35-1-200 MG	3	
CONCEPT OB ORAL CAPSULE 85-1 MG	3	
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml	1	
cyanocobalamin (vitamin b-12) nasal spray, non-aerosol 500 mcg/spray	1	
elite-ob oral tablet 50 mg iron- 1.25 mg	1	
ENBRACE HR ORAL CAPSULE, IR - DELAY REL, BIPHASE 1.5 MG IRON- 8.73 MG-6.4 MG	3	
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	1	
FA-8 ORAL CAPSULE 0.8 MG	3	
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML	3	
flotrex oral tablet, chewable 1 mg	1	ACA
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	1	ACA
fluoride (sodium) oral tablet, chewable 0.25 mg (0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	1	ACA
folic acid injection solution 5 mg/ml	1	
FOLIC ACID ORAL SOLUTION 0.2 MG/ML	3	QL (75 per 30 days)
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	1	ACA
folivane-ob oral capsule 85-1 mg	1	
hydroxocobalamin intramuscular solution 1,000 mcg/ml	1	
KOSHER PRENATAL PLUS IRON ORAL TABLET 30 MG IRON- 1 MG	3	
ludent fluoride oral tablet, chewable 0.25 mg (0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	1	ACA

Drug Name	Drug Tier	Requirements / Limits
MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG	3	
m-natal plus oral tablet 27 mg iron- 1 mg	1	
multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml	1	ACA
multi-vitamin with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg	1	ACA
mvc-fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg	1	ACA
mynatal oral capsule 65 mg iron- 1 mg	1	
mynatal plus oral tablet 65 mg iron- 1 mg	1	
mynatal-z oral tablet 65 mg iron- 1 mg	1	
NASCOBAL NASAL SPRAY, NON-AEROSOL 500 MCG/SPRAY	3	PA; HCLV
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG-581.92 MG	3	
neo-vital rx oral tablet 27 mg iron- 1 mg	1	
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG	3	
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG	3	
NESTABS ORAL TABLET 32-1,000 MG-MCG	3	
newgen oral tablet 32-1,000 mg-mcg	1	
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG	3	HCLV
OB COMPLETE ORAL TABLET 50 MG IRON-1.25 MG	2	HCLV
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG	3	HCLV
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	3	HCLV
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG	3	HCLV
one natal rx oral tablet 27 mg iron- 1 mg	1	
pnv-dha oral capsule 27 mg iron-1 mg -300 mg	1	
pnv-omega oral capsule 28-1-300 mg	1	
pnv-select oral tablet 27-1 mg	1	

Drug Name	Drug Tier	Requirements / Limits
pr natal 400 ec oral combo pack, tablet and cap, dr 29-1-400 mg	1	
pr natal 400 oral combo pack 29-1-400 mg	1	
pr natal 430 ec oral combo pack, tablet and cap, dr 29-1-430 mg	1	
pr natal 430 oral combo pack 29 mg iron-1 mg - 430 mg	1	
PRENATA ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG	3	
prenatabs fa oral tablet 29-1 mg	1	
prenatabs rx oral tablet 29 mg iron- 1 mg	1	
prenatal multivitamins oral tablet 28 mg iron- 800 mcg	1	ACA
prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg	1	
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG	3	
prenatal plus oral tablet 29 mg iron- 1 mg	1	
prenatal vitamin oral tablet 27 mg iron- 0.8 mg	1	ACA
prenatal-u oral capsule 106.5-1 mg	1	
PRENATE AM ORAL TABLET 1-500 MG	3	
PRENATE CHEWABLE ORAL TABLET, CHEWABLE 1 MG	3	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG	3	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG	3	
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG	3	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG	3	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG	3	
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG	3	
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG	3	
PRENATE STAR ORAL TABLET 20 MG IRON-1 MG	3	

Drug Name	Drug Tier	Requirements / Limits
PROVIDA OB ORAL CAPSULE 40 MG IRON-1.25 MG	3	
R-NATAL OB ORAL CAPSULE 20 MG IRON-1 MG-320 MG	3	
SELECT-OB (FOLIC ACID) ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG	3	
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG	3	
SELECT-OB ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG	3	
soluvita a,c,d with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml	1	ACA
taron-c dha oral capsule 35-1-200 mg	1	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	3	
TRICARE ORAL TABLET 27 MG IRON- 1 MG	3	
trinatal rx 1 oral tablet 60 mg iron-1 mg	1	
trinate oral tablet 28 mg iron- 1 mg	1	
TRINAZ ORAL TABLET 12-1 MG	3	HCLV
TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG	3	
tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml	1	ACA
VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG	3	
VITAFOL GUMMIES ORAL TABLET, CHEWABLE 3.33 MG IRON- 0.33 MG	3	
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	3	
VITAFOL-OB ORAL TABLET 65-1 MG	2	
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG	3	
VITAFOL-ONE ORAL CAPSULE 29 MG IRON-1 MG-200 MG	3	
VITAMEDMD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG	3	
wescap-pn dha oral capsule 27 mg iron-1 mg -300 mg	1	
wesnate dha oral capsule 28 mg iron-1 mg -200 mg	1	

Drug Name	Drug Tier	Requirements / Limits
westab plus oral tablet 27 mg iron- 1 mg	1	
westgel dha oral capsule 31 mg iron- 1 mg-200 mg	1	
zatean-pn dha oral capsule 27 mg iron-1 mg -300 mg	1	
zatean-pn plus oral capsule 28-1-300 mg	1	
zingiber oral tablet 1.2 mg-40 mg- 124.1 mg-100 mg	1	

Index

A

abacavir 2
abacavir-lamivudine 2
abigale 148
abigale lo 148
ABILIFY 49
ABILIFY ASIMTUFII 49
ABILIFY MAINTENA 49
abiraterone 15
abirtega 15
ABRILADA(CF) 142
ABRILADA(CF) PEN 142
ABRYSVO (PF) 136
ABSORICA 86
ABSORICA LD 86
acamprosate 99
ACANYA 86
acarbose 117
ACCRUFER 184
ACCU-CHEK AVIVA PLUS TEST STRP 108
ACCU-CHEK GUIDE TEST STRIPS 108
ACCU-CHEK SMARTVIEW TEST STRIP 108
accutane 86
ACCUTREND GLUCOSE TEST STRIPS 108
ACE AEROSOL CLOUD ENHANCER 179
acebutolol 65
acetaminophen-caff-dihydrocod 41
acetaminophen-codeine 41
acetazolamide 164, 165
acetic acid 99, 105
acetylcysteine 171
ACIPHEX 131
acitretin 81
ACTEMRA 142
ACTEMRA ACTPEN 142
ACTHAR 106
ACTHAR SELFJECT 106
ACTHIB (PF) 136
ACTIMMUNE 135
ACTIVELLA 148
ACTONEL 141
ACTOPLUS MET 117
ACTOS 117
ACULAR 164
ACULAR LS 164
ACUVAIL (PF) 164
acyclovir 2, 93
ACZONE 86
ADACEL(TDAP ADOLESN/ADULT)(PF) 136
ADALIMUMAB-AACF 142
ADALIMUMAB-AACF(CF) PEN CROHNS 142
ADALIMUMAB-AACF(CF) PEN PS-UV 143
ADALIMUMAB-AATY 143
ADALIMUMAB-AATY(CF) AI CROHNS 143
ADALIMUMAB-ADAZ 143
ADALIMUMAB-ADBM 143
ADALIMUMAB-BWWD 143
ADALIMUMAB-FKJP 143
ADALIMUMAB-RYVK 143, 144
adapalene 86, 87
ADAPALENE 86
adapalene-benzoyl peroxide 87
ADASUVE 49
ADBRY 85
ADDERALL 49
ADDERALL XR 49
ADDYI 49
adefovir 2
ADEMPAS 171
ADMELOG SOLOSTAR U-100 INSULIN 110
ADMELOG U-100 INSULIN LISPRO 110
adthyza 121
ADTHYZA 121
adult aspirin regimen 44
ADVAIR DISKUS 171
ADVAIR HFA 171
ADZENYS XR-ODT 49
AEROCHAMBER MECHANICAL VENT 179
AEROCHAMBER MINI 179
AEROCHAMBER PLUS FLOW-VU 179
AEROCHAMBER PLUS Z STAT 179
AEROCHAMBER2GO 179
AEROTRACH PLUS 179
AEROVENT PLUS 179
AFINITOR 15
AFINITOR DISPERZ 15
afirmelle 153
AFREZZA 110
after pill 153
AFTERA 153
AGAMREE 106
AGRYLIN 99
AIMOVIG AUTOINJECTOR 35
AIRSUPRA 171
AJOVY AUTOINJECTOR 35
AJOVY SYRINGE 35
AKEEGA 15
AKLIEF 87
AKTEN (PF) 163
AKYNZEO (NETUPITANT) 124
ala-cort 94
ALA-SCALP 94
albendazole 8
albuterol sulfate inhalation 171
ALCAINE 163
alclometasone 94
ALDACTONE 65
ALECENSA 15
alendronate 141
alfuzosin 181
ALHEMO PEN 74
ALINIA 8
aliskiren 65
ALKERAN 15
ALKINDI SPRINKLE 106
allopurinol 141
almotriptan malate 35
ALOGLIPTIN 117
ALOGLIPTIN-METFORMIN 117
ALOGLIPTIN-PIOGLITAZONE 117
alosetron 124
ALPHAGAN P 168
alprazolam 50

alprazolam intensol 49
ALREX 166
altacaine 163
ALTAFLUOR BENOX 163
altavera (28) 153
ALTRENO 87
ALUNBRIG 15
ALVAIZ 74
ALVESCO 171
alvimopan 124
alyacen 1/35 (28) 154
alyacen 7/7/7 (28) 154
ALYFTREK 171
alyq 171
amantadine hcl 2
AMBIEN 50
AMBIEN CR 50
ambrisentan 171
amcinonide 94
amerithroid 121
amethia 154
amethyst (28) 154
AMICAR 74
amikacin 8
amiloride 65
amiloride-hydrochlorothiazide 65
aminocaproic acid 74
amiodarone 64
amitriptyline 50
amitriptyline-chlordiazepoxide 50
AMJEVITA(CF) 144
AMJEVITA(CF) AUTOINJECTOR 144
amlodipine 65
amlodipine-atorvastatin 77
amlodipine-benazepril 65
amlodipine-olmesartan 65
amlodipine-valsartan 65
amlodipine-valsartan-hcthiazid 65
ammonium lactate 85
amnesteem 87
amoxapine 50
amoxicil-clarithromy-lansopraz 131
amoxicillin 11
amoxicillin-pot clavulanate 11
amphetamine 50
amphetamine sulfate 50
ampicillin 11
AMPYRA 37
AMRIX 39
AMZEEQ 87
ANAFRANIL 50
anagrelide 99
ANALPRAM-HC 81, 124
ANALPRAM-HC SINGLES 124
ANAPROX DS 44
anastrozole 15
ANCOBON 1
ANDEMBRY AUTOINJECTOR 171
ANDROGEL 113
ANGELIQ 148
ANNOVERA 152
ANORO ELLIPTA 171
ANTIVERT 124
anucort-hc 124
ANUSOL-HC 124
ANZUPGO 85
APIDRA SOLOSTAR U-100 INSULIN 110
APIDRA U-100 INSULIN 110
APLENZIN 50
APOKYN 33
apomorphine 33
apraclonidine 168
aprepitant 124
APRETUDE 2
apri 154
APRISO 124
APTIOM 26
APTIVUS 2
AQNEURSA 184
AQVESME 100
ARAKODA 9
aranelle (28) 154
ARANESP (IN POLYSORBATE) 133
ARAVA 144
ARAZLO 87
ARBLI 65
ARCALYST 133
AREXVY (PF) 136
arformoterol 171
ARICEPT 37
ARIKAYCE 9
ARIMIDEX 15
aripiprazole 50
ARISTADA 50
ARISTADA INITIO 50
ARIXTRA 74
armodafinil 50
ARMOUR THYROID 121
ARNUITY ELLIPTA 172
AROMASIN 15
ARTHROTEC 50 44
ARTHROTEC 75 44
ARYNTA 50
ascomp with codeine 41
asenapine maleate 50
ashlyna 154
ASMANEX HFA 172
ASMANEX TWISTHALER 172
aspirin 44
aspirin childrens 44
aspirin-dipyridamole 74
ASSURE TITANIUM TEST STRIP 108
ASTAGRAF XL 15
ATACAND 65
ATACAND HCT 65
atazanavir 2
ATELVIA 141
atenolol 65
atenolol-chlorthalidone 65
ATIVAN 50
ATMEKSI 39
atomoxetine 51
ATORVALIQ 77
atorvastatin 77
atovaquone 9
atovaquone-proguanil 9
ATRALIN 87
atropine 162
ATROVENT HFA 172
ATTRUBY 79
AUBAGIO 62
aubra 154
aubra eq 154
AUGMENTIN 12
AUGMENTIN ES-600 11
AUGTYRO 15
AURANOFIN 144
aurovela 1.5/30 (21) 154
aurovela 1/20 (21) 154
aurovela 24 fe 154
aurovela fe 1.5/30 (28) 154
aurovela fe 1-20 (28) 154

AURYXIA 183
AUSTEDO 37
AUSTEDO XR 37
AUSTEDO XR TITRATION KT(WK1-4) 37
AUVELITY 51
AUVI-Q 168
AVALIDE 65
avanafil 181
AVAPRO 65
avar 87
AVAR LS 87
AVAR-E 87
AVERI 154
aviane 154
avidoxy 12
AVIDOXY DK 12
AVMAPKI-FAKZYNJA 15
AVODART 181
AVONEX 62
ayuna 154
AYVAKIT 15
AZASAN 15
AZASITE 161
azathioprine 15
azelaic acid 87
azelastine 103, 163
azelastine-fluticasone 172
AZELEX 87
AZILECT 33
azilsartan medoxomil 65
azithromycin 7
AZMIRO 114
AZOPT 165
AZOR 66
AZSTARYS 51
AZULFIDINE 124
AZULFIDINE EN-TABS 124
azurette (28) 154

B

bacitracin 161
bacitracin-polymyxin b 161
baclofen 39
BACTRIM 12
BACTRIM DS 12
BAFIERTAM 62
bal-care dha 185
BAL-CARE DHA ESSENTIAL 185
BALCOLTRA 154
balsalazide 124
BALVERSA 15
balziva (28) 154
BANZEL 26
BAQSIMI 109
BARACLUDE 2
BASAGLAR KWIKPEN U-100 INSULIN 110
BAXDELA 12
BAYER CHEWABLE ASPIRIN 45
bayer low dose aspirin 45
BCG VACCINE, LIVE (PF) 136
BD MICROTAINER LANCET 109
BD SPECIALTY USE NEEDLES 109
beclomethasone dipropionate 172
BELBUCA 41
belladonna alkaloids-opium 122
BELSOMRA 51
benazepril 66
benazepril-hydrochlorothiazide 66
BENICAR 66
BENICAR HCT 66
BENLYSTA 144
BENZAMYCIN 87
benzepro 87
BENZEPRO (MICROSPHERES) 87
BENZNIDAZOLE 9
benzonatate 170
benzoyl peroxide 87
benzphetamine 98
benztropine 33
bepotastine besilate 163
BEPREVE 163
beser 94
BESIFLOXACIN 161
BESIVANCE 161
BESREMI 135
BESREMI PEN 135
BETADINE OPHTHALMIC PREP 161
betaine 124
betamethasone dipropionate 94
betamethasone valerate 94
betamethasone, augmented 94
BETAPACE 64
BETAPACE AF 64
BETASERON 62
betaxolol 66, 162
bethanechol chloride 181
BETHKIS 9
BETIMOL 162
BEVESPI AEROSPHERE 172
bexarotene 15
BEXSERO 136
BEYAZ 154
BEYFORTUS 2
bicalutamide 15
BICILLIN L-A 12
BIDIL 66
BIJUVA 149
BIKTARVY 2
BILDYOS 141
bimatoprost 165
BIMZELX 81
BIMZELX AUTOINJECTOR 81
BINOSTO 141
BIOTHRAX 136
bismuth subcit k-metronidz-tcn 131
bisoprolol fumarate 66
BISOPROLOL FUMARATE 66
bisoprolol-hydrochlorothiazide 66
blisovi 24 fe 154
blisovi fe 1.5/30 (28) 154
blisovi fe 1/20 (28) 154
BLUJEPA 14
BONJESTA 124
BONSITY 141
BOOSTRIX TDAP 136
BOSAYA 141
bosentan 172
BOSULIF 16
bosutinib 16
bp 10-1 87
BRAFTOVI 16
BREATHERITE MDI SPACER 179
BREKIYA 35
BRENZAVVY 117
BREO ELLIPTA 172
breyna 172
BREZTRI AEROSPHERE 172

briellyn 154
BRILINTA 74
brimonidine 87, 168
brimonidine-timolol 165
BRINSUPRI 172
brinzolamide 165
brivaracetam 26
BRIVIACT 26
BROMFED DM 170
bromfenac 164
bromocriptine 33
brompheniramine-pseudoeph-dm 170
BROMSITE 164
BRONCHITOL 172
BROVANA 172
BRUKINSA 16
BRYHALI 94
BRYNOVIN 117
BUCAPSOL 51
budesonide 124, 172
budesonide-formoterol 173
bumetanide 66
BUPHENYL 100
buprenorphine 41
buprenorphine hcl 41
buprenorphine-naloxone 45
bupropion hcl 51
BUPROPION HCL 51
bupropion hcl (smoking deter) 103
buspirone 51
BUSPIRONE 51
butalbital-acetaminop-caf-cod 41
butalbital-acetaminophen 41
butalbital-acetaminophen-caff 41
butalbital-aspirin-caffeine ... 41, 42
butorphanol 45
BUTRANS 42
BYLVAY 124, 125
BYNFEZIA 16
BYQLOVI 166
BYSTOLIC 66

C

CABENUVA 2
cabergoline 114
CABLIVI 74
CABOMETYX 16
CABTREO 87
CADUET 77
CAFERGOT 35
caffeine citrate 100
calcipotriene 81
CALCIPOTRIENE 81
calcipotriene-betamethasone 81
calcitonin (salmon) 114
calcitriol 81, 114
calcium acetate(phosphat bind) 183
CALQUENCE (ACALABRUTINIB MAL) 16
CAMBIA 45
camila 149
camrese 155
camrese lo 155
CAMZYOS 80
CANASA 125
candesartan 66
candesartan-hydrochlorothiazid 66
capecitabine 16
CAPEX 94
CAPLYTA 51
CAPRELSA 16
captopril 66
captopril-hydrochlorothiazide 66
CAPVAXIVE (PF) 136
CARAC 85
CARAFATE 131
CARBAGLU 100
carbamazepine 26
CARBAMAZEPINE 26
CARBATROL 26
carbidopa 33
carbidopa-levodopa 34
CARBIDOPA-LEVODOPA 33
carbidopa-levodopa-entacapone 34
carbinoxamine maleate 168
CARBINOXAMINE MALEATE 168
carbzah 168
CARDAMYST 66
CARDIZEM 66
CARDIZEM CD 66
CARDIZEM LA 66
CARDURA 66
CARDURA XL 66
CARESENS S TEST STRIP 108
carglumic acid 100
carisoprodol 39
CARNITOR 100
CARNITOR (SUGAR-FREE) 100
CAROSPIR 67
carteolol 162
cartia xt 67
carvedilol 67
carvedilol phosphate 67
CASODEX 16
CATAPRES-TTS-1 67
CATAPRES-TTS-2 67
CATAPRES-TTS-3 67
CAVERJECT 181
CAVERJECT IMPULSE ... 181
CAYA CONTOURED 148
CAYSTON 9
caziant (28) 155
cefaclor 7
cefadroxil 7
cefazolin 7
cefdinir 7
cefixime 7
cefpodoxime 7
cefprozil 7
ceftriaxone 7
cefuroxime axetil 7
CELEBREX 45
celecoxib 45
CELEXA 51
CELLCEPT 16
CELONTIN 26
CENTANY 91
CENTANY AT 91
cephalexin 7
CEQUA 163
CERDELGA 114
CERVIDIL 152
cetirizine 168
CETRAXAL 105
cetrorelix 114
CETROTIDE 114
cevimeline 100
CHANTIX 103
CHANTIX STARTING MONTH BOX 103
charlotte 24 fe 155

chateal eq (28) 155
CHEMET 100
chlordiazepoxide hcl 51
chlordiazepoxide-clidinium 122
chlorhexidine gluconate 103
chloroquine phosphate 9
chlorpromazine 51
chlorthalidone 67
chlorzoxazone 39
CHOLBAM 125
cholestyramine (with sugar) . 77
cholestyramine light 77
CIALIS 181
CIBINQO 85
ciclodan 92
CICLODAN KIT 92
ciclopirox 92
ciclopirox-ure-camph-menth-euc 92
cilostazol 74
CILOXAN 161
CIMDUO 2
cimetidine 131
cimetidine hcl 131
CIMZIA 125
CIMZIA POWDER FOR RECONST 125
cinacalcet 114
CIPRO 12
CIPRO HC 105
ciprofloxacin 12
ciprofloxacin hcl ... 12, 105, 161
ciprofloxacin-dexamethasone 105
CIPROFLOXACIN-FLUOCINOLONE 105
ciprofloxacin-hydrocortisone 105
citalopram 51
cladribine(multiple sclerosis) 62
claravis 87
CLARINEX 168
CLARINEX-D 12 HOUR .. 170
clarithromycin 7, 8
clemastine 168
clemsza 169
CLENIA PLUS 87
CLENPIQ 125
CLEOCIN 152
CLEOCIN HCL 9
CLEOCIN PEDIATRIC 9
CLEOCIN T 87
CLIMARA 149
CLIMARA PRO 149
clindacin 87
clindacin etz 87
CLINDACIN ETZ 87
clindacin p 87
CLINDACIN PAC 87
CLINDAGEL 87
clindamycin hcl 9
clindamycin pediatric 9
clindamycin phosphate . 88, 152
clindamycin-benzoyl peroxide 88
clindamycin-tretinoin 88
CLINDESSE 152
CLINPRO 5000 103
clobazam 26
clobetasol 94, 95
CLOBETASOL 94, 167
clobetasol-emollient 95
CLOBEX 95
clocortolone pivalate 95
clodan 95
CLODAN KIT 95
clomid 114
clomiphene citrate 114
clomipramine 51
clonazepam 26
clonidine 67
clonidine hcl 51, 67
CLONIDINE HCL 67
clopidogrel 74
clorazepate dipotassium 51
clotrimazole 1, 92
clotrimazole-betamethasone . 92
clozapine 52
CLOZARIL 52
COARTEM 9
COBENFY 52
COBENFY STARTER PACK 52
codeine sulfate 42
codeine-butalbital-asa-caff .. 42
codeine-guaifenesin 170
CODITUSSIN AC 170
CODITUSSIN DAC 170
COLAZAL 125
colchicine 141
colesevelam 77
COLESTID 77
colestipol 77
colistin (colistimethate na) 9
COLY-MYCIN M PARENTERAL 9
COMBIGAN 165
COMBIPATCH 149
COMBIVENT RESPIMAT 173
COMETRIQ 16
COMIRNATY 2025-2026(5-11Y)(PF) 136
COMIRNATY 2025-26 (12Y UP)(PF) 136
COMPACT SPACE CHAMBER 179
COMPAZINE 125
COMPLERA 2
complete natal dha 185
compro 125
CONCEPT DHA 185
CONCEPT OB 185
CONCERTA 52
CONDYLOX 85
CONEXXENCE 141
conjugated estrogens 149
CONJUPRI 67
CONSENSI 67
constulose 125
CONTOUR NEXT TEST STRIPS 108
CONTOUR PLUS TEST STRIP 108
CONTOUR TEST STRIPS 108
CONTRAVE 98
CONZIP 45
COPAXONE 62
COPIKTRA 16
CORDRAN TAPE LARGE ROLL 95
COREG 67
COREG CR 67
CORLANOR 80
corphena 169
CORTANE-B 85
CORTEF 106
CORTENEMA 125
CORTIFOAM 125
cortisone 106
CORTISPORIN-TC 105
CORTROPHIN GEL 106
COSENTYX 81, 82

COSENTYX (2 SYRINGES) 81
COSENTYX PEN 81
COSENTYX PEN (2 PENS) 81
COSENTYX UNOREADY PEN 82
COSOPT 165
COSOPT (PF) 165
COTELLIC 16
COTEMPLA XR-ODT 52
covaryx 149
covaryx h.s. 149
COXANTO 45
COZAAR 67
CRENESSITY 114
CREON 125
CRESEMBA 1
CRESTOR 77
CREXONT 34
CRINONE 149
cromolyn 125, 163, 173
crotan 98
cryselle (28) 155
CTEXLI 125
CUPRIMINE 144
CUVPOSA 122
CUVRIOR 100
cyanocobalamin (vitamin b-12) 185
cyclobenzaprine 39
CYCLOGYL 162
CYCLOMYDRIL 168
cyclopentolate 162
cyclophosphamide 16
CYCLOPHOSPHAMIDE 16
cycloserine 9
CYCLOSET 117
cyclosporine 16, 163
cyclosporine modified 16
CYLTEZO(CF) 144
CYLTEZO(CF) PEN 144
cyproheptadine 169
cyred 155
cyred eq 155
CYSTADANE 125
CYSTADROPS 163
CYSTAGON 181
CYSTARAN 163
CYTOMEL 121
CYTOTEC 131

D

dabigatran etexilate 74
dalfampridine 37
DALIRESP 173
danazol 114
DANTRIUM 39
dantrolene 39
DANZITEN 16
dapagliflozin 118
dapagliflozin-metformin 118
dapagliflozin-saxagliptin 118
dapsone 9, 88
DAPSONE 88
DAPTACEL (DTAP PEDIATRIC) (PF) 136
DARAPRIM 9
darifenacin 180
darunavir 2
dasatinib 17
dasetta 1/35 (28) 155
dasetta 7/7/7 (28) 155
DAURISMO 17
DAWNZERA 173
DAYBUE 37
DAYBUE STIX 37
daysee 155
DAYVIGO 52
DDAVP 114
deblitane 149
deferasirox 100
deferiprone 100
deflazacort 106
DELESTROGEN 149
DELSTRIGO 2
demeclocycline 12
DENAVIR 94
DENGVAXIA (PF) 136
denta 5000 plus 103
denta 5000 plus sensitive 103
dentagel 103
DEPAKOTE 27
DEPAKOTE ER 26
DEPAKOTE SPRINKLES 27
DEPEN TITRATABS 144
DEPO-ESTRADIOL 149
DEPO-PROVERA 149
DEPO-SUBQ PROVERA 104 149
DEPO-TESTOSTERONE 114
dermacinrx lidocan 91
DERMA-SMOOTHE/FS BODY OIL 95
DERMA-SMOOTHE/FS SCALP OIL 95
DERMOTIC OIL 105
DESCOVY 2
desipramine 52
desloratadine 169
DESLORATADINE 169
desmopressin 114
DESMOPRESSIN 114
desog-e.estradiol/e.estradiol 155
desonide 95
desoximetasone 95
DESOXYN 52
DESVENLAFAXINE 52
desvenlafaxine succinate 52
dexabliss 106
dexamethasone 106
dexamethasone intensol 106
dexamethasone sodium phosphate 167
dexchlorpheniramine maleate 169
DEXCOM G6 RECEIVER 108
DEXCOM G6 SENSOR 108
DEXCOM G6 TRANSMITTER 108
DEXCOM G7 15 DAY SENSOR 108
DEXCOM G7 RECEIVER 108
DEXCOM G7 SENSOR 108
DEXEDRINE SPANSULE 52
DEXILANT 131
dexlansoprazole 131
DEXLYT 106
dexmethylphenidate 52
DEXTENZA 167
dextroamphetamine sulfate 52
dextroamphetamine-amphetamine 52
dextromethorphan-quinidine 37
DHIVY 34
DIACOMIT 27
diazepam 27, 53
diazepam intensol 53
diazoxide 109
dichlorphenamide 37
DICLEGIS 125

DICLOFENAC EPOLAMINE 45
diclofenac potassium 45
diclofenac sodium ...45, 85, 164
DICLOFENAC SUBMICRONIZED 45
diclofenac-misoprostol 45
dicloxacillin 12
dicyclomine 122
DICYCLOMINE 122
diethylpropion 98
DIFFERIN 88
DIFICID 8
diflorasone 95
DIFLUCAN 1
diflunisal 45
difluprednate 167
digoxin 74
dihydroergotamine 35
DILANTIN 27
DILANTIN EXTENDED 27
DILANTIN INFATABS 27
DILANTIN-125 27
DILAUDID 42
diltiazem 67, 68
dilt-xr 68
dimethyl fumarate 62, 63
DIOVAN 68
DIOVAN HCT 68
DIPENTUM 125
DIPHEN 169
diphenhydramine hcl 169
diphenoxylate-atropine 122
DIPROLENE (AUGMENTED) 95
dipyridamole 74
diskets 42
disopyramide phosphate 64
disulfiram 100
divalproex 27
DIVIGEL 149
dofetilide 64
DOJOLVI 184
dolishale 155
DOLOBID 45
donepezil 37
DONNATAL 122
DOPTELET 74
DOPTELET SPRINKLE 74
DORAL 53
DORYX 13
DORYX MPC 13
dorzolamide 165
DORZOLAMIDE (PF) 165
dorzolamide-timolol 165
dorzolamide-timolol (pf) 165
dotti 149
DOVATO 2
doxazosin 68
doxepin 53, 85
doxercalciferol 114
doxycycline hyclate 13
DOXYCYCLINE HYCLATE 13
doxycycline monohydrate 13
doxylamine-pyridoxine (vit b6) 125
DRIZALMA SPRINKLE 53
dronabinol 125
DRONABINOL 125
drospirenone-e.estradiol-lm.fa 155
drospirenone-ethinyl estradiol 155
DROXIA 17
droxidopa 100
DRYSOL DAB-O-MATIC ..85
DUAKLIR PRESSAIR 173
DUAVEE 149
DUETACT 118
DULERA 173
duloxetine 53
DULOXETINE 53
DUOBRII 95
DUOPA 34
DUPIXENT PEN 85
DUPIXENT SYRINGE 85
DUREX AVANTI BARE REAL FEEL 148
DUREX TROPICAL CONDOM 148
DUREZOL 167
dutasteride 181
dutasteride-tamsulosin 181
DUVYZAT 100
DYANAVEL XR 53
DYMISTA 173
DYRENIUM 68
E
e.e.s. 400 8
E.E.S. GRANULES 8
EASIVENT HOLDING CHAMBER 179
EBGLYSS PEN 85
EBGLYSS SYRINGE 85
EC-NAPROSYN 46
econazole nitrate 92
ECONAZOLE NITRATE 92
econtra ez 155
econtra one-step 155
ecotrin low strength 46
ECOZA 92
EDARBI 68
EDARBYCLOR 68
EDECRIN 68
EDEX 181
EDLUAR 53
ed-spaz 122
EDURANT 3
EDURANT PED 3
eemt 149
eemt hs 149
efavirenz 3
efavirenz-emtricitabin-tenofov 3
efavirenz-lamivu-tenofov disop 3
effer-k 183
EFFER-K 183
EFFEXOR XR 53
EFFIENT 74
EFUDEX 85
EKTERLY 173
ELEPSIA XR 27
ELESTRIN 150
eletriptan 35
elinest 155
ELIQUIS 74, 75
ELIQUIS DVT-PE TREAT 30D START 74
ELIQUIS SPRINKLE 75
elite-ob 185
ELLA 155
ELMIRON 181
eltrombopag olamine 75
eluryng 152
ELYXYB 35
EMEND 125, 126
EMFLAZA 106
EMGALITY PEN 35
EMGALITY SYRINGE 35
EMPAVELI 100
EMROSI 13

EMSAM 53
emtricitabine 3
emtricitabine-tenofovir (tdf) ... 3
emtricita-rilpivirine-tenof df .. 3
EMTRIVA 3
EMVERM 9
emzahh 150
enalapril maleate 68
enalapril-hydrochlorothiazide 68
ENBRACE HR 185
ENBREL 144
ENBREL MINI 144
ENBREL SURECLICK 144
ENBUMYST 68
ENDARI 100
endocet 42
ENDOMETRIN 150
ENFLONSIA 3
ENGERIX-B (PF) 136
ENGERIX-B PEDIATRIC (PF) 136
enilloring 152
ENOBY 141
enoxaparin 75
enpresse 155
ENSACOVE 17
enskyce 155
ENSPRYNG 17
ENSTILAR 82
entacapone 34
ENTADFI 181
entecavir 3
ENTRESTO 80
ENTRESTO SPRINKLE 80
ENTYVIO PEN 126
enulose 126
ENVARSUS XR 17
EOHILIA 126
EPANED 68
EPCLUSA 3
EPIDIOLEX 27
EPIDUO FORTE 88
EPIFOAM 82
epinastine 163
epinephrine 169
EPINEPHRINE 169
EPIPEN 169
EPIPEN JR 169
EPIVIR 3
eplerenone 68
EPOGEN 133
EPRONTIA 27
EPSOLAY 88
EQUETRO 27
ergocalciferol (vitamin d2) 185
ergoloid 53
ERGOMAR 35
ergotamine-caffeine 35
ERIVEDGE 17
ERLEADA 17
erlotinib 17
errin 150
ERTACZO 92
ery pads 88
ERYPED 200 8
ERYPED 400 8
ery-tab 8
ERY-TAB 8
erythrocin (as stearate) 8
erythromycin 8, 161
erythromycin ethylsuccinate ... 8
erythromycin with ethanol 88
erythromycin-benzoyl peroxide 88
ERZOFRI 53
ESBRIET 173
escitalopram oxalate 53
ESCITALOPRAM OXALATE 53
eslicarbazepine 27
esomeprazole magnesium ... 131
estarylla 155
estazolam 53
ESTRACE 150
estradiol 150
estradiol valerate 150
estradiol-norethindrone acet 150
ESTRING 150
ESTROGEL 150
estrogens-methyltestosterone 150
eszopiclone 53
ethacrynic acid 68
ethambutol 9
ethosuximide 27
etodolac 46
etonogestrel-ethinyl estradiol 152
etoposide 17
etravirine 3
EUCRISA 85
EULEXIN 17
EURAX 98
EVAMIST 150
EVEKEO 53
everolimus (antineoplastic) .. 17
everolimus (immunosuppressive) 17
evesse 95
evexithroid 121
EVISTA 141
EVOTAZ 3
EVOXAC 100
EVRYSDI 37
EXELDERM 92
EXELON PATCH 38
exemestane 17
EXFORGE 68
EXFORGE HCT 68
EXJADE 100
EXXUA 54
EYSUVIS 167
ezetimibe 77
EZETIMIBE-ROSUVASTATIN 77
ezetimibe-simvastatin 77

F

FA-8 185
FABHALTA 100
FABIOR 88
falmina (28) 155
famciclovir 3
famotidine 131
FANAPT 54
FANAPT TITRATION PACK A 54
FANAPT TITRATION PACK B 54
FANAPT TITRATION PACK C 54
FARESTON 17
FARXIGA 118
FASENRA 173
FASENRA PEN 173
FC2 FEMALE CONDOM .148
febuxostat 141
feirza 155
felbamate 27
FELBATOL 27
felodipine 68
fem ph 152

FEMARA 17
FEMCAP 148
FEMLYV 155
FEMRING 150
fenofibrate 78
FENOFIBRATE 78
fenofibrate micronized 77
fenofibrate nanocrystallized . 78
fenofibric acid 78
fenofibric acid (choline) 78
fenoprofen 46
FENOPRON 46
fentanyl 42
ferric citrate 183
FERRIPROX 100
FERRIPROX (2 TIMES A DAY) 100
fesoterodine 180
FETZIMA 54
FEXMID 40
FIASP FLEXTOUCH U-100 INSULIN 110
FIASP PENFILL U-100 INSULIN 110
FIASP PUMPCART 110
FIASP U-100 INSULIN 110
FIBRICOR 78
fidaxomicin 8
FILSPARI 80
FILSUVEZ 85
FINACEA 88
finasteride 181
fingolimod 63
FINTEPLA 28
finzala 155
FIORICET 42
FIRAZYR 173
FIRDAPSE 38
FIRVANQ 14
flac otic oil 105
FLAREX 167
flavoxate 180
flecainide 64
FLECTOR 46
FLEQSUVY 40
FLEXICHAMBER 179
FLOLIPID 78
FLORIVA (FLUORIDE-VITAMIN D3) 185
flotrex 185
FLUAD 2026-2027 (65 YR UP)(PF) 137
FLUARIX 2026-2027 (PF) 137
FLUBLOK 2026-2027 (PF) 137
FLUCELVAX 2026-2027 (PF) 137
fluconazole 1
flucytosine 1
fludrocortisone 106
FLULAVAL 2026-2027 (PF) 137
FLUMADINE 3
FLUMIST 2026-2027 137
FLUMIST HOME 2026-2027 137
flunisolide 173
fluocinolone 95
fluocinolone acetonide oil .. 105
fluocinolone and shower cap 95
fluocinonide 95, 96
fluocinonide-e 96
FLUORESCEIN-BENOXINATE 163
fluorescein-proparacaine ... 163
fluoride (sodium) 103, 104, 185
FLUORIDEX DAILY DEFENSE 104
FLUORIDEX SENSITIVITY RELIEF 104
FLUORIMAX 5000 104
FLUORIMAX 5000 SENSITIVE 104
fluorometholone 167
fluorouracil 85
FLUOROURACIL 85
fluoxetine 54
fluphenazine hcl 54
flurandrenolide 96
flurazepam 54
flurbiprofen 46
flurbiprofen sodium 164
FLUTICASONE FUROATE 173
FLUTICASONE FUROATE-VILANTEROL 173
fluticasone propionate .. 96, 174
FLUTICASONE PROPIONATE 174
fluticasone propion-salmeterol 174
FLUTICASONE PROPION-SALMETEROL 174
fluvastatin 78
fluvoxamine 54
FLUZONE 2026-2027 137
FLUZONE 2026-2027 (PF) 137
FLUZONE HIGH-DOSE 2026-27 (PF) 137
FML FORTE 167
FML LIQUIFILM 167
FOCALIN 54
FOCALIN XR 54
folic acid 185
FOLIC ACID 185
folivane-ob 185
FOLLISTIM AQ 114
fondaparinux 75
formoterol fumarate 174
FORTEO 141
FORZINITY 101
FOSAMAX 142
FOSAMAX PLUS D 142
fosamprenavir 3
fosfomycin tromethamine 14
fosinopril 68
fosinopril-hydrochlorothiazide 68
FOSRENOL 183
FOTIVDA 17
FOUNDAYO 98
FRAGMIN 75
FREESTYLE INSULINX .. 108
FREESTYLE INSULINX TEST STRIPS 108
FREESTYLE LIBRE 14 DAY READER 108
FREESTYLE LIBRE 14 DAY SENSOR 108
FREESTYLE LIBRE 2 PLUS SENSOR 108
FREESTYLE LIBRE 2 READER 108
FREESTYLE LIBRE 2 SENSOR 108
FREESTYLE LIBRE 3 PLUS SENSOR 108
FREESTYLE LIBRE 3 READER 108
FREESTYLE LIBRE 3 SENSOR 108

FREESTYLE LITE STRIPS 108
FREESTYLE TEST 108
frovatriptan 35
FRUZAQLA 17
FULPHILA 133
FURADANTIN 14
FUROSCIX READYFLOW 68
furosemide 68
fyavolv 150
FYCOMPA 28
FYLNETRA 133
fyremadel 114
G
g tussin ac 170
gabapentin 28
GABARONE 28
GALAFOLD 114
galantamine 38
galbriela 156
gallifrey 150
GALZIN 183
ganirelix 114
GARDASIL 9 (PF) 137
GASTROCROM 126
gatifloxacin 161
gavilyte-c 126
gavilyte-g 126
gavilyte-n 126
GAVRETO 17
gefitinib 17
GELCLAIR 104
gemfibrozil 78
gemmily 156
GEMTESA 180
generlac 126
gengraf 17
GENOTROPIN 135
GENOTROPIN MINIQUICK 134
gentamicin 9, 91, 161
gentle laxative (mag hydrox) 126
GENVOYA 3
GEODON 54, 55
GILENYA 63
GILOTRIF 17
GIMOTI 126
glatiramer 63
glatopa 63
GLEEVEC 17
GLEOSTINE 17
glimepiride 118
GLIMEPIRIDE 118
glipizide 118
GLIPIZIDE 118
glipizide-metformin 118
GLOPERBA 141
GLUCAGON (HCL) EMERGENCY KIT 109
glucagon emergency kit (human) 109
glutamine (sickle cell) 101
glyburide 118
glyburide-metformin 118
GLYCATE 122
glycerol phenylbutyrate 101
glycopyrrolate 122
GLYXAMBI 118
GOCOVRI 34
GOLYTELY 126
GOMEKLI 18
GONAL-F 115
GONAL-F RFF REDI-JECT 115
GONITRO 80
GRALISE 28
granisetron hcl 126
GRANISOL 126
GRANIX 133
GRASTEK 137
griseofulvin microsize 1
griseofulvin ultramicrosize 1
guanfacine 55, 69
GUARDIAN 4 GLUCOSE SENSOR 108
GUARDIAN 4 TRANSMITTER 108
GUARDIAN SENSOR 3 ... 108
GVOKE 109
GVOKE HYPOPEN 2-PACK 109
GVOKE PFS 2-PACK SYRINGE 109
GWYN LO 152
GYNAZOLE-1 152
H
HADLIMA 145
HADLIMA PUSHTOUCH 144
HADLIMA(CF) 145
HADLIMA(CF) PUSHTOUCH 145
HAEGARDA 174
hailey 156
hailey 24 fe 156
hailey fe 1.5/30 (28) 156
hailey fe 1/20 (28) 156
halcinonide 96
halobetasol propionate 96
HALOBETASOL PROPIONATE 96
HALOG 96
haloperidol 55
haloperidol decanoate 55
haloperidol lactate 55
HARLIKU 101
HARVONI 3
HAVRIX (PF) 137
heather 151
HEMADY 106
HEMANGEOL 69
HEMICLOR 69
HEMLIBRA 75
hemmorex-hc 126
heparin (porcine) 75
heparin lockflush(porcine)(pf) 75
heparin, porcine (pf) 75
HEPLISAV-B (PF) 137
HERNEXEOS 18
HETLIOZ 55
HETLIOZ LQ 55
HIBERIX (PF) 137
HISTEX-AC 170
homatropaire 162
HORIZANT 38
HULIO(CF) 145
HULIO(CF) PEN 145
HUMALOG JUNIOR KWIKPEN U-100 111
HUMALOG KWIKPEN INSULIN 111
HUMALOG MIX 50-50 KWIKPEN 111
HUMALOG MIX 75-25 KWIKPEN 111
HUMALOG MIX 75-25(U-100)INSULN 111
HUMALOG U-100 INSULIN 111
HUMATIN 9
HUMATROPE 135

HUMIRA (ONLY NDCS STARTING WITH 00074) 145
HUMIRA PEN (ONLY NDCS STARTING WITH 00074) 145
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) 145
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074)..... 145
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074)..... 145
HUMULIN 70/30 U-100 INSULIN..... 111
HUMULIN 70/30 U-100 KWIKPEN 111
HUMULIN N NPH INSULIN KWIKPEN 111
HUMULIN N NPH U-100 INSULIN..... 111
HUMULIN R REGULAR U-100 INSULN 111
HUMULIN R U-500 (CONC) KWIKPEN 111
HYCAMTIN 18
HYCODAN (WITH HOMATROPINE) 170
hydralazine 69
HYDREA 18
hydrochlorothiazide 69
hydrocodone bitartrate..... 42
hydrocodone-acetaminophen 42
hydrocodone-chlorpheniramine 170
hydrocodone-homatropine . 170
hydrocodone-ibuprofen 42
hydrocortisone..... 96, 106, 126
hydrocortisone acetate 126
hydrocortisone butyrate 96
hydrocortisone valerate..... 96
hydrocortisone-acetic acid . 105
hydrocortisone-pramoxine .. 82, 126
HYDROCORTISONE-PRAMOXINE 126
hydromorphone 42
hydroxocobalamin..... 185
hydroxychloroquine..... 9
hydroxyurea..... 18
hydroxyzine hcl..... 169
hydroxyzine pamoate..... 169
HYFTOR..... 85
HYMPAVZI PEN 75
hyoscyamine sulfate.... 122, 123
hyosyne 123
HYPER-SAL..... 174
HYRIMOZ PEN CROHN'S-UC STARTER..... 145
HYRIMOZ PEN PSORIASIS STARTER 145
HYRIMOZ(CF)..... 146
HYRIMOZ(CF) PEDI CROHN STARTER 145
HYRIMOZ(CF) PEN . 145, 146
HYRNUO..... 18
HYSINGLA ER 42
HYZAAR 69

I

ibandronate 142
IBRANCE 18
IBSRELA 126
IBTROZI 18
ibu..... 46
ibuprofen 46
ibuprofen-famotidine..... 46
icatibant..... 174
iclevia 156
ICLUSIG 18
icosapent ethyl..... 78
ICOTYDE 82
IDHIFA 18
ILARIS (PF)..... 133
ILEVRO 164
ILUMYA..... 82
imatinib..... 18
IMBRUVICA 18
IMCIVREE..... 98
imipramine hcl..... 55
imipramine pamoate..... 55
imiquimod..... 85
IMITREX 35
IMITREX STATDOSE PEN 36
IMITREX STATDOSE REFILL 36
IMKELDI..... 18
IMOVAX RABIES VACCINE (PF)..... 137
IMPAVIDO..... 9
IMPOYZ..... 96
IMULDOSA..... 82
IMURAN..... 18
IMVEXXY MAINTENANCE PACK 151
IMVEXXY STARTER PACK 151
INBRIJA..... 34
incassia 151
INCRELEX 101
INCRUSE ELLIPTA..... 174
indapamide 69
INDERAL LA 69
INDERAL XL 69
INDOCIN 46
indomethacin 46
INFANRIX (DTAP) (PF)... 137
INGREZZA 38
INGREZZA INITIATION PK(TARDIV) 38
INGREZZA SPRINKLE..... 38
INLURIYO..... 18
INLYTA 18
INNOPRAN XL 69
INPEFA 118
INQOVI..... 18
INREBIC 18
INSPRA..... 69
INSULIN GLARGINE U-300 CONC 111
INSULIN GLARGINE-YFGN 111
INSULIN LISPRO 112
INSULIN LISPRO PROTAMIN-LISPRO 112
INSULIN SYRINGE-NEEDLE U-100 109
INTELENCE 3, 4
INTRAROSA 152
introvale..... 156
INTUNIV ER 55
INVEGA..... 55
INVEGA HAFYERA..... 55
INVEGA SUSTENNA..... 55
INVEGA TRINZA 55
INVELTYS..... 167
INVOKAMET 118
INVOKAMET XR 118
INVOKANA..... 118
INZIRQO..... 69
IODOFLEX 86

IODOSORB 86
IOPIDINE 168
IPOL 137
ipratropium bromide ..104, 174
ipratropium-albuterol 174
IQIRVO 126
irbesartan 69
irbesartan-hydrochlorothiazide 69
IRESSA 18
ISENTRESS 4
ISENTRESS HD 4
isibloom 156
isoniazid 9
ISORDIL 80
ISORDIL TITRADOSE 80
isosorbide dinitrate 80
isosorbide mononitrate 80
isosorbide-hydralazine 69
isotretinoin 88
isradipine 69
ISTALOL 162
ISTURISA 115
ITOVEBI 18
itraconazole 1
ivabradine 80
ivermectin 10, 88
IWILFIN 18
IXIARO (PF) 138
IYUZEH (PF) 165

J

JADENU 101
JADENU SPRINKLE 101
jaimiess 156
JAKAFI 18
JAKAFI XR 18
JALYN 181
JANUMET 118
JANUMET XR 118
JANUVIA 118
JARDIANCE 118
JASCAYD 174
jasmiel (28) 156
JATENZO 115
JAVADIN 69
javygtor 115
JAYPIRCA 19
jaythari 106
jencycla 151
JENTADUETO 118
JENTADUETO XR 118
jinteli 151
JOENJA 101
jolessa 156
JORNAY PM 55
JOURNAVX 46
joyeaux 156
JUBBONTI 142
JUBLIA 92
juleber 156
JULUCA 4
junel 1.5/30 (21) 156
junel 1/20 (21) 156
junel fe 1.5/30 (28) 156
junel fe 1/20 (28) 156
junel fe 24 156
JUST RIGHT 5000 104
JUXTAPID 78
JYLAMVO 19
JYNARQUE 115
JYNNEOS (PF) 138

K

kaitlib fe 156
KALETRA 4
kalliga 156
KALYDECO 174
KAPSPARGO SPRINKLE ..69
KARBINAL ER 169
kariva (28) 156
KATERZIA 69
KAZANO 119
kelnor 1/35 (28) 156
KENALOG 96
KEPPRA 28
KEPPRA XR 28
KERENDIA 69
KESIMPTA PEN 63
ketoconazole 1, 92, 93
ketodan 93
ketodan kit 93
ketoprofen 46
ketorolac 46, 164
KEVEYIS 38
KEVZARA 146
KHINDIVI 106
KINERET 146
KINRIX (PF) 138
kionex 183
KIRSTY 112
KIRSTY PEN 112
KISQALI 19
KITABIS PAK 10
KLARON 91
klayesta 93
KLISYRI (250 MG) 19
KLONOPIN 28
klor-con 183
klor-con 10 183
klor-con 8 183
klor-con m10 183
klor-con m15 183
klor-con m20 183
KLOXXADO 46
KOMZIFTI 19
KONVOMEP 131
KORLYM 115
KOSELUGO 19
KOSHER PRENATAL PLUS IRON 185
kourzeq 104
K-PHOS NO 2 181
K-PHOS ORIGINAL 181
KRAZATI 19
KRINTAFEL 10
KRISTALOSE 126
kurvelo (28) 156
KUVAN 115
KYLEENA 148
kymbee 106
KYZATREX 115

L

labetalol 69
lacosamide 28
lactated ringers 99
lactulose 127
LAMICTAL 28, 29
LAMICTAL ODT 28
LAMICTAL ODT STARTER (BLUE) 28
LAMICTAL ODT STARTER (GREEN) 28
LAMICTAL ODT STARTER (ORANGE) 28
LAMICTAL STARTER (BLUE) KIT 29
LAMICTAL STARTER (GREEN) KIT 29
LAMICTAL STARTER (ORANGE) KIT 29
LAMICTAL XR 29
LAMICTAL XR STARTER (BLUE) 29

LAMICTAL XR STARTER (GREEN) 29
LAMICTAL XR STARTER (ORANGE) 29
lamivudine 4
lamivudine-zidovudine 4
lamotrigine 29
LAMPIT 10
LANCETS 109
LANCING DEVICE 109
LANOXIN 74
lanreotide 19
lansoprazole 131
lanthanum 183
LANTUS SOLOSTAR U-100 INSULIN 112
LANTUS U-100 INSULIN 112
lapatinib 19
larin 1.5/30 (21) 156
larin 1/20 (21) 156
larin 24 fe 157
larin fe 1.5/30 (28) 157
larin fe 1/20 (28) 157
LASIX 69
latanoprost 165
LATUDA 55
LAZCLUZE 19
LEDIPASVIR-SOFOSBUVIR 4
leflunomide 146
lenalidomide 19
LENVIMA 19
LEQEMBI IQLIK 38
LEQSELVI 146
LEROCHOL 78
LESCOL XL 78
lessina 157
LETAIRIS 174
letrozole 19
leucovorin calcium 14
LEUKERAN 19
LEUKINE 133
leuprolide 19
levalbuterol hcl 175
LEVALBUTEROL TARTRATE 175
LEVAMLODIPINE 69
LEVBID 123
levetiracetam 29
LEVETIRACETAM 30
levobunolol 162
levocarnitine 101
levocarnitine (with sugar) ..101
levocetirizine 169
levofloxacin 12, 161
levonest (28) 157
levonorgest-eth.estradiol-iron 157
levonorgestrel 157
levonorgestrel-ethinyl estrad 157
levonorg-eth estrad triphasic 157
levorphanol tartrate 42
levo-t 121
levothyroxine 121
LEVOTHYROXINE 121
levoxyl 121
LEVSIN 123
LEVSIN/SL 123
LEXAPRO 55
lexette 96
LIALDA 127
LIBRAX (WITH CLIDINIUM) 123
LICART 47
lidocaine 91
lidocaine hcl 91
lidocaine hcl-hydrocortison ac 91, 127
LIDOCAINE HCL-HYDROCORTISON AC 127
lidocaine-hydrocortisone-aloe 127
lidocaine-prilocaine 91
lidocan iii 91
lidocan iv 91
lidocan v 91
lidocort 91
LIDODERM 91
LIKMEZ 10
LILETTA 148
linezolid 10
LINZESS 127
liomny 121
liothyronine 121
LIPITOR 78
LIPOFEN 78
liraglutide 119
liraglutide (weight loss) 98
lisdexamfetamine 55
lisinopril 70
lisinopril-hydrochlorothiazide 70
LITEAIRE MDI CHAMBER 179
lithium carbonate 55, 56
lithium citrate 56
LITHOBID 56
LITHOSTAT 101
LIVALO 78
LIVDELZI 127
LIVMARLI 127
LIVTENCITY 4
LO LOESTRIN FE 157
LODINE 47
LODOCO 80
LODOSYN 34
LOESTRIN 1.5/30 (21) 157
LOESTRIN 1/20 (21) 157
LOESTRIN FE 1.5/30 (28-DAY) 157
LOESTRIN FE 1/20 (28-DAY) 157
lofena 47
lofexidine 47
lojaimiess 157
LOKELMA 183
LOMAIRA 98
LOMOTIL 123
lomustine 19
LONSURF 19
loperamide 123
LOPID 78
lopinavir-ritonavir 4
LOPRESSOR 70
LOPROX (AS OLAMINE) ..93
LOPROX KIT 93
lorazepam 56
lorazepam intensol 56
LORBRENA 19
LOREEV XR 56
loryna (28) 157
losartan 70
losartan-hydrochlorothiazide 70
LOTEMAX 167
LOTEMAX SM 167
LOTENSIN 70
LOTENSIN HCT 70
loteprednol etabonate 167
LOTRONEX 127
lovastatin 78

LOVAZA 78
LOVENOX 76
low-ogestrel (28) 157
loxapine succinate 56
lo-zumandimine (28) 157
lubiprostone 127
LUCEMYRA 47
ludent fluoride 185
lugols 91, 183
luizza 157
LULICONAZOLE 93
LUMAKRAS 19, 20
LUMIGAN 165
LUMRYZ 56
LUMRYZ STARTER PACK 56
LUNESTA 56
LUPKYNIS 20
lurasidone 56
lurbiro 47
lutera (28) 157
LUZU 93
LYBALVI 56
lyleq 151
lyllana 151
LYNKUET 153
LYNPARZA 20
LYRICA 30
LYRICA CR 30
LYSODREN 20
LYTGOBI 20
LYUMJEV KWIKPEN U-100 INSULIN 112
LYUMJEV KWIKPEN U-200 INSULIN 112
LYUMJEV U-100 INSULIN 112
lyza 151

M

macitentan 175
MACROBID 14
MALARONE 10
MALARONE PEDIATRIC 10
malathion 98
maraviroc 4
MAR-COF CG 170
MARINOL 127
marlissa (28) 157
MARNATAL-F 186
MARPLAN 56
MATULANE 20
matzim la 70
MAVENCLAD (10 TABLET PACK) 63
MAVENCLAD (4 TABLET PACK) 63
MAVENCLAD (5 TABLET PACK) 63
MAVENCLAD (6 TABLET PACK) 63
MAVENCLAD (7 TABLET PACK) 63
MAVENCLAD (8 TABLET PACK) 63
MAVENCLAD (9 TABLET PACK) 63
MAVYRET 4
MAXALT 36
MAXALT-MLT 36
MAXIDEX 167
MAXITROL 166
maxi-tuss ac 170
MAXI-TUSS CD 170
MAYZENT 63
MAYZENT STARTER(FOR 1MG MAINT) 63
MAYZENT STARTER(FOR 2MG MAINT) 63
mb caps 181
meclizine 127
meclofenamate 47
MEDROL 107
MEDROL (PAK) 106
medroxyprogesterone 151
mefenamic acid 47
mefloquine 10
megestrol 20
MEKINIST 20
MEKTOVI 20
meleya 151
meloxicam 47
MELOXICAM 47
meloxicam submicronized 47
memantine 38
MEMANTINE 38
memantine-donepezil 38
MENOPUR 115
MENOSTAR 151
MENQUADFI (PF) 138
MENVEO A-C-Y-W-135-DIP (PF) 138
meperidine 42, 43
meprobamate 40
MEPRON 10
mercaptopurine 20
MERILOG 112
MERILOG SOLOSTAR 112
mesalamine 127
mesalamine with cleansing wipe 128
MESNEX 15
MESTINON 40
MESTINON TIMESPAN 40
METADATE CD 56
metaxalone 40
METAXALONE 40
metformin 119
methadone 43
methadose 43
methamphetamine 56
methazolamide 165
methenamine hippurate 14
methenamine mandelate 14
METHENAMINE MANDELATE 14
methen-sod phos-meth blue-hyos 181
methimazole 107
METHITEST 115
methocarbamol 40
methotrexate sodium 20
methotrexate sodium (pf) 20
methoxsalen 86
methscopolamine 123
methsuximide 30
methyldopa 70
methylergonovine 160
METHYLIN 56
methylphenidate 57
METHYLPHENIDATE 57
methylphenidate hcl 56, 57
METHYLPHENIDATE HCL 57
methylprednisolone 107
methyltestosterone 115
metoclopramide hcl 128
metolazone 70
METOPIRONE 101
metoprolol succinate 70
metoprolol ta-hydrochlorothiaz 70
metoprolol tartrate 70

METOPROLOL TARTRATE 70
METROCREAM..... 88
METROGEL 88
metronidazole ... 10, 88, 89, 153
METRONIDAZOLE..... 10
metyrosine 70
mexiletine 64
MFLUSIVA 2026-2027 (PF) 138
MIACALCIN 115
mibelas 24 fe..... 157
MICARDIS 70
MICARDIS HCT 70
MICONAZOLE NITRATE-ZINC OX-PET 93
miconazole-3 153
MICROCHAMBER..... 179
microgestin 1.5/30 (21) 157
microgestin 1/20 (21) 157
microgestin fe 1.5/30 (28) .. 158
microgestin fe 1/20 (28) 158
MICROSPACER..... 179
midazolam 57
midodrine 101
MIEBO (PF)..... 163
mifepristone..... 115
migergot 36
miglitol 119
miglustat..... 115
MIGRANAL 36
mili..... 158
millipred 107
millipred dp 107
milnacipran 146
milophene 115
mimvey..... 151
MINIMED APP MANAGER 108
MINIVELLE 151
minocycline..... 13
MINOCYCLINE..... 13
minoxidil..... 70
minzoya..... 158
MIPLYFFA 38
mirabegron 180
MIRCERA..... 133
MIRENA 148
mirtazapine..... 57
MIRVASO 89
misoprostol..... 131
MITIGARE 141
MIUDELLA 148
M-M-R II (PF)..... 138
m-natal plus..... 186
modafinil..... 57
MODEYSO 20
moexipril..... 70
molindone 57
mometasone 96, 97, 175
mondoxyne nl..... 13
mono-linyah..... 158
montelukast..... 175
MORGIDOX 1X 50 13
MORGIDOX 1X100 13
morphine..... 43
morphine concentrate..... 43
MOTEGRITY 128
MOTOFEN..... 123
MOTPOLY XR 30
MOUNJARO..... 119
MOVANTIK 128
MOVIPREP..... 128
MOXATAG..... 12
moxifloxacin 12, 161
MRESVIA (PF)..... 138
MS CONTIN 43
MUGARD 104
MULPLETA..... 76
MULTAQ..... 64
multi-vitamin with fluoride..186
mupirocin..... 91
mupirocin calcium..... 91
mvc-fluoride..... 186
my choice..... 158
my way..... 158
MYALEPT 115
MYCAPSSA 20
mycophenolate mofetil..... 20
mycophenolate sodium 20
MYDAYIS 57
MYDRIACYL..... 162
MYFEMBREE 153
MYFORTIC 20
MYHIBBIN..... 20
MYLERAN 20
mynatal 186
mynatal plus 186
mynatal-z 186
MYQORZO..... 80
MYRBETRIQ 180
MYSOLINE 30
MYTESI 123

N

nabumetone..... 47
nadolol..... 70
naftifine..... 93
NAFTIN 93
NALFON..... 47
NALOCET 43
naloxone 47
naltrexone 47
NAMENDA XR 38
NAMZARIC..... 38
NAPRELAN CR 47
NAPROSYN..... 47
naproxen 47
naproxen sodium 47
naproxen-esomeprazole..... 47
naratriptan..... 36
NARDIL 57
NASCOBAL..... 186
NATACYN..... 161
NATAZIA 158
nateglinide 119
NATESTO..... 115
NATROBA..... 98
NAYZILAM..... 30
nebivolol 70
NEBUPENT 10
nebusal..... 175
NEBUSAL..... 175
necon 0.5/35 (28)..... 158
NEEVODHA (WITH ALGAL OIL) 186
nefazodone..... 57
NEFFY 169
NEMLUVIO..... 20
neomycin..... 10
neomycin-bacitracin-poly-hc 166
neomycin-bacitracin-polymyxin..... 161
neomycin-polymyxin b gu 99
neomycin-polymyxin b-dexameth..... 166
neomycin-polymyxin-gramicidin..... 161
neomycin-polymyxin-hc 105, 166
NEORAL..... 20, 21
NEO-SYNALAR..... 92
NEO-SYNALAR KIT 92

neo-vital rx 186
NEREUS 128
NERLYNX 21
NESINA 119
NESTABS 186
NESTABS ABC 186
NESTABS DHA 186
NESTABS ONE 186
neuac 89
NEUAC KIT 89
NEULASTA 133
NEULASTA ONPRO 133
NEUPOGEN 133
NEUPRO 34
NEURONTIN 30
NEVANAC 164
nevirapine 4
new day 158
newgen 186
NEXAVAR 21
NEXICLON XR 70
NEXIUM 131
NEXIUM PACKET 131
NEXLETOL 78
NEXLIZET 78
NEXOBRID 97
NEXPLANON 153
NEXTSTELLIS 158
NGENLA 135
niacin 78
NIACOR 78
nicardipine 70
nicotine 103
nicotine (polacrilex) 103
NICOTROL NS 103
nifedipine 70, 71
nikki (28) 158
NILOTINIB D-TARTRATE 21
nilotinib hcl 21
nilutamide 21
nimodipine 71
NINJACOF-XG 170
NINLARO 21
nintedanib 175
nisoldipine 71
nitazoxanide 10
nitisinone 101
nitro-bid 80
NITRO-DUR 80
nitrofurantoin 14
NITROFURANTOIN 14
nitrofurantoin macrocrystal . 14
nitrofurantoin monohyd/m-cryst 14
nitroglycerin 80, 81, 128
NITROLINGUAL 81
NITROMIST 81
NITROSTAT 81
nitro-time 81
NITYR 101
niva thyroid 121
NIVESTYM 133, 134
nizatidine 131
nora-be 151
NORDITROPIN FLEXPRO 135
norelgestromin-ethin.estradiol 153
norethindrone (contraceptive) 151
norethindrone acetate 151
norethindrone ac-eth estradiol 151, 158
norethindrone-e.estradiol-iron 158
NORGESIC 40
NORGESIC FORTE 40
norgestimate-ethinyl estradiol 158
NORITATE 89
NORLIQVA 71
NORPACE 64
NORTHERA 101
nortrel 0.5/35 (28) 158
nortrel 1/35 (21) 158
nortrel 1/35 (28) 158
nortrel 7/7/7 (28) 158
nortriptyline 57
NORVASC 71
NORVIR 4
NOURIANZ 34
NOVAREL 115
NOVOLIN 70-30 FLEXPEN U-100 112
NOVOLIN N FLEXPEN ... 112
NOVOLIN R FLEXPEN 112
NOVOLOG FLEXPEN U-100 INSULIN 112
NOVOLOG MIX 70-30 U-100 INSULN 112
NOVOLOG MIX 70-30FLEXPEN U-100 113
NOVOLOG PENFILL U-100 INSULIN 113
NOVOLOG U-100 INSULIN ASPART 113
NOXAFIL 1
np thyroid 121
NUBEQA 21
NUCALA 175
NUCORT 97
NUCYNTA 47
NUCYNTA ER 47
NUEDEXTA 38
NULEV 123
NUPLAZID 57
NURTEC ODT 36
NUVARING 153
NUVESSA 153
NUVIGIL 57
NUZYRA 13
nylia 1/35 (28) 158
nylia 7/7/7 (28) 158
NYMALIZE 71
NYPOZI 134
nystatin 1, 93
nystatin-triamcinolone 93
nystop 93
NYVEPRIA 134

O

OB COMPLETE 186
OB COMPLETE ONE 186
OB COMPLETE PETITE .. 186
OB COMPLETE PREMIER 186
OB COMPLETE WITH DHA 186
octreotide acetate 21
OCUFLOX 161
ODACTRA 138
ODEFSEY 4
ODOMZO 21
OFEV 175
ofloxacin 12, 105, 161
OGSIVEO 21
OHTUVAYRE 175
OJEMDA 21
OJJAARA 21
olanzapine 57
olanzapine-fluoxetine 58
olmesartan 71
olmesartan-amlodipin-hcthiazid 71

olmesartan-hydrochlorothiazide 71
olopatadine 104
OLPRUVA 101
OLUMIANT 146
OMECLAMOX-PAK 131
omega-3 acid ethyl esters 78
omeprazole 132
omeprazole-sodium bicarbonate 132
OMLONTI 165
OMNARIS 175
OMNIPOD 5 (LIBRE 2/3 PLUS) 109
OMNIPOD 5 G6-G7 INTRO KT(GEN5) 110
OMNIPOD 5 G6-G7 PODS (GEN 5) 110
OMNIPOD 5 INTRO (LIBRE2/3PLUS) 109
OMNIPOD DASH INTRO KIT (GEN 4) 110
OMNIPOD DASH PODS (GEN 4) 110
OMNITROPE 135
OMVOH 128
OMVOH PEN 128
ondansetron 128
ONDANSETRON 128
ondansetron hcl 128
ondansetron hcl (pf) 128
one natal rx 186
ONETOUCH ULTRA TEST 108
ONETOUCH VERIO TEST STRIPS 109
ONEXTON 89
ONFI 30
ONGENTYS 34
ONTRALFY 40
ONUREG 21
ONYDA XR 58
ONZETRA XSAIL 36
opcicon one-step 158
OPFOLDA 115
OPILL 151
OPIPZA 58
opium tincture 123
OPSUMIT 175
OPSYNVI 175
OPTICHAMBER DIAMOND VHC 179
option-2 158
OPTIUM EZ 109
OPVEE 48
OPZELURA 86
ORACEA 13
ORACIT 182
ORALAIR 138
ORAMAGICRX 104
ORAPRED ODT 107
ORAVIG 1
ORENCIA 146
ORENCIA CLICKJECT 146
ORENITRAM 71
ORENITRAM MONTH 1 TITRATION KT 71
ORENITRAM MONTH 2 TITRATION KT 71
ORENITRAM MONTH 3 TITRATION KT 71
ORFADIN 101
ORGOVYX 21
ORIAHNN 153
ORILISSA 115
ORKAMBI 175
ORLADEYO 175
ORLISTAT 98
ORLYNVAH 10
ormalvi 38
orphenadrine citrate 40
orphenadrine-asa-caffeine 40
orphengesic forte 40
orquidea 151
ORSERDU 21
ORUDIS 48
oscimin 123
oscimin sl 123
oseltamivir 4
OSPHENA 153
OSPOMYV 142
OSVYRTI 142
OTEZLA 146
OTEZLA STARTER 146
OTEZLA XR 146
OTEZLA XR INITIATION 146
OTOVEL 105
OTULFI 82
OVIDE 98
OVIDREL 116
oxaprozin 48
OXAPROZIN 48
oxazepam 58
oxcarbazepine 30
OXERVATE 163
oxiconazole 93
OXISTAT 93
OXTELLAR XR 30
oxybutynin chloride 180
oxycodone 43
OXYCODONE 43
oxycodone-acetaminophen 43
OXYCONTIN 44
oxymetazoline 89
oxymorphone 44
OXYTROL 180
OZEMPIC 119
OZOBAX 40
OZOBAX DS 40

P

pacerone 64
PACNEX 89
PALFORZIA (LEVEL 1) 138
PALFORZIA (LEVEL 2) 138
PALFORZIA (LEVEL 3) 138
PALFORZIA (LEVEL 4) 138
PALFORZIA (LEVEL 5) 138
PALFORZIA (LEVEL 6) 138
PALFORZIA (LEVEL 7) 138
PALFORZIA (LEVEL 8) 138
PALFORZIA (LEVEL 9) 139
PALFORZIA (LEVEL 10) 139
PALFORZIA INITIAL (4-17 YRS) 139
PALFORZIA LEVEL 11 MAINTENANCE 139
paliperidone 58
PALSONIFY 21
PALYNZIQ 116
PANCREAZE 128
PANRETIN 86
pantoprazole 132
PARAGARD T 380A 148
paricalcitol 116
PARNATE 58
paroex oral rinse 104
paroxetine hcl 58
paroxetine mesylate(menop.sym) 58
PAXIL 58
PAXIL CR 58

PAXLOVID 4
pazopanib 21
PAZOPANIB 21
PEDIARIX (PF) 139
PEDVAX HIB (PF) 139
peg 3350-electrolytes 128
peg3350-sod sul-nacl-kcl-asb-c 128
PEGASYS 135
peg-electrolyte soln 128
pellix 82
PEMAZYRE 21
PEN NEEDLE 110
PENBRAYA (PF) 139
penciclovir 94
penicillamine 146
penicillin v potassium 12
PENMENVY MEN A-B-C-W-Y (PF) 139
PENTACEL (PF) 139
pentamidine 10
PENTASA 128
pentazocine-naloxone 48
pentoxifylline 76
PEPCID 132
perampanel 30
PERCOCET 44
PERFOROMIST 176
PERIDEX 104
perindopril erbumine 71
periogard 104
permethrin 98
perphenazine 58
perphenazine-amitriptyline 58
PERSERIS 58
PERTZYE 129
PHEBURANE 101
phenazopyridine 183
phendimetrazine tartrate 98
phenelzine 58
phenobarb-hyoscy-atropine-scop 123
phenobarbital 31
phenohytro 123
phenoxybenzamine 71
phentermine 98
phentermine-topiramate 98
phenylephrine hcl 168
PHENYTEK 31
phenytoin 31
phenytoin sodium extended 31
PHEXX 153
philith 158
PHOSPHOLINE IODIDE 162
PHYRAGO 22
PHYSIOLYTE 99
PHYSIOSOL IRRIGATION 99
phytonadione (vitamin k1) 76
PIFELTRO 5
pilocarpine hcl 104, 163
pimecrolimus 86
pimozide 58
pimtrea (28) 158
pindolol 71
pioglitazone 119
pioglitazone-glimepiride 119
pioglitazone-metformin 119
PIQRAY 22
pirfenidone 176
PIRFENIDONE 176
piroxicam 48
pitavastatin calcium 78
PIVOT INSULIN PUMP STARTER KIT 110
PIVYA 12
PLAN B ONE-STEP 158
PLAQUENIL 10
PLAVIX 76
PLEGRIDY 63
PLENVU 129
PLEXION 89
PLEXION CLEANSING CLOTHS 89
PLEXION NS 82
PLIAGLIS 91
PNEUMOVAX-23 139
pnv-dha 186
pnv-omega 186
pnv-select 186
POCKET CHAMBER 179
podofilox 86
POKONZA 183
polymyxin b sulf-trimethoprim 161
POLY-TUSSIN AC 170
pomalidomide 22
POMALYST 22
PONVORY 64
PONVORY 14-DAY STARTER PACK 64
portia 28 159
posaconazole 1
potassium chloride 184
POTASSIUM CHLORIDE 184
potassium citrate 182
potassium iodide 107
povidone-iodine 161
PR BENZOYL PEROXIDE 89
pr natal 400 187
pr natal 400 ec 187
pr natal 430 187
pr natal 430 ec 187
PRADAXA 76
PRALUENT PEN 79
pramipexole 34
PRAMOSONE 82
prasugrel hcl 76
pravastatin 79
praziquantel 10
prazosin 71
PRECISION POINT OF CARE TEST 109
PRECISION XTRA TEST 109
PRED FORTE 167
PRED MILD 167
prednicarbate 97
prednisolone 107
prednisolone acetate 167
prednisolone sodium phosphate 107, 168
prednisone 107
prednisone intensol 107
pregabalin 31
PREGNYL 116
PREMARIN 151
PREMPHASE 152
PREMPRO 152
PRENATA 187
prenatabs fa 187
prenatabs rx 187
prenatal multivitamins 187
prenatal plus 187
prenatal plus (calcium carb) 187
PRENATAL PLUS DHA 187
prenatal vitamin 187
prenatal-u 187
PRENATE AM 187
PRENATE CHEWABLE 187
PRENATE DHA (FERR ASP GLYCIN) 187
PRENATE ELITE (IRON ASP GLYC) 187

PRENATE ENHANCE.....187
PRENATE ESSENTIAL(IRON-ASP-GL).....187
PRENATE MINI (FERR ASP GLYCIN).....187
PRENATE PIXIE.....187
PRENATE RESTORE.....187
PRENATE STAR.....187
PREPIDIL.....153
PRESTALIA.....71
PRETOMANID.....10
PREVACID.....132
PREVACID SOLUTAB.....132
prevalite.....79
PREVIDENT.....104
PREVIDENT 5000 BOOSTER PLUS.....104
PREVIDENT 5000 ENAMEL PROTECT.....104
PREVIDENT 5000 ORTHO DEFENSE.....104
PREVIDENT 5000 PLUS.....104
PREVIDENT 5000 SENSITIVE.....104
PREVIDENT KIDS.....104
PREVNAR 20 (PF).....139
PREVYMIS.....5
PREZCOBIX.....5
PREZISTA.....5
PRIFTIN.....10
PRILOSEC.....132
primaquine.....10
PRIMEAIRE.....180
primidone.....31
PRIMIDONE.....31
PRIMLEV.....44
PRIMSOL.....14
PRIORIX (PF).....139
PRISTIQ.....58
PROAIR RESPICLICK.....176
probenecid.....141
probenecid-colchicine.....141
PROCARDIA XL.....71
procentra.....58
PROCHAMBER.....180
prochlorperazine.....129
prochlorperazine maleate.....129
PROCORT.....129
PROCRIT.....134
PROCTOCORT.....97, 129
PROCTOFOAM HC.....129
procto-med hc.....129
proctosol hc.....129
proctozone-hc.....129
PROCYSBI.....182
progesterone.....152
progesterone micronized.....152
PROGLYCEM.....109
PROGRAF.....22
prolate.....44
PROLATE.....44
PROLENSA.....164
PROLIA.....142
PROMACTA.....76
promethazine.....169
promethazine-codeine.....170
promethazine-dm.....170
promethazine-phenylephrine.....170
promethegan.....169
PROMETRIUM.....152
propafenone.....64, 65
proparacaine.....163
propranolol.....72
propylthiouracil.....108
PROQUAD (PF).....139
PROSCAR.....181
PROTHELIAL.....105
PROTONIX.....132
protriptyline.....58
PROVERA.....152
PROVIDA OB.....188
PROVIGIL.....58
prucalopride.....129
prudoxin.....86
pruradik.....98
PULMICORT.....176
PULMICORT FLEXHALER.....176
pulmosal.....176
PULMOZYME.....176
PURIXAN.....22
PYLERA.....132
pyquvi.....107
pyrazinamide.....10
PYRIDIUM.....183
pyridostigmine bromide.....40
PYRIDOSTIGMINE BROMIDE.....40
pyrimethamine.....10
PYRUKYND.....101
PYZCHIVA.....82
PYZCHIVA AUTOINJECTOR.....82

Q

QBRELIS.....72
QBREXZA.....86
QELBREE.....58
QFITLIA.....76
QFITLIA PEN.....76
QINLOCK.....22
QLOSI.....163
QNASL.....176
QSYMIA.....99
QUADRACEL (PF).....139
QUAZEPAM.....58
QUESTRAN.....79
QUESTRAN LIGHT.....79
quetiapine.....58, 59
QUETIAPINE.....58
QUILLICHEW ER.....59
QUILLIVANT XR.....59
quinapril.....72
quinapril-hydrochlorothiazide.....72
quinidine gluconate.....65
quinidine sulfate.....65
quinine sulfate.....10
quit 2.....103
quit 4.....103
QULIPTA.....36
QUVIVIQ.....59
QVAR REDIHALER.....176

R

RABAVERT (PF).....139
rabeprazole.....132
RABEPRAZOLE.....132
RADICAVA ORS STARTER KIT SUSP.....39
RADIOGARDASE.....101
RAGWITEK.....139
RALDESY.....59
raloxifene.....142
ramelteon.....59
ramipril.....72
ranitidine hcl.....132
ranolazine.....80
rasagiline.....34
RASUVO (PF).....146
RAVICTI.....101
RAYALDEE.....116
REBIF (WITH ALBUMIN).....64

REBIF REBIDOSE 64
REBIF TITRATION PACK 64
reclipsen (28) 159
RECOMBIVAX HB (PF) . 139, 140
RECORLEV 116
RECTIV 129
REDEMPLO 79
REGLAN 129
RELAFEN DS 48
RELAGARD 153
RELENZA DISKHALER 5
RELEUKO 134
RELEXXII 59
relgaabi 31
RELGAABI 31
RELION NOVOLIN 70/30 113
RELION NOVOLIN N 113
RELION NOVOLIN R 113
RELISTOR 129
RELPAX 36
RELTONE 129
REMERON 59
REMERON SOLTAB 59
RENACIDIN 182
renthyroid 121
RENTHYROID 121
RENVELA 184
repaglinide 119
REPATHA SURECLICK 79
REPATHA SYRINGE 79
RESPA-AR 171
RESTASIS 163
RESTASIS MULTIDOSE . 163
RESTORIL 59
RETACRIT 134
RETEVMO 22
RETIN-A 89
RETIN-A MICRO PUMP 89
RETROVIR 5
REVATIO 176
REVLIMID 22
REVUFORJ 22
REXTOVY 48
REXULTI 59
REYATAZ 5
REZDIFFRA 101
REZLIDHIA 22
REZUROCK 22
REZVOGLAR KWIKPEN 113
RHAPSIDO 102
RHOFADE 89
RHOPRESSA 165
ribavirin 5
RIDAURA 146
rifabutin 10
rifampin 10
rifapentine 10
rilpivirine hcl 5
riluzole 102
rimantadine 5
RINVOQ 147
RINVOQ LQ 147
RIOMET 119
risedronate 102, 142
RISPERDAL 59
RISPERDAL CONSTA 59
risperidone 59
risperidone microspheres 59
RITALIN 59
RITEFLO AEROCHAMBER 180
ritonavir 5
rivaroxaban 76
rivastigmine 39
rivastigmine tartrate 39
rivelsa 159
RIVFLOZA 182
rizatriptan 36
R-NATAL OB 188
ROBINUL 123
ROBINUL FORTE 123
ROCKLATAN 165
roflumilast 176
ROLVEDON 134
ROMVIMZA 22
ropinirole 34
rosadan 89
ROSADAN 89
rosuvastatin 79
rosyrah 159
ROSZET 79
ROTARIX 140
ROTATEQ VACCINE 140
ROWASA 129
roweepra 31
ROXICODONE 44
ROXYBOND 44
ROZEREM 59
ROZLYTREK 22
RUBRACA 22
rufinamide 31
RUKOBIA 5
RYALTRIS 176
RYBELSUS 119
RYCLORA 170
RYDAPT 22
RYKINDO 59
RYTARY 34
RYVENT 170
RYZNEUTA 134
S
SABRIL 31
sacubitril-valsartan 80
SAFYRAL 159
sajazir 176
SALAGEN (PILOCARPINE) 105
salsalate 48
SAMSCA 116
SANCUSO 129
SANDIMMUNE 22
SANDOSTATIN 22
SANTYL 98
SAPHNELO 23
SAPHNELO PEN 23
SAPHRIS 60
sapropterin 116
SAVAYSA 76
SAVELLA 147
saxagliptin 119
saxagliptin-metformin 119
SAXENDA 99
scalacort 97
SCEMBLIX 23
scopolamine base 129
SDAMLO 72
SECUADO 60
SEGLUROMET 119
SELARSDI 82
SELECT-OB 188
SELECT-OB (FOLIC ACID) 188
SELECT-OB + DHA 188
selegiline hcl 35
selenium sulfide 82
SELZENTRY 5
SEMGLEE(INSULIN GLARGINE-YFGN) 113
SEMGLEE(INSULIN GLARG-YFGN)PEN 113
SENSIPAR 116
SEPHIENCE 116

SEREVENT DISKUS 176
SERNIVO 97
SEROQUEL 60
SEROQUEL XR 60
SEROSTIM 135
sertraline 60
setlakin 159
sevelamer carbonate 184
sevelamer hcl 184
SEYSARA 14
sf 105
sf 5000 plus 105
sharobel 152
SHINGRIX (PF) 140
SIGNIFOR 23
SIKLOS 23
sildenafil 182
sildenafil (pulm.hypertension) 176
SILENOR 60
SILIQ 82
silodosin 181
SILVADENE 84
silver sulfadiazine 85
SIMBRINZA 165
SIMLANDI(CF) 147
SIMLANDI(CF) AUTOINJECTOR 147
simliya (28) 159
simpesse 159
SIMPLERA SENSOR 109
SIMPLERA SYNC SENSOR 109
SIMPONI 147
simvastatin 79
SINEMET 35
SINGULAIR 176
sirolimus 23
SIRTURO 10
sitagliptin phos-metformin . 120
sitagliptin phosphate 120
SITAGLIPTIN-METFORMIN 120
SIVEXTRO 10
SKYCLARYS 39
SKYLA 148
SKYRIZI 83, 129
SKYTROFA 135
SLYND 159
SOAANZ 72
sodium chlor 0.9% bacteriostat 102
sodium chloride 102, 176
sodium chloride 0.9 % 102
sodium fluoride 5000 plus .. 105
sodium fluoride-pot nitrate . 105
sodium oxybate 60
sodium phenylbutyrate 102
sodium polystyrene sulfonate 184
sodium,potassium,mag sulfates 129
SOFDRA 86
SOFOSBUVIR-VELPATASVIR 5
SOGROYA 135
SOHONOS 102
solifenacin 180
SOLIQUA 100/33 113
SOLOSEC 11
SOLTAMOX 23
soluvita a,c,d with fluoride . 188
SOMA 40
SOMAVERT 116
SOOLANTRA 89
sorafenib 23
SORBITOL 99
SORBITOL-MANNITOL 99
SORILUX 83
sotalol 65
sotalol af 65
SOTYKTU 83
SOTYLIZE 65
SOVALDI 5
SOVUNA 11
SPACE CHAMBER 180
SPEVIGO 83
spinosad 98
SPIRIVA RESPIMAT 176, 177
SPIRIVA WITH HANDIHALER 177
spironolactone 72
spironolacton-hydrochlorothiaz 72
SPORANOX 1
SPRAVATO 60
sprintec (28) 159
SPRITAM 31
SPRIX 48
SPRYCEL 23
sps (with sorbitol) 184
ssd 85
SSKI 108
sss 10-5 89
st joseph aspirin 48
STAMARIL (PF) 140
STARJEMZA 83
STEGLATRO 120
STEGLUJAN 120
STELARA 83
STENDRA 182
STEQEYMA 83
STIMUFEND 134
STIOLTO RESPIMAT 177
STIVARGA 23
STOBOCLO 142
stop smoking aid 103
STRENSIQ 116
STRIBILD 5
STRIVERDI RESPIMAT .. 177
STROMECTOL 11
strong iodine 92, 184
SUBLOCADE 44
SUBOXONE 48
subvenite 31
SUBVENITE 31
subvenite starter (blue) kit 31
subvenite starter (green) kit .. 31
subvenite starter (orange) kit 32
SUCRAID 129
sucralfate 132
SUFLAVE 130
SULAR 72
SULCONAZOLE 93
sulfacetamide sodium ... 83, 168
sulfacetamide sodium (acne) 92
sulfacetamide sodium-sulfur 89, 90
SULFACETAMIDE SODIUM-SULFUR 89, 90
sulfacetamide-prednisolone 168
sulfacleanse 8-4 90
sulfadiazine 12
sulfamethoxazole-trimethoprim 12
SULFAMYLON 92
sulfasalazine 130
sulfatrim 12
sulindac 48
SUMADAN 90
SUMADAN XLT 90
sumatriptan 36

sumatriptan succinate 36
sumatriptan-naproxen 36
SUMAXIN 90
SUMAXIN CP 90
SUMAXIN TS.....90
sunitinib malate 23
SUNLENCA.....5
SUNOSI 60
SUPREP BOWEL PREP KIT 130
SUTAB.....130
SUTENT.....23
syeda.....159
SYMAX DUOTAB.....123
symax fastabs.....123
symax-sl.....123
symax-sr 124
SYMBICORT.....177
SYMBRAVO 36
SYMDEKO 177
SYMFI.....5
SYMPAZAN.....32
SYMPROIC 130
SYMTUZA.....5
SYNALAR 97
SYNALAR CREAM KIT 97
SYNALAR OINTMENT KIT 97
SYNALAR TS 97
SYNAREL 116
SYNDROS 130
SYNJARDY 120
SYNJARDY XR 120
SYNTHROID.....121
SYPRINE 102

T

TABLOID 23
TABRECTA.....23
TACLONEX 83
tacrolimus.....23, 86
tadalafil 181
tadalafil (pulm. hypertension) 177
TADLIQ.....177
TAFINLAR 23
tafluprost (pf).....165
TAGRISSO 23
TAKE ACTION 159
TAKHZYRO.....177
TALICIA.....132
TALTZ AUTOINJECTOR ..83
TALTZ AUTOINJECTOR (2 PACK).....83
TALTZ AUTOINJECTOR (3 PACK).....83
TALTZ SYRINGE.....83
TALZENNA.....23
TAMIFLU 6
tamoxifen 23
tamsulosin.....181
tanlor 40
tapentadol.....48
TAPENTADOL.....48
TAPERDEX 107
TARGADOX.....14
TARGRETIN 23
tarina 24 fe 159
tarina fe 1/20 (28).....159
taron-c dha 188
TARPEYO.....107
TASCENSO ODT 64
TASIGNA 23
tasimelteon.....60
TASMAR 35
tavaborole.....93
TAVALISSE 76
TAVNEOS 102
TAYTULLA.....159
tazarotene 90
TAZAROTENE.....90
TAZORAC 90
TECFIDERA 64
TEGLUTIK 102
TEGRETOL 32
TEGRETOL XR.....32
TEKTURNA 72
telmisartan.....72
telmisartan-amlodipine 72
telmisartan-hydrochlorothiazid 72
temazepam 60
TEMBEXA.....6
temozolomide.....24
tencon 44
TENIVAC (PF) 140
tenofovir disoproxil fumarate.6
TENORMIN.....72
TEPMETKO.....24
terazosin 72
terbinafine hcl.....1
terbutaline 177
terconazole 153
teriflunomide.....64
teriparatide 142
TESTIM.....116
testosterone.....116
testosterone cypionate 116
tetrabenazine 39
tetracaine hcl 164
TETRACAINE HCL (PF)..164
tetracycline 14
TEXACORT.....97
TEZRULY 72
TEZSPIRE.....177
THALITONE 72
THALOMID.....24
THEO-24 177
theophylline 177
THIOLA 102
THIOLA EC 102
thioridazine.....60
thiothixene 60
THRIVITE RX 188
THYQUIDITY 121
thyroid (pork).....121
tiadylt er.....72
tiagabine 32
TIAZAC 72
TIBSOVO.....24
ticagrelor 76
TICOVAC 140
TIGLUTIK 102
TIKOSYN.....65
tilia fe.....159
timolol.....162
timolol maleate 72, 162
timolol maleate (pf) 162
TIMOPTIC OCUDOSE (PF) 162
tinidazole 11
tiopronin 102
tiotropium bromide.....177
TIROSINT.....122
TIROSINT-SOL 122
TIVICAY.....6
TIVICAY PD.....6
tizanidine 40
TIZANIDINE 40
TLANDO.....116
TOBI.....11
TOBI PODHALER 11
TOBRADEX 166
TOBRADEX ST.....166

tobramycin 11, 161
tobramycin in 0.225 % nacl . 11
tobramycin sulfate 11
TOBRAMYCIN WITH NEBULIZER 11
tobramycin-dexamethasone 166
tobramycin-lotepred 166
TOBREX 161
tofacitinib 147
tolcapone 35
TOLECTIN 600 48
tolectin ds 48
tolmetin 48
TOLSURA 1
tolterodine 180
tolvaptan 117
tolvaptan (polycys kidney dis) 117
TONMYA 40
TOPAMAX 32
TOPICORT 97
topiramate 32
TOPROL XL 73
toremifene 24
torpenz 24
torsemide 73
TOSYMRA 36
TOUJEO MAX U-300 SOLOSTAR 113
TOUJEO SOLOSTAR U-300 INSULIN 113
tovet emollient 97
TOVIAZ 180
TRACLEER 177
TRADJENTA 120
tramadol 48, 49
TRAMADOL 48
tramadol-acetaminophen 49
trandolapril 73
trandolapril-verapamil 73
tranexamic acid 153
TRANSDERM-SCOP 130
tranylcypromine 60
TRAVATAN Z 166
travoprost 166
trazodone 60
TRELEGY ELLIPTA 177
TREMFYA 84
TREMFYA ONE-PRESS 83
TREMFYA PEN 84
TREMFYA PEN INDUCTION PK(2PEN) . 84
TRESIBA FLEXTOUCH U-100 113
TRESIBA FLEXTOUCH U-200 113
TRESIBA U-100 INSULIN 113
tretinoin 90
tretinoin (antineoplastic) 24
tretinoin microspheres 90
TREXALL 24
TREXIMET 36
TREZIX 44
triamcinolone acetonide 97, 105
triamterene 73
triamterene-hydrochlorothiazid 73
triazolam 60
TRIBENZOR 73
TRICARE 188
triderm 97
trientine 102
TRIENTINE 102
tri-estarylla 159
trifluoperazine 60
trifluridine 162
trihexyphenidyl 35
TRIJARDY XR 120
TRIKAFTA 178
tri-legest fe 159
TRILEPTAL 32
tri-linyah 159
trilitas 90
tri-lo-estarylla 159
tri-lo-marzia 159
tri-lo-mili 159
tri-lo-sprintec 159
trimethobenzamide 130
trimethoprim 14
tri-mili 160
trimipramine 60
trinatal rx 1 188
trinate 188
TRINAZ 188
TRINTELLIX 60
tri-sprintec (28) 160
TRISTART DHA 188
TRIUMEQ 6
TRIUMEQ PD 6
tri-vitamin with fluoride 188
tri-vylibra 160
tri-vylibra lo 160
TROKENDI XR 32
tropicamide 162
trospium 180
TRUDHESA 36
TRUETRACK TEST 109
TRULANCE 130
TRULICITY 120
TRUMENBA 140
TRUQAP 24
TRUSTEX-RIA NON-LUB CONDOMS 148
TRUVADA 6
TRYNGOLZA 79
TRYPTYR 164
TRYVIO 80
TUDORZA PRESSAIR 178
TUKYSA 24
tulana 152
TURALIO 24
turqoz (28) 160
TUXARIN ER 171
TWIIST REFILL KT(CSST-NDL-SYR) 110
TWIIST RFL(INFUS-CSST-NDL-SYR) 110
TWIIST STARTER KIT 110
TWINRIX (PF) 140
TWIRLA 153
TWYNEO 90
TYBLUME 160
tydemy 160
TYENNE 147
TYENNE AUTOINJECTOR 147
TYKERB 24
TYMLOS 142
TYPHIM VI 140
TYRVAYA 164
TYVASO 178
TYVASO DPI 178
TYVASO REFILL KIT 178
TYVASO STARTER KIT . 178

U

UBRELVY 36
UCERIS 130
UDENYCA 134
UDENYCA AUTOINJECTOR 134

UDENYCA ONBODY 134
ULESFIA 98
ULORIC 141
ULTRAVATE 97
UMECLIDINIUM 178
UMECLIDINIUM-VILANTEROL 178
unithroid 122
UPNEEQ (PF) 168
UPTRAVI 73
URELLE 182
uretron d-s 182
URIBEL TABS 182
urimar-t 182
URIMAR-T 182
URNEVA 182
UROCIT-K 10 182
UROCIT-K 15 182
urogesic-blue 182
uro-mp 182
UROQID-ACID NO.2 182
uro-sp 182
UROXATRAL 181
URSO FORTE 130
ursodiol 130
URSOLIGN 130
uryl 182
USTEKINUMAB 84
USTEKINUMAB-AAUZ 84
USTEKINUMAB-AEKN 84
USTEKINUMAB-TTWE 84
UZEDY 60
V
VAFSEO 102
VAGIFEM 152
valacyclovir 6
VALCHLOR 86
VALCYTE 6
valganciclovir 6
VALIUM 60
valproic acid 32
valproic acid (as sodium salt) 32
valsartan 73
valsartan-hydrochlorothiazide 73
VALTOCO 32
VALTREX 6
valtya 160
vanadom 41
VANCOCIN 14
vancomycin 14
vandazole 153
VANFLYTA 24
VANOS 97
VANOXIDE-HC 90
VANRAFIA 80
VAQTA (PF) 140
vardenafil 182
varenicline tartrate 103
VARIVAX (PF) 140
VARUBI 130
VASCEPA 79
VASERETIC 73
VASOTEC 73
VAXCHORA VACCINE 140
VAXELIS (PF) 140
VAXNEUVANCE (PF) 140
VCF CONTRACEPTIVE FILM 153
VCF CONTRACEPTIVE GEL 153
VECAMYL 80
VECTICAL 84
velivet triphasic regimen (28) 160
VELPHORO 184
VELSIPITY 130
VELTASSA 184
VEMLIDY 6
VENCLEXTA 24
VENCLEXTA STARTING PACK 24
venlafaxine 61
VENLAFAXINE BESYLATE 61
VENTOLIN HFA 178
venxxiva 102
VEOZAH 153
verapamil 73
VEREGEN 86
VERKAZIA 164
VERQUVO 80
VERSACLOZ 61
VERZENIO 24
VESICARE 180
vestura (28) 160
VEVYE 164
VFEND 1
VIAGRA 182
VIBERZI 130
VICTOZA 2-PAK 120
VICTOZA 3-PAK 120
vienva 160
vigabatrin 33
vigadrone 33
VIGAFYDE 33
VIGAMOX 162
VIIBRYD 61
VIJOICE 24
vilazodone 61
VIMKUNYA (PF) 140
VIMPAT 33
VIOKACE 130
viorele (28) 160
VIRACEPT 6
VIREAD 6
VISTOGARD 15
VITAFOL FE PLUS 188
VITAFOL GUMMIES 188
VITAFOL ULTRA 188
VITAFOL-OB 188
VITAFOL-OB+DHA 188
VITAFOL-ONE 188
VITAMEDMD ONE RX 188
vitamin k 76
vitamin k1 76
VITRAKVI 24
VIVELLE-DOT 152
VIVITROL 49
VIVJOA 2
VIVLODEX 49
VIVOTIF 140
VIZZ 163
VOGELXO 117
volnea (28) 160
VONJO 24
VOQUEZNA 132
VOQUEZNA DUAL PAK 132
VOQUEZNA TRIPLE PAK 132
VORANIGO 24
voriconazole 2
VORTEX HOLDING CHAMBER 180
VOSEVI 6
VOTRIENT 25
VOWST 130
VOXZOGO 117
VOYDEYA 102
VOYXACT 25
VRAYLAR 61
VTAMA 84

VUITY 163
VUMERITY 64
VUSION 93
VYBRIQUE 182
vyfemla (28) 160
VYKAT XR 102
VYLEESI 61
vylibra 160
VYNDAMAX 80
VYSCOXA 49
VYTORIN 10-10 79
VYTORIN 10-20 79
VYTORIN 10-40 79
VYTORIN 10-80 79
VYVANSE 61
VYVGART HYTRULO 41
VYZULTA 166
W
WAINUA 39
WAKIX 61
warfarin 76
water for irrigation, sterile 103
WAYRILZ 25
WEGOVY 99
WEGOVY HD 99
WELCHOL 79
WELIREG 25
WELLBUTRIN SR 61
WELLBUTRIN XL 61
wera (28) 160
wescap-pn dha 188
wesnate dha 188
westab plus 189
westgel dha 189
WEZLANA 84
WINLEVI 91
WINREVAIR 178
wixela inhub 178
wymzya fe 160
WYNZORA 84
X
XACIATO 153
XADAGO 35
XALATAN 166
XALKORI 25
XANAX 61
xarah fe 160
XARELTO 77
XARELTO DVT-PE TREAT 30D START 76
XATMEP 25
XCOPRI 33
XCOPRI MAINTENANCE PACK 33
XCOPRI TITRATION PACK 33
XDEMVY 164
XELJANZ 147
XELJANZ XR 147
xelria fe 160
XELSTRYM 61
XENAZINE 39
XENICAL 99
XENLETA 11
XEPI 92
XERESE 94
XERMELO 25
XHANCE 178
XIFAXAN 11
XIGDUO XR 120
XIIDRA 164
XIMINO 14
XOCOVA 6
XOFLUZA 6
XOLAIR 178, 179
XOLREMDI 134
XOPENEX HFA 179
XOSPATA 25
XPHOZAH 184
XPOVIO 25
XROMI 25
XTAMPZA ER 44
XTANDI 25
XTORO 105
xulane 153
XULTOPHY 100/3.6 113
XURIDEN 103
XYOSTED 117
XYREM 61
xyvona 44
XYWAV 61
Y
YASMIN (28) 160
YAZ (28) 160
YESINTEK 84
YEZTUGO 6
YF-VAX (PF) 141
YONSA 25
YORVIPATH 117
YOSPRALA 77
your choice 160
YUFLYMA(CF) 148
YUFLYMA(CF) AI CROHN'S-UC-HS 147
YUFLYMA(CF) AUTOINJECTOR 148
yulithira 25
YUPELRI 179
YUSIMRY(CF) PEN 148
YUTREPIA 179
yuvafem 152
YUVEZZI 166
YUVIWEL 117
Z
zafemy 153
zafirlukast 179
zaleplon 61
ZANAFLEX 41
zarah 160
ZARONTIN 33
ZARXIO 134
zatean-pn dha 189
zatean-pn plus 189
ZAVZPRET 36
ZCORT 107
ZEJULA 25
ZELAPAR 35
ZELBORAF 25
ZELSUVMI 86
zelvysia 117
ZEMBRACE SYMTOUCH 37
ZEMPLAR 117
zenatane 91
ZENPEP 130
zenzedi 61
ZENZEDI 61
ZEPBOUND 99
ZEPBOUND KWIKPEN 99
ZEPOSIA 39
ZEPOSIA STARTER KIT (28-DAY) 39
ZEPOSIA STARTER PACK (7-DAY) 39
ZERVIATE 164
ZESTORETIC 73
ZESTRIL 73
ZETIA 79
ZIAGEN 6
ZIANA 91
zidovudine 6
ZIEXTENZO 134
ZILBRYSQ 41
zileuton 179

ZILXI 91
ZIMHI 49
zingiber 189
ZIOPTAN (PF) 166
ziprasidone hcl 62
ziprasidone mesylate 62
ZIPSOR 49
ZIRGAN 162
ZITHROMAX 8
ZITHROMAX TRI-PAK 8
ZITHROMAX Z-PAK 8
ZITUVIMET 120
ZITUVIMET XR 120
ZITUVIO 120
ZMA CLEAR 91
ZOCOR 79
ZOKINVY 103
ZOLINZA 25
zolmitriptan 37
ZOLOFT 62
zolpidem 62
ZOLPIDEM 62
ZOLYMBUS 166
ZOMACTON 135
ZOMIG 37
ZONALON 86
ZONEGRAN 33
ZONISADE 33
zonisamide 33
ZONTIVITY 77
ZORTRESS 25
ZORVOLEX 49
ZORYVE 84
zovia 1-35 (28) 160
ZOVIRAX 94
ZTALMY 33
ZTLIDO 91
ZUBSOLV 49
zumandimine (28) 160
ZUNVEYL 39
ZURNAI 49
ZURZUVAE 62
ZYBIC 49
ZYCLARA 86
ZYDELIG 25
ZYKADIA 25
ZYLET 166
ZYLOPRIM 141
ZYMFENTRA 130
ZYPITAMAG 79
ZYPREXA 62
ZYPREXA RELPREVV 62
ZYPREXA ZYDIS 62
ZYTIGA 25
ZYVOX 11