PREMERA BLUE CROSS
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Metallic (M1) Formulary Drug List Effective 01-01-2027

This is a drug list for American Indian/Alaskan Native eligible individuals with zero cost shares. For American Indian/Alaska Native plans at 300% FPL cost shares please see the M4 drug list.

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 to treat. 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 rules outlined 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?

This 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.

Metallic (M1) 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 plan year and what tier the medication is on.

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

Metallic (M1) Formulary Drug List

Drug Tier	Includes
Formulary Drugs (1)	Formulary Drugs include Preferred Generic, Preferred Brand, Non-Preferred and Specialty Drugs. Medical plan cost shares apply to formulary drugs. Once you have satisfied your medical deductible, you will pay your applicable coinsurance until you reach your out-of-pocket maximum limit.
MB (Medical Benefit)	The MB tier includes medical benefit drugs normally administered in a clinic, infusion center or provided by a home infusion service. These drugs and their services are covered under the medical benefit, not under the pharmacy benefit. This drug may require prior authorization, please see the"Drugs Requiring Approval" page on our website for more information.

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." *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.*
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.
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.

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
amphotericin b injection recon soln 50 mg	MB	
caspofungin intravenous recon soln 50 mg, 70 mg	MB	
clotrimazole mucous membrane troche 10 mg	1	
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	
itraconazole oral capsule 100 mg	1	
itraconazole oral solution 10 mg/ml	1	
ketoconazole oral tablet 200 mg	1	
nystatin oral suspension 100,000 unit/ml	1	
nystatin oral tablet 500,000 unit	1	
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)	1	
posaconazole oral tablet, delayed release (dr/ec) 100 mg	1	
terbinafine hcl oral tablet 250 mg	1	
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	60 MILLILITERS PER MONTH
abacavir oral tablet 300 mg	1	QL (60 per 30 days)
abacavir-lamivudine oral tablet 600-300 mg	1	QL (30 per 30 days)
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	

Drug Name	Drug Tier	Requirements / Limits
amantadine hcl oral solution 50 mg/5 ml	1	
APRETUDE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	1	ACA
APTIVUS ORAL CAPSULE 250 MG	1	QL (120 per 30 days)
atazanavir oral capsule 150 mg, 300 mg	1	QL (30 per 30 days)
atazanavir oral capsule 200 mg	1	QL (60 per 30 days)
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	1	ACA
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	1	
CIMDUO ORAL TABLET 300-300 MG	1	QL (30 per 30 days)
darunavir oral tablet 600 mg	1	QL (60 per 30 days)
darunavir oral tablet 800 mg	1	QL (30 per 30 days)
DESCOVY ORAL TABLET 120-15 MG	1	
DESCOVY ORAL TABLET 200-25 MG	1	ACA
DOVATO ORAL TABLET 50-300 MG	1	QL (30 per 30 days)
efavirenz oral tablet 600 mg	1	QL (30 per 30 days)
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	QL (30 per 30 days)
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	QL (30 per 30 days)
ENFLONSIA INTRAMUSCULAR SYRINGE 105 MG/0.7 ML	1	ACA
entecavir oral tablet 0.5 mg, 1 mg	1	
etravirine oral tablet 100 mg, 200 mg	1	QL (60 per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	1	QL (30 per 30 days)
famciclovir oral tablet 125 mg, 250 mg, 500 mg	1	
fosamprenavir oral tablet 700 mg	1	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
GENVOYA ORAL TABLET 150-150-200-10 MG	1	QL (30 per 30 days)
JULUCA ORAL TABLET 50-25 MG	1	QL (30 per 30 days)
lamivudine oral solution 10 mg/ml	1	900 MILLILITERS PER MONTH
lamivudine oral tablet 100 mg	1	
lamivudine oral tablet 150 mg	1	QL (60 per 30 days)
lamivudine-zidovudine oral tablet 150-300 mg	1	QL (60 per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	1	QL (60 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	1	QL (120 per 30 days)
maraviroc oral tablet 150 mg, 300 mg	1	QL (60 per 30 days)
nevirapine oral suspension 50 mg/5 ml	1	60 MILLILITERS PER MONTH
nevirapine oral tablet 200 mg	1	QL (60 per 30 days)
nevirapine oral tablet extended release 24 hr 400 mg	1	QL (30 per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	1	QL (30 per 30 days)
oseltamivir oral capsule 30 mg	1	QL (40 per 365 days)
oseltamivir oral capsule 45 mg, 75 mg	1	QL (20 per 365 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	1	360 MILLILITERS PER YEAR
PAXLOVID ORAL TABLETS, DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5), 300 MG (150 MG X 2)-100 MG	1	QL (40 per 90 days)
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG	1	QL (30 per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	1	30 BOTTLES PER MONTH
PREZISTA ORAL TABLET 150 MG, 75 MG	1	QL (60 per 30 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	1	QL (2 per 365 days)
ribavirin oral capsule 200 mg	1	LA
ribavirin oral tablet 200 mg	1	LA
rimantadine oral tablet 100 mg	1	
ritonavir oral tablet 100 mg	1	QL (360 per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	1	QL (8 per 30 days)
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	1	PA; LA
SOVALDI ORAL TABLET 200 MG, 400 MG	1	PA; LA
SYMTUZA ORAL TABLET 800-150-200-10 MG	1	

Drug Name	Drug Tier	Requirements / Limits
tenofovir disoproxil fumarate oral tablet 300 mg	1	QL (30 per 30 days)
TIVICAY ORAL TABLET 50 MG	1	QL (60 per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	1	QL (30 per 30 days)
valacyclovir oral tablet 1 gram, 500 mg	1	
valganciclovir oral tablet 450 mg	1	
VOSEVI ORAL TABLET 400-100-100 MG	1	PA; LA
YEZTUGO ORAL TABLET 300 MG	1	ACA; QL (4 per 365 days)
YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML	1	ACA; QL (1 per 180 days)
zidovudine oral capsule 100 mg	1	QL (60 per 30 days)
zidovudine oral syrup 10 mg/ml	1	960 MILLILITERS PER MONTH
zidovudine oral tablet 300 mg	1	QL (60 per 30 days)
CEPHALOSPORINS		
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	
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	
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	
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	
cefuroxime axetil oral tablet 250 mg, 500 mg	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
ERYTHROMYCINS & OTHER MACROLIDES		

Drug Name	Drug Tier	Requirements / Limits
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	
ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg	1	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml	1	
erythromycin oral tablet 250 mg	1	
erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg	1	
fidaxomicin oral tablet 200 mg	1	PA; QL (20 per 365 days)
MISCELLANEOUS ANTIINFECTIVES		
albendazole oral tablet 200 mg	1	QL (112 per 30 days)
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	1	PA
atovaquone oral suspension 750 mg/5 ml	1	
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	1	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	1	PA; 84 MILLILITERS PER MONTH; LA
chloroquine phosphate oral tablet 250 mg, 500 mg	1	
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	1	
cycloserine oral capsule 250 mg	1	
dapsone oral tablet 100 mg, 25 mg	1	
EMVERM ORAL TABLET, CHEWABLE 100 MG	1	PA
ertapenem injection recon soln 1 gram	MB	
ethambutol oral tablet 100 mg, 400 mg	1	
HUMATIN ORAL CAPSULE 250 MG	1	PA; LA
hydroxychloroquine oral tablet 100 mg, 200 mg	1	
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	1	QL (20 per 30 days)
linezolid oral suspension for reconstitution 100 mg/5 ml	1	
linezolid oral tablet 600 mg	1	
mefloquine oral tablet 250 mg	1	
metronidazole oral tablet 250 mg, 500 mg	1	
neomycin oral tablet 500 mg	1	
nitazoxanide oral tablet 500 mg	1	
pentamidine inhalation recon soln 300 mg	1	
praziquantel oral tablet 600 mg	1	
PRIFTIN ORAL TABLET 150 MG	1	
primaquine oral tablet 26.3 mg (15 mg base)	1	
pyrazinamide oral tablet 500 mg	1	
pyrimethamine oral tablet 25 mg	1	
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	1	PA
tinidazole oral tablet 250 mg, 500 mg	1	
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	1	
XIFAXAN ORAL TABLET 200 MG, 550 MG	1	PA; QL (60 per 30 days)
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	

Drug Name	Drug Tier	Requirements / Limits
amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg	1	
ampicillin oral capsule 500 mg	1	
dicloxacillin oral capsule 250 mg, 500 mg	1	
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	
QUINOLONES		
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		
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 oral tablet 100 mg	1	ST
demeclocycline oral tablet 150 mg, 300 mg	1	
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	1	
doxycycline monohydrate oral tablet 100 mg, 50 mg	1	
minocycline oral capsule 100 mg, 50 mg, 75 mg	1	
mondoxyne nl oral capsule 100 mg	1	
tetracycline oral capsule 250 mg, 500 mg	1	

Drug Name	Drug Tier	Requirements / Limits
URINARY TRACT AGENTS		
methenamine hippurate oral tablet 1 gram	1	
methenamine mandelate oral tablet 0.5 gram, 1 gram	1	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	1	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	1	
trimethoprim oral tablet 100 mg	1	
VANCOMYCIN		
vancomycin oral capsule 125 mg, 250 mg	1	
vancomycin oral recon soln 50 mg/ml	1	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg	1	PA; Och; LA
abirtega oral tablet 250 mg	1	PA; Och
ALECENSA ORAL CAPSULE 150 MG	1	PA; Och; LA; QL (240 per 30 days)
anastrozole oral tablet 1 mg	1	Och; ACA
azathioprine oral tablet 50 mg	1	
bexarotene oral capsule 75 mg	1	PA; Och; LA
bexarotene topical gel 1 %	1	PA; LA
bicalutamide oral tablet 50 mg	1	Och
bosutinib oral tablet 100 mg, 400 mg, 500 mg	1	PA; Och; LA
BRAFTOVI ORAL CAPSULE 75 MG	1	PA; Och; LA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	1	PA; Och; LA; QL (30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	1	PA; Och
capecitabine oral tablet 150 mg, 500 mg	1	Och; LA
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	1	PA; Och; LA; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	1	PA; Och; LA; QL (112 per 28 days)

Drug Name	Drug Tier	Requirements / Limits
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	1	PA; Och; LA; QL (84 per 28 days)
cyclophosphamide oral capsule 25 mg, 50 mg	1	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	1	
cyclosporine oral capsule 25 mg	1	
dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg	1	PA; Och; LA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	1	
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	1	PA; LA
ERLEADA ORAL TABLET 240 MG, 60 MG	1	PA; Och; LA
erlotinib oral tablet 100 mg, 150 mg, 25 mg	1	PA; Och; LA
etoposide oral capsule 50 mg	1	Och
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA; Och; LA; QL (30 per 30 days)
exemestane oral tablet 25 mg	1	Och; ACA
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG	MB	PA; LA
fludarabine intravenous recon soln 50 mg	MB	
gefitinib oral tablet 250 mg	1	PA; Och
gengraf oral capsule 100 mg, 25 mg	1	
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	1	Och; LA
hydroxyurea oral capsule 500 mg	1	Och
imatinib oral tablet 100 mg, 400 mg	1	PA; Och; LA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	1	PA; Och; QL (30 per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	1	PA; 180 ML PER 30 DAYS; Och
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	1	PA; Och; QL (30 per 30 days)
INLYTA ORAL TABLET 1 MG	1	PA; Och; LA; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA; Och; LA; QL (120 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA; Och; LA; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	1	PA; Och; LA
KOMZIFTI ORAL CAPSULE 200 MG	1	PA; Och; QL (90 per 30 days)
lapatinib oral tablet 250 mg	1	PA; Och; LA; QL (180 per 30 days)
LAZCLUZE ORAL TABLET 240 MG, 80 MG	1	PA; Och
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	1	PA; Och; LA
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	1	PA; 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)	1	PA; 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)	1	PA; Och; LA; QL (60 per 30 days)
letrozole oral tablet 2.5 mg	1	Och; ACA
LEUKERAN ORAL TABLET 2 MG	1	PA; Och
leuprolide subcutaneous kit 1 mg/0.2 ml	1	PA; LA
lomustine oral capsule 10 mg, 100 mg, 40 mg	1	PA; Och
LYNPARZA ORAL TABLET 100 MG, 150 MG	1	PA; Och; LA; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	1	PA; Och
MATULANE ORAL CAPSULE 50 MG	1	PA; 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	1	PA; Och; LA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	1	PA; 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
mycophenolate mofetil oral capsule 250 mg	1	
mycophenolate mofetil oral tablet 500 mg	1	
mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg	1	
nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg	1	PA; Och

Drug Name	Drug Tier	Requirements / Limits
nilutamide oral tablet 150 mg	1	Och; QL (30 per 30 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA; Och; LA
NUBEQA ORAL TABLET 300 MG	1	PA; Och; LA
octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	PA; LA
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	1	PA; LA
ORSERDU ORAL TABLET 345 MG, 86 MG	1	PA; Och
pazopanib oral tablet 200 mg	1	PA; Och; LA; QL (120 per 30 days)
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)	1	PA; Och
pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg	1	PA; Och; LA
REVUFORJ ORAL TABLET 110 MG	1	PA; Och; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	1	PA; Och; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	1	PA; Och; QL (240 per 30 days)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	1	PA
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	MB	
sirolimus oral solution 1 mg/ml	1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1	
sorafenib oral tablet 200 mg	1	PA; Och; LA; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	1	PA; Och; LA; QL (84 per 28 days)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	1	PA; Och; LA; QL (28 per 28 days)
TABLOID ORAL TABLET 40 MG	1	PA; Och
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	1	PA; Och; LA
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	1	PA; Och; LA
TAGRISSO ORAL TABLET 40 MG, 80 MG	1	PA; Och; LA
tamoxifen oral tablet 10 mg, 20 mg	1	Och; ACA
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	1	PA; Och; LA

Drug Name	Drug Tier	Requirements / Limits
THALOMID ORAL CAPSULE 100 MG, 50 MG	1	PA; Och; LA
TIBSOVO ORAL TABLET 250 MG	1	PA; Och
toremifene oral tablet 60 mg	1	Och
torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA; Och
tretinoin (antineoplastic) oral capsule 10 mg	1	Och
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	1	PA; Och
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG	1	PA; Och
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA; Och; LA; QL (60 per 30 days)
VIJOICE ORAL GRANULES IN PACKET 50 MG	1	PA; QL (30 per 30 days)
VIJOICE ORAL TABLET 125 MG	1	PA; QL (60 per 30 days)
VIJOICE ORAL TABLET 50 MG	1	PA; QL (30 per 30 days)
WELIREG ORAL TABLET 40 MG	1	PA; Och; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA; Och; LA; QL (60 per 30 days)
XOSPATA ORAL TABLET 40 MG	1	PA; Och; QL (90 per 30 days)
XTANDI ORAL CAPSULE 40 MG	1	PA; Och; LA
XTANDI ORAL TABLET 40 MG, 80 MG	1	PA; Och; LA
YONSA ORAL TABLET 125 MG	1	PA; Och; LA
yulithira oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA; Och
ZELBORAF ORAL TABLET 240 MG	1	PA; Och; LA
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
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	
clobazam oral suspension 2.5 mg/ml	1	

Drug Name	Drug Tier	Requirements / Limits
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	
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	1	
DILANTIN ORAL CAPSULE 30 MG	1	
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	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	1	PA; LA; QL (400 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	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)	1	
gabapentin oral tablet 600 mg, 800 mg	1	
lacosamide oral solution 10 mg/ml	1	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
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
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	

Drug Name	Drug Tier	Requirements / Limits
methsuximide oral capsule 300 mg	1	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	1	
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	
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	
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	
primidone oral tablet 250 mg, 50 mg	1	
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	
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1	
topiramate oral capsule, sprinkle 15 mg, 25 mg	1	ST
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
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)	1	
vigabatrin oral powder in packet 500 mg	1	PA; LA
vigabatrin oral tablet 500 mg	1	PA; LA
vigadrone oral powder in packet 500 mg	1	PA
vigadrone oral tablet 500 mg	1	PA

Drug Name	Drug Tier	Requirements / Limits
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	
ANTIPARKINSONISM AGENTS		
apomorphine subcutaneous cartridge 10 mg/ml	1	PA
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 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-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	
entacapone oral tablet 200 mg	1	
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	1	
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	
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
trihexyphenidyl oral elixir 0.4 mg/ml	1	
trihexyphenidyl oral tablet 2 mg, 5 mg	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	1	PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	1	PA; QL (1.5 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
AJOVY SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	1	PA; QL (1.5 per 30 days)
dihydroergotamine injection solution 1 mg/ml	1	
eletriptan oral tablet 20 mg, 40 mg	1	QL (18 per 30 days)
EMGALITY SUBCUTANEOUS PEN INJECTOR 120 MG/ML	1	PA; QL (1 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	1	PA; QL (1 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	1	PA; QL (3 per 30 days)
ERGOMAR SUBLINGUAL TABLET 2 MG	1	
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)
naratriptan oral tablet 1 mg, 2.5 mg	1	QL (18 per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	1	PA; QL (8 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)
UBRELVY ORAL TABLET 100 MG, 50 MG	1	PA; QL (10 per 30 days)
zolmitriptan nasal spray, non-aerosol 5 mg	1	QL (18 per 30 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)
MISCELLANEOUS NEUROLOGICAL THERAPY		
dalfampridine oral tablet extended release 12 hr 10 mg	1	LA; QL (60 per 30 days)
donepezil oral tablet 10 mg, 5 mg	1	
galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	1	
galantamine oral tablet 12 mg, 4 mg, 8 mg	1	

Drug Name	Drug Tier	Requirements / Limits
memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg	1	QL (30 per 30 days)
memantine oral tablet 10 mg, 5 mg	1	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1	
tetrabenazine oral tablet 12.5 mg, 25 mg	1	LA
ZEPOSIA ORAL CAPSULE 0.92 MG	1	PA; 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)	1	PA; LA; QL (1 per 365 days)
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE, DOSE PACK 0.23 MG (4)- 0.46 MG (3)	1	PA; LA; QL (1 per 365 days)
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
baclofen oral suspension 25 mg/5 ml (5 mg/ml)	1	
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine oral tablet 10 mg, 5 mg	1	
dantrolene oral capsule 100 mg, 25 mg, 50 mg	1	
meprobamate oral tablet 200 mg, 400 mg	1	
metaxalone oral tablet 800 mg	1	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate oral tablet extended release 100 mg	1	
orphenadrine-asa-caffeine oral tablet 25-385-30 mg	1	
pyridostigmine bromide oral tablet 60 mg	1	
pyridostigmine bromide oral tablet extended release 180 mg	1	
tizanidine oral tablet 2 mg, 4 mg	1	
vanadom oral tablet 350 mg	1	
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML	1	PA
NARCOTIC ANALGESICS		
acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg	1	PA

Drug Name	Drug Tier	Requirements / Limits
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
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	
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	1	PA
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-acetaminophen-caff oral capsule 50-300-40 mg	1	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
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
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, 50 mcg/hr, 75 mcg/hr	1	PA
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-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 10-325 mg, 2.5-325 mg, 5-325 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)

Drug Name	Drug Tier	Requirements / Limits
levorphanol tartrate oral tablet 2 mg, 3 mg	1	PA
meperidine oral solution 50 mg/5 ml	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 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)
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, EXT.REL.12 HR 20 MG, 40 MG	1	PA; QL (90 per 30 days)
OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 80 MG	1	PA; QL (120 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	PA
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)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	1	
tencon oral tablet 50-325 mg	1	
xyvona oral tablet 2 mg, 3 mg	1	PA
NON-NARCOTIC ANALGESICS		
adult aspirin regimen oral tablet, delayed release (dr/ec) 81 mg	1	ACA
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 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)
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	1	
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 gel 1 %	1	
diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg	1	
diflunisal oral tablet 500 mg	1	
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	
fenoprofen oral tablet 600 mg	1	
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 400 mg, 600 mg, 800 mg	1	
indomethacin oral capsule 25 mg, 50 mg	1	
indomethacin oral capsule, extended release 75 mg	1	
ketoprofen oral capsule 50 mg, 75 mg	1	
ketorolac oral tablet 10 mg	1	QL (20 per 5 days)
lurbiro oral tablet 100 mg	1	
mefenamic acid oral capsule 250 mg	1	
meloxicam oral tablet 15 mg, 7.5 mg	1	
nabumetone oral tablet 500 mg, 750 mg	1	

Drug Name	Drug Tier	Requirements / Limits
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	1	
naltrexone oral tablet 50 mg	1	
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 550 mg	1	
oxaprozin oral tablet 600 mg	1	
pentazocine-naloxone oral tablet 50-0.5 mg	1	PA
piroxicam oral capsule 10 mg, 20 mg	1	
salsalate oral tablet 500 mg, 750 mg	1	
st joseph aspirin oral tablet, chewable 81 mg	1	ACA
st. joseph aspirin oral tablet, delayed release (dr/ec) 81 mg	1	ACA
sulindac oral tablet 150 mg, 200 mg	1	
tramadol oral tablet 50 mg	1	PA
tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg	1	PA
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
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML, 960 MG/3.2 ML	1	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG	1	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG	1	
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	
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	

Drug Name	Drug Tier	Requirements / Limits
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	1	
amphetamine sulfate oral tablet 10 mg, 5 mg	1	
aripiprazole oral solution 1 mg/ml	1	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	1	
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML	1	
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	1	
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	1	
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	1	
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	1	PA; QL (750 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 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	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	1	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1	
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	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	

Drug Name	Drug Tier	Requirements / Limits
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	1	
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 tablet 10 mg, 5 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	
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	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
doxepin oral concentrate 10 mg/ml	1	
duloxetine oral capsule, delayed release (dr/ec) 20 mg, 30 mg, 60 mg	1	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	1	
ergoloid oral tablet 1 mg	1	
escitalopram oxalate oral solution 5 mg/5 ml	1	
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	
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	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	

Drug Name	Drug Tier	Requirements / Limits
flurazepam oral capsule 15 mg, 30 mg	1	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	1	
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	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML	1	
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	1	
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	1	
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	1	QL (30 per 30 days)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	
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	
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	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
methamphetamine oral tablet 5 mg	1	
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	

Drug Name	Drug Tier	Requirements / Limits
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	
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	1	
methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg	1	
methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr	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	
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	
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-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	1	
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	
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	
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	
phenelzine oral tablet 15 mg	1	

Drug Name	Drug Tier	Requirements / Limits
pimozide oral tablet 1 mg, 2 mg	1	
protriptyline oral tablet 10 mg, 5 mg	1	
QUAZEPAM ORAL TABLET 15 MG	1	PA
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	1	
ramelteon oral tablet 8 mg	1	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	1	ST
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	
sertraline oral concentrate 20 mg/ml	1	
sertraline oral tablet 100 mg, 25 mg, 50 mg	1	
SUNOSI ORAL TABLET 150 MG	1	PA; QL (30 per 30 days)
SUNOSI ORAL TABLET 75 MG	1	PA; QL (60 per 30 days)
temazepam oral capsule 15 mg, 30 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	1	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	
vilazodone oral tablet 10 mg, 20 mg, 40 mg	1	

Drug Name	Drug Tier	Requirements / Limits
zaleplon oral capsule 10 mg, 5 mg	1	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1	
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	1	
zolpidem oral tablet 10 mg, 5 mg	1	
zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg	1	
AUTONOMIC & CNS DRUGS, NEUROLOGY		
MULTIPLE SCLEROSIS AGENTS		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	1	PA; LA; QL (1 per 30 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	1	PA; LA; QL (1 per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	1	PA; LA; QL (14 per 30 days)
dimethyl fumarate oral capsule, delayed release (dr/ec) 120 mg	1	QL (14 per 365 days)
dimethyl fumarate oral capsule, delayed release (dr/ec) 120 mg (14)- 240 mg (46)	1	LA; QL (1 per 365 days)
dimethyl fumarate oral capsule, delayed release (dr/ec) 240 mg	1	QL (60 per 30 days)
fingolimod oral capsule 0.5 mg	1	LA; QL (30 per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	1	LA; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	1	LA; QL (12 per 30 days)
glatopa subcutaneous syringe 20 mg/ml	1	LA; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	1	LA; QL (12 per 30 days)
KESIMPTA SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	1	PA; LA; QL (1 per 30 days)
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	1	PA; LA; QL (2 per 30 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	1	PA; LA; QL (2 per 30 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; LA; QL (1 per 365 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	1	PA; LA; QL (2 per 30 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; LA; QL (1 per 365 days)

Drug Name	Drug Tier	Requirements / Limits
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	1	PA; LA; QL (12 per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	1	PA; LA; QL (12 per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	1	PA; LA; QL (4.2 per 30 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	1	PA; LA; QL (4.2 per 30 days)
teriflunomide oral tablet 14 mg, 7 mg	1	LA; QL (30 per 30 days)
VUMERITY ORAL CAPSULE, DELAYED RELEASE(DR/EC) 231 MG	1	PA; LA; QL (120 per 30 days)
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone oral tablet 100 mg, 200 mg, 400 mg	1	
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	1	
pacerone oral tablet 100 mg, 200 mg	1	
propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg	1	
propafenone oral tablet 150 mg, 225 mg, 300 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	
ANTIHYPERTENSIVE THERAPY		
acebutolol oral capsule 200 mg, 400 mg	1	
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	

Drug Name	Drug Tier	Requirements / Limits
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
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	
betaxolol oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
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	
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	
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	
chlorthalidone oral tablet 25 mg, 50 mg	1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	1	
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	
diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	

Drug Name	Drug Tier	Requirements / Limits
dilt-xr oral capsule, ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
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	
eplerenone oral tablet 25 mg, 50 mg	1	
epoprostenol intravenous recon soln 0.5 mg, 1.5 mg	MB	LA
ethacrynic acid oral tablet 25 mg	1	
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	
furosemide oral solution 10 mg/ml	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
guanfacine oral tablet 1 mg, 2 mg	1	
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	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
isradipine oral capsule 2.5 mg, 5 mg	1	
labetalol oral tablet 100 mg, 200 mg, 300 mg	1	
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	
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	

Drug Name	Drug Tier	Requirements / Limits
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, 50 mg	1	
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	
nifedipine oral capsule 10 mg, 20 mg	1	
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	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	1	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	
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	
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	
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	

Drug Name	Drug Tier	Requirements / Limits
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	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	
verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg	1	
verapamil oral tablet 120 mg, 40 mg, 80 mg	1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	1	
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	
COAGULATION THERAPY		
aminocaproic acid oral tablet 1,000 mg, 500 mg	1	
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	1	
CABLIVI INJECTION KIT 11 MG	1	PA
cilostazol oral tablet 100 mg, 50 mg	1	
clopidogrel oral tablet 75 mg	1	
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	1	

Drug Name	Drug Tier	Requirements / Limits
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 5 MG (74 TABS)	1	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	1	
eltrombopag olamine oral powder in packet 12.5 mg, 25 mg	1	PA; QL (30 per 30 days)
eltrombopag olamine oral tablet 12.5 mg, 25 mg	1	PA; QL (30 per 30 days)
eltrombopag olamine oral tablet 50 mg, 75 mg	1	PA; QL (60 per 30 days)
enoxaparin subcutaneous solution 300 mg/3 ml	1	
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	1	
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	1	
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	1	PA
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, porcine (pf) injection solution 5,000 unit/0.5 ml	1	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml	1	
pentoxifylline oral tablet extended release 400 mg	1	
phytonadione (vitamin k1) oral tablet 5 mg	1	
prasugrel hcl oral tablet 10 mg, 5 mg	1	
rivaroxaban oral suspension for reconstitution 1 mg/ml	1	
rivaroxaban oral tablet 2.5 mg	1	QL (60 per 30 days)
ticagrelor oral tablet 60 mg, 90 mg	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)	1	
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	1	

Drug Name	Drug Tier	Requirements / Limits
LIPID/CHOLESTEROL LOWERING AGENTS		
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	ACA
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	
colestipol oral granules 5 gram	1	
colestipol oral packet 5 gram	1	
colestipol oral tablet 1 gram	1	
ezetimibe oral tablet 10 mg	1	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1	
fenofibrate micronized oral capsule 130 mg, 43 mg	1	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	1	
fenofibrate oral tablet 160 mg, 54 mg	1	
fenofibric acid (choline) oral capsule, delayed release (dr/ec) 135 mg, 45 mg	1	
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)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	ACA
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	1	
omega-3 acid ethyl esters oral capsule 1 gram	1	
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	

Drug Name	Drug Tier	Requirements / Limits
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	1	PA
REPATHA SUBCUTANEOUS SYRINGE 140 MG/ML	1	PA
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	ACA
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	1	ACA
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	1	PA; LA; 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	
VYNDAMAX ORAL CAPSULE 61 MG	1	PA; LA
NITRATES		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 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	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	1	
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	
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	
calcipotriene scalp solution 0.005 %	1	
calcipotriene topical cream 0.005 %	1	
calcipotriene topical ointment 0.005 %	1	
calcipotriene-betamethasone topical ointment 0.005-0.064 %	1	
calcitriol topical ointment 3 mcg/gram	1	

Drug Name	Drug Tier	Requirements / Limits
hydrocortisone-pramoxine topical cream 2.5-1 %	1	
pellix scalp solution 0.005 %	1	
selenium sulfide topical lotion 2.5 %	1	
selenium sulfide topical shampoo 2.25 %	1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	1	PA; LA; QL (1 per 84 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 55 MG/0.37 ML	1	PA; LA; QL (1 per 84 days)
SOTYKTU ORAL TABLET 6 MG	1	PA; LA; QL (30 per 30 days)
STEQEYMA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	1	PA; LA; QL (1 per 84 days)
STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	1	PA; LA; QL (1 per 84 days)
sulfacetamide sodium topical cleanser 10 %	1	
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	1	PA; LA; QL (1 per 28 days)
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	1	PA; LA; QL (1 per 28 days)
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	1	PA; LA; QL (1 per 28 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML	1	PA; LA; QL (1 per 28 days)
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	1	PA; LA; QL (1 per 56 days)
TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	1	PA; LA; QL (6 per 365 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	1	PA; LA; QL (1 per 56 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	1	PA; LA; QL (2 per 28 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; LA; QL (1 per 56 days)
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	1	PA; LA; QL (1 per 28 days)
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	1	PA; LA; QL (1 per 84 days)

Drug Name	Drug Tier	Requirements / Limits
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	1	PA; LA; QL (1 per 84 days)
BURN THERAPY		
silver sulfadiazine topical cream 1 %	1	
ssd topical cream 1 %	1	
MISCELLANEOUS DERMATOLOGICALS		
ammonium lactate topical cream 12 %	1	
ammonium lactate topical lotion 12 %	1	
diclofenac sodium topical gel 3 %	1	
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	1	
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	1	PA; LA; QL (2 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	1	PA; LA; QL (2 per 28 days)
fluorouracil topical cream 5 %	1	
fluorouracil topical solution 2 %, 5 %	1	
imiquimod topical cream in packet 5 %	1	
methoxsalen oral capsule, liqd-filled, rapid rel 10 mg	1	
OPZELURA TOPICAL CREAM 1.5 %	1	PA
pimecrolimus topical cream 1 %	1	
podofilox topical solution 0.5 %	1	
tacrolimus topical ointment 0.03 %, 0.1 %	1	
THERAPY FOR ACNE		
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
adapalene topical gel 0.3 %	1	ST
adapalene topical gel with pump 0.3 %	1	ST
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %	1	QL (45 per 30 days)
amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
azelaic acid topical gel 15 %	1	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
clindamycin phosphate topical gel 1 %	1	
clindamycin phosphate topical lotion 1 %	1	
clindamycin phosphate topical solution 1 %	1	

Drug Name	Drug Tier	Requirements / Limits
clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %	1	
clindamycin-benzoyl peroxide topical gel with pump 1-5 %	1	
erythromycin with ethanol topical gel 2 %	1	
erythromycin with ethanol topical solution 2 %	1	
erythromycin-benzoyl peroxide topical gel 3-5 %	1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
ivermectin topical cream 1 %	1	
metronidazole topical cream 0.75 %	1	
metronidazole topical gel 0.75 %, 1 %	1	
metronidazole topical gel with pump 1 %	1	
metronidazole topical lotion 0.75 %	1	
neuac topical gel 1.2 %(1 % base) -5 %	1	
rosadan topical cream 0.75 %	1	
rosadan topical gel 0.75 %	1	
tazarotene topical cream 0.1 %	1	
tretinoin microspheres topical gel 0.04 %, 0.1 %	1	
tretinoin microspheres topical gel with pump 0.04 %, 0.1 %	1	
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	1	
tretinoin topical gel 0.01 %, 0.025 %	1	
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
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	
lidocan iii topical adhesive patch, medicated 5 %	1	
lidocan iv topical adhesive patch, medicated 5 %	1	

Drug Name	Drug Tier	Requirements / Limits
lidocan v topical adhesive patch, medicated 5 %	1	
lidocort topical cream 3-0.5 %	1	
TOPICAL ANTIBACTERIALS		
gentamicin topical cream 0.1 %	1	
gentamicin topical ointment 0.1 %	1	
mupirocin topical ointment 2 %	1	
sulfacetamide sodium (acne) topical suspension 10 %	1	
SULFAMYLON TOPICAL CREAM 85 MG/G	1	
TOPICAL ANTIFUNGALS		
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	
clotrimazole topical cream 1 %	1	
clotrimazole topical solution 1 %	1	
clotrimazole-betamethasone topical cream 1-0.05 %	1	
econazole nitrate topical cream 1 %	1	
ERTACZO TOPICAL CREAM 2 %	1	ST
ketoconazole topical cream 2 %	1	
ketoconazole topical shampoo 2 %	1	
klayesta topical powder 100,000 unit/gram	1	
LULICONAZOLE TOPICAL CREAM 1 %	1	ST
naftifine topical cream 1 %, 2 %	1	
naftifine topical gel 2 %	1	
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	

Drug Name	Drug Tier	Requirements / Limits
nystop topical powder 100,000 unit/gram	1	
oxiconazole topical cream 1 %	1	
SULCONAZOLE TOPICAL CREAM 1 %	1	ST
tavaborole topical solution with applicator 5 %	1	PA
TOPICAL ANTIVIRALS		
acyclovir topical ointment 5 %	1	
penciclovir topical cream 1 %	1	PA
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream 1 %	1	
alclometasone topical cream 0.05 %	1	
alclometasone topical ointment 0.05 %	1	
amcinonide topical cream 0.1 %	1	
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 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	
clobetasol scalp solution 0.05 %	1	
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	
clobetasol topical shampoo 0.05 %	1	
clobetasol topical spray, non-aerosol 0.05 %	1	
clobetasol-emollient topical cream 0.05 %	1	
clodan topical shampoo 0.05 %	1	
desonide topical cream 0.05 %	1	

Drug Name	Drug Tier	Requirements / Limits
desonide topical lotion 0.05 %	1	
desonide topical ointment 0.05 %	1	
desoximetasone topical cream 0.25 %	1	
desoximetasone topical gel 0.05 %	1	
desoximetasone topical ointment 0.25 %	1	
diflorasone topical cream 0.05 %	1	
diflorasone topical ointment 0.05 %	1	
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 %	1	
fluocinonide topical cream 0.1 %	1	
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 lotion 0.05 %	1	
fluticasone propionate topical cream 0.05 %	1	
fluticasone propionate topical ointment 0.005 %	1	
halobetasol propionate topical cream 0.05 %	1	
halobetasol propionate topical ointment 0.05 %	1	
hydrocortisone topical cream 1 %, 2.5 %	1	
hydrocortisone topical lotion 2.5 %	1	
hydrocortisone topical ointment 1 %, 2.5 %	1	
hydrocortisone valerate topical cream 0.2 %	1	
mometasone topical cream 0.1 %	1	
mometasone topical ointment 0.1 %	1	
mometasone topical solution 0.1 %	1	
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 %, 0.1 %, 0.5 %	1	

Drug Name	Drug Tier	Requirements / Limits
triderm topical cream 0.5 %	1	
TOPICAL ENZYMES		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	1	6 GRAMS PER MONTH
TOPICAL SCABICIDES / PEDICULICIDES		
crotan topical lotion 10 %	1	
malathion topical lotion 0.5 %	1	
permethrin topical cream 5 %	1	
spinosad topical suspension 0.9 %	1	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	1	
PHYSIOSOL IRRIGATION SOLUTION 140-5-3-98 MEQ/L	1	
MISCELLANEOUS AGENTS		
acamprosate oral tablet, delayed release (dr/ec) 333 mg	1	
acetic acid irrigation solution 0.25 %	1	
anagrelide oral capsule 0.5 mg, 1 mg	1	
cevimeline oral capsule 30 mg	1	
CHEMET ORAL CAPSULE 100 MG	1	PA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	1	PA; LA
disulfiram oral tablet 250 mg, 500 mg	1	
FORZINITY SUBCUTANEOUS SOLUTION 80 MG/ML	1	PA; QL (1 per 30 days)
JOENJA ORAL TABLET 70 MG	1	PA; 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	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	1	
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	1	PA; LA
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	1	PA; QL (60 per 30 days)
PYRUKYND ORAL TABLETS, DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	1	PA; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
riluzole oral tablet 50 mg	1	
risedronate oral tablet 30 mg	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
tiopronin oral tablet 100 mg	1	PA; LA
tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg	1	PA
trientine oral capsule 250 mg	1	PA; QL (240 per 30 days)
water for irrigation, sterile irrigation solution	1	
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	1	PA; 120 CAPSULES PER FILL
SMOKING DETERRENTS		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	1	ACA
nicorette buccal gum 4 mg	1	ACA
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
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	

Drug Name	Drug Tier	Requirements / Limits
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	
fluoride (sodium) dental gel 1.1 %	1	
fluoride (sodium) dental paste 1.1 %	1	
ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)	1	
kourzeq dental paste 0.1 %	1	
olopatadine nasal spray, non-aerosol 0.6 %	1	
paroex oral rinse mucous membrane mouthwash 0.12 %	1	
periogard mucous membrane mouthwash 0.12 %	1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	1	
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	
ciprofloxacin hcl otic (ear) dropperette 0.2 %	1	
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	
OTIC STEROID / ANTIBIOTIC		
ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %	1	
CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	1	
CORTISPORIN-TC OTIC (EAR) DROPS, SUSPENSION 3.3-3-10-0.5 MG/ML	1	
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	

Drug Name	Drug Tier	Requirements / Limits
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR INJECTION GEL 80 UNIT/ML	1	PA; LA
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	1	PA; LA
CORTROPHIN GEL INJECTION 80 UNIT/ML	1	PA; LA
CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML, 80 UNIT/ML	1	PA; LA
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	
fludrocortisone oral tablet 0.1 mg	1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
methylprednisolone oral tablets, dose pack 4 mg	1	
prednisolone oral solution 15 mg/5 ml	1	
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	
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	
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	
propylthiouracil oral tablet 50 mg	1	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
CONTOUR NEXT TEST STRIP	1	
CONTOUR PLUS TEST STRIP	1	
CONTOUR TEST STRIP	1	
DEXCOM G6 RECEIVER	1	PA
DEXCOM G6 SENSOR DEVICE	1	PA
DEXCOM G6 TRANSMITTER DEVICE	1	PA
DEXCOM G7 15 DAY SENSOR DEVICE	1	PA; QL (2 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
DEXCOM G7 RECEIVER	1	PA
DEXCOM G7 SENSOR DEVICE	1	PA
FREESTYLE LIBRE 14 DAY READER	1	PA
FREESTYLE LIBRE 14 DAY SENSOR KIT	1	PA
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE	1	PA
FREESTYLE LIBRE 2 READER	1	PA
FREESTYLE LIBRE 2 SENSOR KIT	1	PA
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	1	PA
FREESTYLE LIBRE 3 SENSOR DEVICE	1	PA
GUARDIAN 4 GLUCOSE SENSOR DEVICE	1	PA
GUARDIAN 4 TRANSMITTER DEVICE	1	PA
GUARDIAN SENSOR 3 DEVICE	1	PA
ONETOUCH ULTRA TEST STRIP	1	
ONETOUCH VERIO TEST STRIP	1	
SIMPLERA SENSOR DEVICE	1	PA
SIMPLERA SYNC SENSOR DEVICE	1	PA
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE X 1/2"	1	
OMNIPOD 5 (LIBRE 2/3 PLUS) SUBCUTANEOUS CARTRIDGE	1	
OMNIPOD 5 INTRO (LIBRE2/3PLUS) SUBCUTANEOUS CARTRIDGE	1	
GLUCOSE ELEVATING AGENTS		
diazoxide oral suspension 50 mg/ml	1	PA
glucagon emergency kit (human) injection recon soln 1 mg	1	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	1	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	1	
BD MICROTAINER LANCET 30 GAUGE	1	
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	1	
LANCETS 33 GAUGE	1	
LANCING DEVICE	1	

Drug Name	Drug Tier	Requirements / Limits
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	1	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	1	
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	1	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	1	
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	1	
PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	1	
TWIIST REFILL KT(CSST-NDL-SYR) KIT	1	
TWIIST RFL(INFUS-CSST-NDL-SYR) KIT	1	
TWIIST STARTER KIT KIT	1	
V-GO 20 DEVICE	1	
V-GO 30 DEVICE	1	
V-GO 40 DEVICE	1	
INSULIN THERAPY		
FIASP FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	1	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	1	
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
LANTUS SOLOSTAR U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	

Drug Name	Drug Tier	Requirements / Limits
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	
NOVOLOG FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	1	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	1	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	1	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	1	PA
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	1	
TOUJEO SOLOSTAR U-300 SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	1	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	1	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	1	PA
MISCELLANEOUS HORMONES		
cabergoline oral tablet 0.5 mg	1	QL (8 per 30 days)
calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation	1	PA; QL (1 per 30 days)
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1	

Drug Name	Drug Tier	Requirements / Limits
calcitriol oral solution 1 mcg/ml	1	
CERDELGA ORAL CAPSULE 84 MG	1	PA; LA; QL (60 per 30 days)
cinacalcet oral tablet 30 mg, 60 mg, 90 mg	1	PA
CRENESSITY ORAL CAPSULE 100 MG	1	PA; QL (120 per 30 days)
CRENESSITY ORAL CAPSULE 25 MG, 50 MG	1	PA; QL (60 per 30 days)
CRENESSITY ORAL SOLUTION 50 MG/ML	1	PA; QL (240 per 30 days)
danazol oral capsule 100 mg, 200 mg, 50 mg	1	
desmopressin injection solution 4 mcg/ml	1	LA
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)	1	
desmopressin oral tablet 0.1 mg, 0.2 mg	1	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	1	
javygtor oral powder in packet 100 mg, 500 mg	1	PA; LA
javygtor oral tablet, soluble 100 mg	1	PA; LA
methyltestosterone oral capsule 10 mg	1	
miglustat oral capsule 100 mg	1	PA; 90 CAPSULES PER FILL; LA
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	1	PA; 27 UNITS PER MONTH; LA
ORILISSA ORAL TABLET 150 MG	1	PA; QL (30 per 30 days)
ORILISSA ORAL TABLET 200 MG	1	PA; QL (360 per 365 days)
pamidronate intravenous solution 30 mg/10 ml (3 mg/ml)	MB	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	1	
sapropterin oral powder in packet 100 mg, 500 mg	1	PA; LA
sapropterin oral tablet, soluble 100 mg	1	PA; LA
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	1	PA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	1	
testosterone enanthate intramuscular oil 200 mg/ml	1	
testosterone transdermal gel 50 mg/5 gram (1 %)	1	60 UNITS PER FILL
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	1	QL (2 per 30 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	1	300 GRAMS PER FILL

Drug Name	Drug Tier	Requirements / Limits
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	1	150 GRAMS PER FILL
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1.62 % (20.25 mg/1.25 gram)	1	QL (30 per 30 days)
testosterone transdermal gel in packet 1 % (50 mg/5 gram)	1	30 PACKETS PER FILL
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	1	QL (60 per 30 days)
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	1	QL (2 per 30 days)
tolvaptan oral tablet 15 mg, 30 mg	1	PA; LA; QL (60 per 30 days)
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML	1	PA
zelvysia oral powder in packet 100 mg, 500 mg	1	PA
NON-INSULIN HYPOGLYCEMIC AGENTS		
acarbose oral tablet 100 mg, 25 mg, 50 mg	1	
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	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide oral tablet 10 mg, 5 mg	1	
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	1	PA
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	PA
liraglutide 2-pak 18 mg/3 ml outer, suv 0.6 mg/0.1 ml (18 mg/3 ml)	1	PA; 2 PENS PER 30 DAYS
liraglutide 2-pak 18 mg/3 ml suv, outer 0.6 mg/0.1 ml (18 mg/3 ml)	1	PA; 2 PENS PER 30 DAYS
liraglutide 3-pak 18 mg/3 ml outer, suv 0.6 mg/0.1 ml (18 mg/3 ml)	1	PA; 2 PENS PER 30 DAYS

Drug Name	Drug Tier	Requirements / Limits
liraglutide 3-pak 18 mg/3 ml suv, outer 0.6 mg/0.1 ml (18 mg/3 ml)	1	PA; 2 PENS PER 30 DAYS
liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)	1	PA; 3 PENS PER 30 DAYS
metformin oral solution 500 mg/5 ml	1	ST
metformin oral tablet 1,000 mg, 500 mg, 850 mg	1	
metformin oral tablet extended release 24 hr 500 mg, 750 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	1	PA; 4 PENS PER 30 DAYS
nateglinide oral tablet 120 mg, 60 mg	1	
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG	1	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)	1	PA; 1 PEN PER 30 DAYS
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	1	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	1	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	1	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	
sitagliptin phos-metformin oral tablet 50-1,000 mg, 50-500 mg	1	
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg, 50-1,000 mg, 50-500 mg	1	
sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg	1	
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	1	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	1	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	1	PA

Drug Name	Drug Tier	Requirements / Limits
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	1	PA; 4 PENS PER 30 DAYS
THYROID HORMONES		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 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 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	
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	1	
thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
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		
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	1	
dicyclomine oral capsule 10 mg	1	
dicyclomine oral solution 10 mg/5 ml	1	
dicyclomine oral tablet 20 mg	1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	

Drug Name	Drug Tier	Requirements / Limits
ed-spaz oral tablet, disintegrating 0.125 mg	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
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	
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	
loperamide oral capsule 2 mg	1	
methscopolamine oral tablet 2.5 mg, 5 mg	1	
MOTOFEN ORAL TABLET 1-0.025 MG	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	
symax fastabs oral tablet, disintegrating 0.125 mg	1	
symax-sl sublingual tablet 0.125 mg	1	
symax-sr oral tablet extended release 12 hr 0.375 mg	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
alosetron oral tablet 0.5 mg, 1 mg	1	
alvimopan oral capsule 12 mg	1	
anucort-hc rectal suppository 25 mg	1	
aprepitant oral capsule 125 mg, 40 mg	1	QL (1 per 30 days)
aprepitant oral capsule 80 mg	1	QL (2 per 30 days)
aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)	1	QL (1 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
AVSOLA INTRAVENOUS RECON SOLN 100 MG	MB	LA
balsalazide oral capsule 750 mg	1	
budesonide oral capsule, delayed, extend.release 3 mg	1	
CHOLBAM ORAL CAPSULE 250 MG	1	PA
CHOLBAM ORAL CAPSULE 50 MG	1	PA; QL (120 per 30 days)
compro rectal suppository 25 mg	1	
constulose oral solution 10 gram/15 ml	1	
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	1	
cromolyn oral concentrate 100 mg/5 ml	1	
DIPENTUM ORAL CAPSULE 250 MG	1	PA
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1	
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	MB	PA; LA
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	1	PA; LA; QL (2 per 28 days)
enulose oral solution 10 gram/15 ml	1	
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	
granisetron hcl oral tablet 1 mg	1	QL (6 per 30 days)
hemmorex-hc rectal suppository 25 mg	1	
hydrocortisone acetate rectal suppository 25 mg	1	
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	
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	MB	LA
lactulose oral solution 10 gram/15 ml	1	

Drug Name	Drug Tier	Requirements / Limits
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	1	PA; QL (30 per 30 days)
lubiprostone oral capsule 24 mcg, 8 mcg	1	
meclizine oral tablet 12.5 mg, 25 mg	1	
mesalamine oral capsule (with del rel tablets) 400 mg	1	
mesalamine oral capsule, extended release 24hr 0.375 gram	1	
mesalamine oral tablet, delayed release (dr/ec) 1.2 gram	1	
mesalamine rectal enema 4 gram/60 ml	1	
mesalamine rectal suppository 1,000 mg	1	
metoclopramide hcl oral solution 5 mg/5 ml	1	
metoclopramide hcl oral tablet 10 mg, 5 mg	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	1	PA
nitroglycerin rectal ointment 0.4 % (w/w)	1	
ondansetron hcl oral solution 4 mg/5 ml	1	
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron oral tablet, disintegrating 4 mg, 8 mg	1	
palonosetron intravenous solution 0.25 mg/5 ml	MB	
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
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	
prochlorperazine rectal suppository 25 mg	1	
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
scopolamine base transdermal patch 3 day 1 mg over 3 days	1	

Drug Name	Drug Tier	Requirements / Limits
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	1	PA; LA; QL (1 per 56 days)
sodium, potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram	1	ACA
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet, delayed release (dr/ec) 500 mg	1	
trimethobenzamide oral capsule 300 mg	1	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet 250 mg, 500 mg	1	
VARUBI ORAL TABLET 90 MG	1	PA; 2 TABLETS PER FILL
VELSIPITY ORAL TABLET 2 MG	1	PA; LA; QL (30 per 30 days)
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	1	
ULCER THERAPY		
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	1	
bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg	1	PA
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	1	
esomeprazole magnesium oral capsule, delayed release (dr/ec) 40 mg	1	
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	1	
famotidine oral tablet 20 mg, 40 mg	1	
lansoprazole oral capsule, delayed release (dr/ec) 15 mg, 30 mg	1	
lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg	1	
misoprostol oral tablet 100 mcg, 200 mcg	1	
nizatidine oral capsule 150 mg, 300 mg	1	
omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg	1	

Drug Name	Drug Tier	Requirements / Limits
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram	1	ST
pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg	1	
rabeprazole oral tablet, delayed release (dr/ec) 20 mg	1	
sucralfate oral suspension 100 mg/ml	1	
sucralfate oral tablet 1 gram	1	
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	1	PA; 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	1	PA; LA
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	1	PA
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	1	PA; LA
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML	1	
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	
LEUKINE INJECTION RECON SOLN 250 MCG	1	PA; LA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	1	
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	
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	1	PA; LA

Drug Name	Drug Tier	Requirements / Limits
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	1	PA; LA
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	1	PA
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	1	PA
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA
XOLREMDI ORAL CAPSULE 100 MG	1	PA
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	1	PA; LA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	1	PA; LA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	1	PA; LA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	1	PA; LA
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	1	PA; LA
INTERFERONS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	1	PA; LA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	1	PA; LA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	1	PA; LA
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	1	ACA

Drug Name	Drug Tier	Requirements / Limits
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	ACA
ADACEL (TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	ACA
ADACEL (TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	ACA
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	1	ACA
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	MB	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	1	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	1	ACA
CAPVAXIVE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	1	ACA
COMIRNATY 2025-2026(5-11Y)(PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	1	ACA
COMIRNATY 2025-26 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	1	ACA
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	1	ACA
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	1	ACA
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	1	ACA
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	1	ACA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	1	ACA
FLUAD 2026-2027 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	ACA
FLUARIX 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	ACA

Drug Name	Drug Tier	Requirements / Limits
FLUBLOK 2026-2027 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	1	ACA
FLUCELVAX 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	ACA
FLULAVAL 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	ACA
FLUMIST 2026-2027 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	1	ACA
FLUMIST HOME 2026-2027 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	1	ACA
FLUZONE 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	ACA
FLUZONE 2026-2027 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	1	ACA
FLUZONE HIGH-DOSE 2026-27 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	1	ACA
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	MB	LA
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	MB	LA
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	MB	LA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	MB	LA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	1	ACA
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	1	ACA
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1, 440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	1	ACA
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	1	ACA

Drug Name	Drug Tier	Requirements / Limits
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	ACA
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	1	ACA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	1	ACA
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	1	ACA
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	1	ACA
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	1	ACA
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	1	ACA
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	1	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	1	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	1	ACA
MFLUSIVA 2026-2027 (PF) INTRAMUSCULAR SYRINGE 37.5 MCG (12.5 MCG X 3)/0.38ML	1	ACA
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	1	ACA
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	1	ACA
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	1	ACA
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	1	ACA
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	1	ACA
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	1	ACA
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	1	ACA
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	1	ACA

Drug Name	Drug Tier	Requirements / Limits
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	1	ACA
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	1	ACA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	1	ACA
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	1	ACA
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	1	ACA
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	1	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	1	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	1	ACA
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	1	ACA
ROTATEQ VACCINE ORAL SOLUTION 2 ML	1	ACA
SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	1	ACA
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	1	ACA
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	1	ACA
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	1	ACA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	1	ACA
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	1	ACA
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	1	ACA
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	1	ACA

Drug Name	Drug Tier	Requirements / Limits
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	1	ACA
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	1	ACA
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	1	ACA
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	1	ACA
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	1	ACA
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	1	ACA
VIMKUNYA (PF) INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	1	ACA
VIVOTIF ORAL CAPSULE, DELAYED RELEASE (DR/EC) 2 BILLION UNIT	1	ACA
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	1	ACA
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral tablet 0.6 mg	1	
febuxostat oral tablet 40 mg, 80 mg	1	
probenecid oral tablet 500 mg	1	
probenecid-colchicine oral tablet 500-0.5 mg	1	
OSTEOPOROSIS THERAPY		
alendronate oral solution 70 mg/75 ml	1	
alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1	
BILDYOS SUBCUTANEOUS SYRINGE 60 MG/ML	1	PA; LA
ENOBY SUBCUTANEOUS SYRINGE 60 MG/ML	1	PA
ibandronate oral tablet 150 mg	1	
raloxifene oral tablet 60 mg	1	Och; ACA
risedronate oral tablet 150 mg, 35 mg, 5 mg	1	

Drug Name	Drug Tier	Requirements / Limits
risedronate oral tablet, delayed release (dr/ec) 35 mg	1	
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	1	PA; LA; QL (1 per 30 days)
OTHER RHEUMATOLOGICALS		
ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	1	PA; QL (4 per 28 days)
ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	1	PA; LA; QL (1 per 28 days)
ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	1	PA; LA; QL (2 per 28 days)
ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; LA; QL (4 per 28 days)
ADALIMUMAB-AATY(CF) AI CROHNS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	1	PA; QL (1 per 365 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	1	PA; QL (4 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	1	PA; QL (2 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML	1	PA; QL (2 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	PA; QL (4 per 28 days)
ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	1	PA; LA; QL (4 per 28 days)
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	1	PA; LA; QL (2 per 28 days)
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	1	PA; LA; QL (4 per 28 days)
AURANOFIN ORAL CAPSULE 3 MG	1	
AVTOZMA AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	1	LA; QL (4 per 28 days)
AVTOZMA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	MB	LA
AVTOZMA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	1	LA; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements / Limits
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	1	PA; LA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	1	PA; LA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	1	PA; LA; QL (4 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	1	PA; LA; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	1	PA; LA; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	1	PA; LA; QL (4 per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	1	PA; LA; QL (4 per 28 days)
leflunomide oral tablet 10 mg, 20 mg	1	
milnacipran oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	PA
milnacipran oral tablets, dose pack 12.5 mg (5)-25 mg(8)-50 mg(42)	1	PA
OTEZLA ORAL TABLET 20 MG, 30 MG	1	PA; 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)	1	PA; LA; QL (1 per 365 days)
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG	1	PA; LA; QL (1 per 365 days)
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	1	PA; LA; QL (30 per 30 days)
penicillamine oral capsule 250 mg	1	PA
RIDAURA ORAL CAPSULE 3 MG	1	
RINVOQ LQ ORAL SOLUTION 1 MG/ML	1	PA; LA; QL (2 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	1	PA; LA; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	1	PA; LA; QL (112 per 365 days)
tofacitinib oral solution 1 mg/ml	1	PA; DAILY DOSE OF 17.15ML PER DAY; LA
tofacitinib oral tablet 10 mg, 5 mg	1	PA; LA; QL (60 per 30 days)
tofacitinib oral tablet extended release 24 hr 11 mg, 22 mg	1	PA; LA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	1	PA; LA; QL (4 per 28 days)
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	1	PA; LA; QL (4 per 28 days)
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	1	ACA
DUREX AVANTI BARE REAL FEEL	1	ACA
DUREX TROPICAL CONDOM DEVICE	1	ACA
FC2 FEMALE CONDOM	1	ACA
FEMCAP VAGINAL DEVICE 22 MM	1	ACA
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	1	ACA
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	1	ACA
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	1	ACA
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM	1	ACA
PARAGARD T 380A INTRAUTERINE DEVICE 380 SQUARE MM	1	ACA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	1	ACA
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	1	ACA
ESTROGENS & PROGESTINS		
abigale lo oral tablet 0.5-0.1 mg	1	
abigale oral tablet 1-0.5 mg	1	
camila oral tablet 0.35 mg	1	ACA
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	1	
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	
deblitane oral tablet 0.35 mg	1	ACA

Drug Name	Drug Tier	Requirements / Limits
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	1	ACA
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	QL (8 per 30 days)
DUAVEE ORAL TABLET 0.45-20 MG	1	
eemt hs oral tablet 0.625-1.25 mg	1	
eemt oral tablet 1.25-2.5 mg	1	
emzahh oral tablet 0.35 mg	1	ACA
errin oral tablet 0.35 mg	1	ACA
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	
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	QL (30 per 30 days)
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	QL (8 per 30 days)
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	QL (4 per 30 days)
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	
estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg	1	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	1	
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
gallifrey oral tablet 5 mg	1	
heather oral tablet 0.35 mg	1	ACA
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

Drug Name	Drug Tier	Requirements / Limits
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	QL (8 per 30 days)
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
mimvey oral tablet 1-0.5 mg	1	
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	1	ACA; QL (28 per 28 days)
orquidea oral tablet 0.35 mg	1	ACA
PREMARIN INJECTION RECON SOLN 25 MG	MB	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	1	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	1	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	1	
progesterone intramuscular oil 50 mg/ml	1	LA
progesterone micronized oral capsule 100 mg, 200 mg	1	
sharobel oral tablet 0.35 mg	1	ACA
tulana oral tablet 0.35 mg	1	ACA
yuvafem vaginal tablet 10 mcg	1	
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	1	ACA
clindamycin phosphate vaginal cream 2 %	1	
eluryng vaginal ring 0.12-0.015 mg/24 hr	1	ACA
enilloring vaginal ring 0.12-0.015 mg/24 hr	1	ACA

Drug Name	Drug Tier	Requirements / Limits
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	1	ACA
fem ph vaginal gel 0.9-0.025 %	1	
GYNAZOLE-1 VAGINAL CREAM 2 %	1	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	1	
miconazole-3 vaginal suppository 200 mg	1	
NEXPLANON SUBDERMAL IMPLANT 68 MG	1	ACA
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	1	ACA
OSPHENA ORAL TABLET 60 MG	1	
PHEXX VAGINAL GEL 1.8-1-0.4 %	1	ACA
terconazole vaginal cream 0.4 %, 0.8 %	1	
terconazole vaginal suppository 80 mg	1	
tranexamic acid oral tablet 650 mg	1	
vandazole vaginal gel 0.75 % (37.5mg/5 gram)	1	
VCF CONTRACEPTIVE VAGINAL FILM 28 %	1	ACA
VCF CONTRACEPTIVE VAGINAL GEL 4 %	1	ACA
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
altavera (28) oral tablet 0.15-0.03 mg	1	ACA
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

Drug Name	Drug Tier	Requirements / Limits
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
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
balziva (28) oral tablet 0.4-35 mg-mcg	1	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
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

Drug Name	Drug Tier	Requirements / Limits
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	1	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
finzala oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)	1	ACA
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

Drug Name	Drug Tier	Requirements / Limits
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
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
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

Drug Name	Drug Tier	Requirements / Limits
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
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
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	ACA
new day oral tablet 1.5 mg	1	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
ocella oral tablet 3-0.03 mg	1	ACA
opcicon one-step oral tablet 1.5 mg	1	ACA

Drug Name	Drug Tier	Requirements / Limits
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
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
setlakin oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)	1	ACA
shewise oral tablet 1.5 mg	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
sprintec (28) oral tablet 0.25-0.035 mg	1	ACA
syeda oral tablet 3-0.03 mg	1	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
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
tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	ACA

Drug Name	Drug Tier	Requirements / Limits
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
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
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	
OPHTHALMOLOGY		
ANTIBIOTICS		
bacitracin ophthalmic (eye) ointment 500 unit/gram	1	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	1	

Drug Name	Drug Tier	Requirements / Limits
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	
moxifloxacin ophthalmic (eye) drops 0.5 %	1	
NATACYN OPHTHALMIC (EYE) DROPS, SUSPENSION 5 %	1	
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	
ofloxacin ophthalmic (eye) drops 0.3 %	1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	1	
tobramycin ophthalmic (eye) drops 0.3 %	1	
ANTIVIRALS		
trifluridine ophthalmic (eye) drops 1 %	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	1	
BETA-BLOCKERS		
betaxolol ophthalmic (eye) drops 0.5 %	1	
carteolol ophthalmic (eye) drops 1 %	1	
levobunolol ophthalmic (eye) drops 0.5 %	1	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	1	
CYCLOPLEGIC MYDRIATICS		
atropine ophthalmic (eye) drops 1 %	1	
cyclopentolate ophthalmic (eye) drops 1 %	1	
tropicamide ophthalmic (eye) drops 0.5 %, 1 %	1	
DIRECT ACTING MIOTICS		
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	
MISCELLANEOUS OPHTHALMOLOGICS		
azelastine ophthalmic (eye) drops 0.05 %	1	
bepotastine besilate ophthalmic (eye) drops 1.5 %	1	
cromolyn ophthalmic (eye) drops 4 %	1	

Drug Name	Drug Tier	Requirements / Limits
cyclosporine ophthalmic (eye) dropperette 0.05 %	1	QL (60 per 30 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	1	PA
epinastine ophthalmic (eye) drops 0.05 %	1	
proparacaine ophthalmic (eye) drops 0.5 %	1	
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	1	PA
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
bromfenac ophthalmic (eye) drops 0.09 %	1	
diclofenac sodium ophthalmic (eye) drops 0.1 %	1	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	1	
ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %	1	
ORAL DRUGS FOR GLAUCOMA		
acetazolamide oral capsule, extended release 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
methazolamide oral tablet 25 mg, 50 mg	1	
OTHER GLAUCOMA DRUGS		
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	
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	
latanoprost ophthalmic (eye) drops 0.005 %	1	
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	1	
travoprost ophthalmic (eye) drops 0.004 %	1	
STEROID-ANTIBIOTIC COMBINATIONS		
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1	

Drug Name	Drug Tier	Requirements / Limits
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	
tobramycin-dexamethasone ophthalmic (eye) drops, suspension 0.3-0.1 %	1	
STEROIDS		
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	1	
difluprednate ophthalmic (eye) drops 0.05 %	1	
fluorometholone ophthalmic (eye) drops, suspension 0.1 %	1	
loteprednol etabonate ophthalmic (eye) drops, gel 0.5 %	1	
loteprednol etabonate ophthalmic (eye) drops, suspension 0.2 %, 0.5 %	1	
prednisolone acetate ophthalmic (eye) drops, suspension 1 %	1	
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		
apraclonidine ophthalmic (eye) drops 0.5 %	1	
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %	1	
brimonidine ophthalmic (eye) drops 0.2 %	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	1	
VASOCONSTRICTOR DECONGESTANTS		
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %	1	
RESPIRATORY, ALLERGY, COUGH & COLD		

Drug Name	Drug Tier	Requirements / Limits
ANTIHISTAMINE & ANTIALLERGENIC AGENTS		
carbinoxamine maleate oral liquid 4 mg/5 ml	1	
carbinoxamine maleate oral tablet 4 mg	1	
carbzah oral liquid 4 mg/5 ml	1	
cyproheptadine oral syrup 2 mg/5 ml	1	
cyproheptadine oral tablet 4 mg	1	
desloratadine oral tablet 5 mg	1	
diphenhydramine hcl injection solution 50 mg/ml	MB	
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	1	QL (4 per 30 days)
EPINEPHRINE INJECTION SYRINGE 0.3 MG/0.3 ML	1	4 PER FILL
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	
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	
COUGH & COLD THERAPY		
benzonatate oral capsule 100 mg, 200 mg	1	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	1	
codeine-guaifenesin oral liquid 10-100 mg/5 ml	1	
g tussin ac oral liquid 10-100 mg/5 ml	1	
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	
maxi-tuss ac oral liquid 10-100 mg/5 ml	1	
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	
PULMONARY AGENTS		

Drug Name	Drug Tier	Requirements / Limits
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	1	PA; LA
ADVAIR HFA INHALATION AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	1	QL (1 per 30 days)
albuterol hfa 90 mcg inhaler 90 mcg/actuation (generic)	1	QL
ALBUTEROL HFA 90 MCG INHALER 90 MCG/ACTUATION (BRAND)	1	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, 5 mg/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	1	PA; QL (2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	1	PA; QL (1 per 30 days)
ALYFTREK ORAL TABLET 10-50-125 MG	1	PA; LA; QL (56 per 28 days)
ALYFTREK ORAL TABLET 4-20-50 MG	1	PA; LA; QL (84 per 28 days)
alyq oral tablet 20 mg	1	PA
ambrisentan oral tablet 10 mg, 5 mg	1	PA; LA
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	1	QL (1 per 30 days)
arformoterol inhalation solution for nebulization 15 mcg/2 ml	1	
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	1	QL (1 per 30 days)
ASMANEX HFA INHALATION AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	1	PA; QL (1 per 30 days)
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)	1	PA; QL (1 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	1	
bosentan oral tablet 125 mg, 62.5 mg	1	PA; LA
bosentan oral tablet for suspension 32 mg	1	PA; LA
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE	1	QL (1 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 200-25 MCG/DOSE, 50-25 MCG/DOSE	1	
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	1	QL (1 per 30 days)
BRINSUPRI ORAL TABLET 10 MG, 25 MG	1	PA; QL (30 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	1	QL (120 per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml	1	QL (30 per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	1	QL (1 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	1	QL (2 per 30 days)
cromolyn inhalation solution for nebulization 20 mg/2 ml	1	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	1	QL (1 per 30 days)
EKTERLY ORAL TABLET 300 MG	1	PA; 4 TABLETS PER FILL; LA
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	1	PA; LA
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	1	PA; LA
flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)	1	
FLUTICASONE FUROATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	1	QL (1 per 30 days)
FLUTICASONE FUROATE INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	1	30 VIALS PER FILL

Drug Name	Drug Tier	Requirements / Limits
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	1	QL (1 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	1	QL (2 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation	1	1 INHALER PER 30 DAYS
fluticasone propionate nasal spray, suspension 50 mcg/actuation	1	
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL (1 per 30 days)
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	1	
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	1	PA; LA
icatibant subcutaneous syringe 30 mg/3 ml	1	PA
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	QL (180 per 30 days)
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml	1	
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	
nintedanib oral capsule 100 mg, 150 mg	1	PA; LA; QL (60 per 30 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	1	PA; LA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	1	PA; LA
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	1	PA; QL (30 per 30 days)
pirfenidone oral capsule 267 mg	1	PA; LA; QL (270 per 30 days)
pirfenidone oral tablet 267 mg, 801 mg	1	PA; LA; QL (90 per 30 days)
pulmosal inhalation solution for nebulization 7 %	1	

Drug Name	Drug Tier	Requirements / Limits
PULMOZYME INHALATION SOLUTION 1 MG/ML	1	PA; LA
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	1	
roflumilast oral tablet 500 mcg	1	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	1	
sildenafil (pulm.hypertension) oral tablet 20 mg	1	PA
sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %	1	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	1	QL (1 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	1	QL (30 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	1	
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	1	
tadalafil (pulm. hypertension) oral tablet 20 mg	1	PA
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	1	PA; 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)	1	PA; LA; QL (1.91 per 28 days)
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)	1	PA; LA; QL (1.91 per 28 days)
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	QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	1	

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)	1	PA; LA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	1	PA; LA
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG	1	PA; LA; QL (1 per 30 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16(112)-32(112) -48(28) MCG	1	PA; LA; QL (1 per 365 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 32-64 MCG, 48-64 MCG, 48-80 MCG	1	PA; LA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	1	PA; 2.9 ML PER DAY; LA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	1	PA; LA; QL (81.2 per 30 days)
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	1	PA; LA; QL (1 per 274 days)
UMECLIDINIUM-VILANTEROL INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	1	QL (1 per 30 days)
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL (1 per 30 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	1	
AEROCHAMBER MINI SPACER	1	
AEROCHAMBER PLUS FLOW-VU SPACER	1	
AEROCHAMBER PLUS Z STAT SPACER	1	
AEROCHAMBER2GO SPACER	1	
AEROTRACH PLUS SPACER	1	
AEROVENT PLUS SPACER	1	
BREATHERITE MDI SPACER	1	
COMPACT SPACE CHAMBER SPACER	1	
EASIVENT HOLDING CHAMBER SPACER	1	

Drug Name	Drug Tier	Requirements / Limits
FLEXICHAMBER SPACER	1	
LITEAIRE MDI CHAMBER SPACER	1	
MICROCHAMBER SPACER	1	
MICROSPACER SPACER	1	
OPTICHAMBER DIAMOND VHC SPACER	1	
POCKET CHAMBER SPACER	1	
PRIMEAIRE SPACER	1	
PROCHAMBER SPACER	1	
RITEFLO AEROCHAMBER SPACER	1	
SPACE CHAMBER SPACER	1	
VORTEX HOLDING CHAMBER SPACER	1	
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	
mirabegron oral tablet extended release 24 hr 25 mg, 50 mg	1	ST
oxybutynin chloride oral syrup 5 mg/5 ml	1	
oxybutynin chloride oral tablet 5 mg	1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	1	
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	
trospium oral capsule, extended release 24hr 60 mg	1	
trospium oral tablet 20 mg	1	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
alfuzosin oral tablet extended release 24 hr 10 mg	1	
dutasteride oral capsule 0.5 mg	1	
finasteride oral tablet 5 mg	1	
silodosin oral capsule 4 mg, 8 mg	1	

Drug Name	Drug Tier	Requirements / Limits
tamsulosin oral capsule 0.4 mg	1	
CHOLINERGIC STIMULANTS		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1	
MISCELLANEOUS UROLOGICALS		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	1	PA
ELMIRON ORAL CAPSULE 100 MG	1	PA
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	1	
URINARY ANESTHETICS		
phenazopyridine oral tablet 100 mg, 200 mg	1	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
calcium acetate(phosphat bind) oral capsule 667 mg	1	
effer-k oral tablet, effervescent 25 meq	1	
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	
lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg	1	
potassium chloride oral capsule, extended release 10 meq, 8 meq	1	
potassium chloride oral liquid 20 meq/15 ml	1	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	1	
potassium chloride oral tablet, er particles/crystals 10 meq, 15 meq, 20 meq	1	
sevelamer carbonate oral tablet 800 mg	1	
sodium polystyrene sulfonate oral powder 15 gram	1	

Drug Name	Drug Tier	Requirements / Limits
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	
VELPHORO ORAL TABLET, CHEWABLE 500 MG	1	PA
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
AQNEURSA ORAL GRANULES IN PACKET 1 GRAM	1	PA; QL (120 per 30 days)
VITAMINS & HEMATINICS		
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml	1	
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	1	
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 oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	1	ACA
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
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
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	
prenatabs fa oral tablet 29-1 mg	1	
prenatabs rx oral tablet 29 mg iron- 1 mg	1	
prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg	1	
prenatal plus oral tablet 29 mg iron- 1 mg	1	

Drug Name	Drug Tier	Requirements / Limits
trinatal rx 1 oral tablet 60 mg iron-1 mg	1	
tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml	1	ACA
westab plus oral tablet 27 mg iron- 1 mg	1	

Index

A
abacavir 1
abacavir-lamivudine 1
abigale 66
abigale lo 66
ABILIFY ASIMTUFII 21
ABILIFY MAINTENA 21
abiraterone 8
abirtega 8
ABRYSVO (PF) 58
acamprosate 42
acarbose 50
accutane 37
ACE AEROSOL CLOUD ENHANCER 84
acebutolol 28
acetaminophen-caff-dihydrocod 17
acetaminophen-codeine 18
acetazolamide 77
acetic acid 42, 44
acetylcysteine 80
acitretin 35
ACTHAR 45
ACTHAR SELFJECT 45
ACTHIB (PF) 59
ACTIMMUNE 58
acyclovir 1, 40
ADACEL(TDAP ADOLESN/ADULT)(PF) 59
ADALIMUMAB-AATY 64
ADALIMUMAB-AATY(CF) AI CROHNS 64
ADALIMUMAB-ADAZ 64
ADALIMUMAB-ADBM 64
adapalene 37
adapalene-benzoyl peroxide . 37
adefovir 1
ADEMPAS 80
adult aspirin regimen 19
ADVAIR HFA 80
AEROCHAMBER MINI 84
AEROCHAMBER PLUS FLOW-VU 84
AEROCHAMBER PLUS Z STAT 84
AEROCHAMBER2GO 84
AEROTRACH PLUS 84
AEROVENT PLUS 84
afirmelle 69
after pill 69
AIMOVIG AUTOINJECTOR 15
AJOVY AUTOINJECTOR .. 15
AJOVY SYRINGE 16
ala-cort 40
albendazole 5
albuterol sulfate inhalation .. 80
alclometasone 40
ALECENSA 8
alendronate 63
alfuzosin 85
ALINIA 5
aliskiren 28
allopurinol 63
alosetron 53
alprazolam 21
altavera (28) 69
ALVESCO 80
alvimopan 53
alyacen 1/35 (28) 69
alyacen 7/7/7 (28) 69
ALYFTREK 80
alyq 80
amantadine hcl 1, 2
ambrisentan 80
amcinonide 40
amethia 69
amethyst (28) 69
amiloride 28
amiloride-hydrochlorothiazide 28
aminocaproic acid 32
amiodarone 28
amitriptyline 21
amitriptyline-chlordiazepoxide 21
amlodipine 28
amlodipine-benazepril 28
amlodipine-olmesartan 28
amlodipine-valsartan 29
ammonium lactate 37
amnesteem 37
amoxapine 22
amoxicil-clarithromy-lansopraz 56
amoxicillin 6
amoxicillin-pot clavulanate 6, 7
amphetamine sulfate 22
amphotericin b 1
ampicillin 7
anagrelide 42
anastrozole 8
ANNOVERA 68
ANORO ELLIPTA 80
anucort-hc 53
apomorphine 15
apraclonidine 78
aprepitant 53
APRETUDE 2
apri 69
APTIVUS 2
AQNEURSA 87
aranelle (28) 69
ARANESP (IN POLYSORBATE) 57
ARCALYST 57
AREXVY (PF) 59
arformoterol 80
aripiprazole 22
ARISTADA 22
ARISTADA INITIO 22
armodafinil 22
ARMOUR THYROID 52
ARNUITY ELLIPTA 80
ascomp with codeine 18
asenapine maleate 22
ashlyna 69
ASMANEX HFA 80
ASMANEX TWISTHALER 80
aspirin 19
aspirin childrens 19
aspirin-dipyridamole 32
atazanavir 2
atenolol 29
atenolol-chlorthalidone 29
ATGAM 59
atomoxetine 22
atorvastatin 34
atovaquone 5
atovaquone-proguanil 5
atropine 76
aubra 70
aubra eq 69

AURANOFIN 64
aurovela 1.5/30 (21) 70
aurovela 1/20 (21) 70
aurovela 24 fe 70
aurovela fe 1.5/30 (28) 70
aurovela fe 1-20 (28) 70
AUTOJECT 2 INJECTION DEVICE 46
AUTOPEN 1 TO 21 UNITS 46
aviane 70
avidoxy 7
AVONEX 27
AVSOLA 54
AVTOZMA 64
AVTOZMA AUTOINJECTOR 64
ayuna 70
azathioprine 8
azelaic acid 37
azelastine 43, 76
azithromycin 5
azurette (28) 70
B
bacitracin 75
bacitracin-polymyxin b 75
baclofen 17
balsalazide 54
balziva (28) 70
bayer low dose aspirin 20
BD MICROTAINER LANCET 46
BD SPECIALTY USE NEEDLES 46
benazepril 29
benazepril-hydrochlorothiazide 29
BENLYSTA 65
benzonatate 79
benztropine 15
bepotastine besilate 76
betamethasone dipropionate 40
betamethasone valerate 40
betamethasone, augmented ..40
BETASERON 27
betaxolol 29, 76
bethanechol chloride 86
BEVESPI AEROSPHERE ...81
bexarotene 8
BEXSERO 59
BEYFORTUS 2
bicalutamide 8
BILDYOS 63
bimatoprost 77
bismuth subcit k-metronidz-tcn 56
bisoprolol fumarate 29
bisoprolol-hydrochlorothiazide 29
blisovi 24 fe 70
blisovi fe 1.5/30 (28) 70
blisovi fe 1/20 (28) 70
BOOSTRIX TDAP 59
bosentan 81
bosutinib 8
BRAFTOVI 8
BREATHERITE MDI SPACER 84
BREO ELLIPTA 81
breyna 81
briellyn 70
brimonidine 78
brimonidine-timolol 77
BRINSUPRI 81
brinzolamide 77
bromfenac 77
bromocriptine 15
brompheniramine-pseudoeph-dm 79
budesonide 54, 81
budesonide-formoterol 81
bumetanide 29
buprenorphine 18
buprenorphine hcl 18
buprenorphine-naloxone 20
bupropion hcl 22
bupropion hcl (smoking deter) 43
buspirone 22
butalbital-acetaminop-caf-cod 18
butalbital-acetaminophen 18
butalbital-acetaminophen-caff 18
butalbital-aspirin-caffeine 18
butorphanol 20
C
CABENUVA 2
cabergoline 48
CABLIVI 32
CABOMETYX 8
calcipotriene 35
calcipotriene-betamethasone 35
calcitonin (salmon) 48
calcitriol 35, 48, 49
calcium acetate(phosphat bind) 86
CALQUENCE (ACALABRUTINIB MAL) 8
camila 66
camrese 70
camrese lo 70
CAMZYOS 35
candesartan 29
candesartan-hydrochlorothiazid 29
capecitabine 8
captopril 29
captopril-hydrochlorothiazide 29
CAPVAXIVE (PF) 59
carbamazepine 12
carbidopa 15
carbidopa-levodopa 15
carbidopa-levodopa-entacapone 15
carbinoxamine maleate 79
carbzah 79
carisoprodol 17
carteolol 76
cartia xt 29
carvedilol 29
caspofungin 1
CAYA CONTOURED 66
CAYSTON 5
caziant (28) 70
cefaclor 4
cefadroxil 4
cefdinir 4
cefixime 4
cefpodoxime 4
cefprozil 4
cefuroxime axetil 4
celecoxib 20
cephalexin 4
CERDELGA 49
cevimeline 42
charlotte 24 fe 70
chateal eq (28) 70
CHEMET 42
chlordiazepoxide hcl 22
chlordiazepoxide-clidinium ..52
chlorhexidine gluconate 43

chloroquine phosphate 5
chlorpromazine 22
chlorthalidone 29
chlorzoxazone 17
CHOLBAM 54
cholestyramine (with sugar) . 34
cholestyramine light 34
ciclodan 39
ciclopirox 39
cilostazol 32
CIMDUO 2
cimetidine 56
cinacalcet 49
ciprofloxacin 7
ciprofloxacin hcl 7, 44, 76
ciprofloxacin-dexamethasone 44
CIPROFLOXACIN-FLUOCINOLONE 44
citalopram 22
claravis 37
clarithromycin 5
clindamycin hcl 5
clindamycin pediatric 5
clindamycin phosphate ... 37, 68
clindamycin-benzoyl peroxide 38
clobazam 12, 13
clobetasol 40
clobetasol-emollient 40
clodan 40
clomipramine 22
clonazepam 13
clonidine 29
clonidine hcl 22, 29
clopidogrel 32
clorazepate dipotassium 22
clotrimazole 1, 39
clotrimazole-betamethasone . 39
clozapine 22
COARTEM 5
codeine sulfate 18
codeine-butalbital-asa-caff .. 18
codeine-guaifenesin 79
colchicine 63
colesevelam 34
colestipol 34
COMBIPATCH 66
COMBIVENT RESPIMAT . 81
COMETRIQ 8, 9
COMIRNATY 2025-2026(5-11Y)(PF) 59
COMIRNATY 2025-26 (12Y UP)(PF) 59
COMPACT SPACE CHAMBER 84
compro 54
conjugated estrogens 66
constulose 54
CONTOUR NEXT TEST STRIPS 45
CONTOUR PLUS TEST STRIP 45
CONTOUR TEST STRIPS .. 45
CORTISPORIN-TC 44
CORTROPHIN GEL 45
covaryx 66
covaryx h.s. 66
CRENESSITY 49
CREON 54
cromolyn 54, 76, 81
crotan 42
cryselle (28) 70
cyanocobalamin (vitamin b-12) 87
cyclobenzaprine 17
cyclopentolate 76
cyclophosphamide 9
cycloserine 5
cyclosporine 9, 77
cyclosporine modified 9
cyproheptadine 79
cyred 70
cyred eq 70
CYSTAGON 86
CYSTARAN 77
D
dabigatran etexilate 32
dalfampridine 16
danazol 49
dantrolene 17
dapagliflozin 50
dapagliflozin-metformin 50
dapsone 5
DAPTACEL (DTAP PEDIATRIC) (PF) 59
darifenacin 85
darunavir 2
dasatinib 9
dasetta 1/35 (28) 70
dasetta 7/7/7 (28) 70
daysee 70
deblitane 66
deferasirox 42
demeclocycline 7
DENGVAXIA (PF) 59
denta 5000 plus 44
denta 5000 plus sensitive 44
dentagel 44
DEPO-SUBQ PROVERA 104 67
dermacinrx lidocan 38
DESCOVY 2
desipramine 23
desloratadine 79
desmopressin 49
desog-e.estradiol/e.estradiol 70
desonide 40, 41
desoximetasone 41
desvenlafaxine succinate 23
dexamethasone 45
dexamethasone intensol 45
dexamethasone sodium phosphate 78
DEXCOM G6 RECEIVER .. 45
DEXCOM G6 SENSOR 45
DEXCOM G6 TRANSMITTER 45
DEXCOM G7 15 DAY SENSOR 45
DEXCOM G7 RECEIVER .. 46
DEXCOM G7 SENSOR 46
dexmethylphenidate 23
dextroamphetamine sulfate ... 23
dextroamphetamine-amphetamine 23
diazepam 13, 23
diazepam intensol 23
diazoxide 46
diclofenac potassium 20
diclofenac sodium 20, 37, 77
diclofenac-misoprostol 20
dicloxacillin 7
dicyclomine 52
diflorasone 41
diflunisal 20
difluprednate 78
digoxin 32
dihydroergotamine 16
DILANTIN 13
diltiazem 29
dilt-xr 30

dimethyl fumarate 27
DIPENTUM 54
diphenhydramine hcl 79
diphenoxylate-atropine 52
dipyridamole 33
diskets 18
disopyramide phosphate 28
disulfiram 42
divalproex 13
dofetilide 28
dolishale 71
donepezil 16
dorzolamide 77
dorzolamide-timolol 77
dorzolamide-timolol (pf) 77
dotti 67
DOVATO 2
doxazosin 30
doxepin 23
doxercalciferol 49
doxycycline hyclate 7
doxycycline monohydrate 7
dronabinol 54
drospirenone-e.estradiol-lm.fa 71
drospirenone-ethinyl estradiol 71
DROXIA 9
DRYSOL DAB-O-MATIC 37
DUAVEE 67
DULERA 81
duloxetine 23
DUPIXENT PEN 37
DUPIXENT SYRINGE 37
DUREX AVANTI BARE REAL FEEL 66
DUREX TROPICAL CONDOM 66
dutasteride 85
E
EASIVENT HOLDING CHAMBER 84
econazole nitrate 39
econtra ez 71
econtra one-step 71
ecotrin low strength 20
ed-spaz 53
eemt 67
eemt hs 67
efavirenz 2
efavirenz-emtricitabin-tenofov 2
efavirenz-lamivu-tenofov disop 2
effer-k 86
EKTERLY 81
eletriptan 16
elinest 71
ELIQUIS 33
ELIQUIS DVT-PE TREAT 30D START 33
ELLA 71
ELMIRON 86
eltrombopag olamine 33
eluryng 68
EMGALITY PEN 16
EMGALITY SYRINGE 16
EMSAM 23
emtricitabine 2
emtricitabine-tenofovir (tdf) 2
emtricita-rilpivirine-tenof df 2
EMVERM 5
emzahh 67
enalapril maleate 30
enalapril-hydrochlorothiazide 30
ENBREL 65
ENBREL MINI 65
ENBREL SURECLICK 65
endocet 18
ENFLONSIA 2
ENGERIX-B (PF) 59
ENGERIX-B PEDIATRIC (PF) 59
enilloring 68
ENOBY 63
enoxaparin 33
enpresse 71
enskyce 71
ENSPRYNG 9
entacapone 15
entecavir 2
ENTYVIO 54
ENTYVIO PEN 54
enulose 54
EPIDIOLEX 13
epinastine 77
epinephrine 79
EPINEPHRINE 79
eplerenone 30
EPOGEN 57
epoprostenol 30
ergocalciferol (vitamin d2) 87
ergoloid 23
ERGOMAR 16
ergotamine-caffeine 16
ERLEADA 9
erlotinib 9
errin 67
ERTACZO 39
ertapenem 5
ery-tab 5
erythromycin 5, 76
erythromycin ethylsuccinate 5
erythromycin with ethanol 38
erythromycin-benzoyl peroxide 38
escitalopram oxalate 23
esomeprazole magnesium 56
estarylla 71
estazolam 23
estradiol 67
estradiol valerate 67
estradiol-norethindrone acet 67
estrogens-methyltestosterone 67
eszopiclone 23
ethacrynic acid 30
ethambutol 5
ethosuximide 13
etodolac 20
etonogestrel-ethinyl estradiol 69
etoposide 9
etravirine 2
everolimus (antineoplastic) 9
EVOTAZ 2
exemestane 9
ezetimibe 34
ezetimibe-simvastatin 34
F
falmina (28) 71
famciclovir 2
famotidine 56
FASENRA 81
FASENRA PEN 81
FC2 FEMALE CONDOM 66
febuxostat 63
feirza 71
felbamate 13
felodipine 30
fem ph 69
FEMCAP 66
FEMRING 67
fenofibrate 34

fenofibrate micronized.....34
fenofibrate nanocrystallized.34
fenofibric acid (choline).....34
fenoprofen.....20
fentanyl.....18
fesoterodine.....85
FIASP FLEXTOUCH U-100 INSULIN.....47
FIASP PENFILL U-100 INSULIN.....47
FIASP U-100 INSULIN.....47
fidaxomicin.....5
finasteride.....85
fingolimod.....27
finzala.....71
FIRMAGON KIT W DILUENT SYRINGE.....9
flac otic oil.....44
flavoxate.....85
flecainide.....28
FLEXICHAMBER.....85
FLUAD 2026-2027 (65 YR UP)(PF).....59
FLUARIX 2026-2027 (PF)..59
FLUBLOK 2026-2027 (PF).60
FLUCELVAX 2026-2027 (PF).....60
fluconazole.....1
flucytosine.....1
fludarabine.....9
fludrocortisone.....45
FLULAVAL 2026-2027 (PF).....60
FLUMIST 2026-2027.....60
FLUMIST HOME 2026-2027.....60
flunisolide.....81
fluocinolone.....41
fluocinolone acetonide oil....44
*fluocinolone and shower cap*41
fluocinonide.....41
fluocinonide-e.....41
fluoride (sodium).....44, 87
fluorometholone.....78
fluorouracil.....37
fluoxetine.....23
fluphenazine hcl.....23
flurandrenolide.....41
flurazepam.....24
flurbiprofen.....20
flurbiprofen sodium.....77
FLUTICASONE FUROATE81
fluticasone propionate....41, 82
FLUTICASONE PROPIONATE.....82
fluticasone propion-salmeterol.....82
fluvastatin.....34
fluvoxamine.....24
FLUZONE 2026-2027.....60
FLUZONE 2026-2027 (PF).60
FLUZONE HIGH-DOSE 2026-27 (PF).....60
folic acid.....87
fondaparinux.....33
formoterol fumarate.....82
FORZINITY.....42
fosamprenavir.....2
fosinopril.....30
fosinopril-hydrochlorothiazide.....30
FRAGMIN.....33
FREESTYLE LIBRE 14 DAY READER.....46
FREESTYLE LIBRE 14 DAY SENSOR.....46
FREESTYLE LIBRE 2 PLUS SENSOR.....46
FREESTYLE LIBRE 2 READER.....46
FREESTYLE LIBRE 2 SENSOR.....46
FREESTYLE LIBRE 3 PLUS SENSOR.....46
FREESTYLE LIBRE 3 SENSOR.....46
frovatriptan.....16
FULPHILA.....57
furosemide.....30
fyavolv.....67
G
g tussin ac.....79
gabapentin.....13
galantamine.....16
galbriela.....71
gallifrey.....67
GAMMAGARD LIQUID....60
GAMMAGARD S-D (IGA < 1 MCG/ML).....60
GAMMAKED.....60
GAMUNEX-C.....60
GARDASIL 9 (PF).....60
gatifloxacin.....76
gavilyte-c.....54
gavilyte-g.....54
gavilyte-n.....54
gefitinib.....9
gemfibrozil.....34
gemmily.....71
generlac.....54
gengraf.....9
GENOTROPIN.....58
GENOTROPIN MINIQUICK.....58
gentamicin.....39, 76
GENVOYA.....3
glatiramer.....27
glatopa.....27
glimepiride.....50
glipizide.....50
glipizide-metformin.....50
glucagon emergency kit (human).....46
glyburide.....50
glyburide-metformin.....50
glycopyrrolate.....53
GLYXAMBI.....50
granisetron hcl.....54
GRANIX.....57
griseofulvin microsize.....1
griseofulvin ultramicrosize.....1
guanfacine.....24, 30
GUARDIAN 4 GLUCOSE SENSOR.....46
GUARDIAN 4 TRANSMITTER.....46
GUARDIAN SENSOR 3.....46
GYNAZOLE-1.....69
H
HAEGARDA.....82
hailey.....71
hailey 24 fe.....71
hailey fe 1.5/30 (28).....71
hailey fe 1/20 (28).....71
halobetasol propionate.....41
haloperidol.....24
haloperidol decanoate.....24
haloperidol lactate.....24
HAVRIX (PF).....60
heather.....67
hemmorex-hc.....54
heparin (porcine).....33
heparin, porcine (pf).....33

HEPLISAV-B (PF) 60
HIBERIX (PF).....61
HUMATIN 5
HUMULIN R U-500 (CONC) KWIKPEN 47
HYCAMTIN 9
hydralazine 30
hydrochlorothiazide 30
hydrocodone bitartrate.....18
*hydrocodone-acetaminophen*18
hydrocodone-chlorpheniramine 79
hydrocodone-homatropine ...79
hydrocodone-ibuprofen 18
hydrocortisone.....41, 45, 54
hydrocortisone acetate 54
hydrocortisone valerate.....41
hydrocortisone-acetic acid...44
hydrocortisone-pramoxine ..36, 54
hydromorphone 18
hydroxychloroquine.....5
hydroxyurea.....9
hydroxyzine hcl.....79
hydroxyzine pamoate.....79
hyoscyamine sulfate.....53
hyosyne 53
I
ibandronate 63
ibu.....20
ibuprofen 20
icatibant.....82
iclevia 71
icosapent ethyl.....34
imatinib.....9
IMBRUVICA 9
imipramine hcl.....24
imiquimod.....37
IMOVAX RABIES VACCINE (PF).....61
incassia.....67
indapamide.....30
indomethacin 20
INFANRIX (DTAP) (PF).....61
INFLECTRA.....54
INLYTA 9
INSULIN LISPRO 47
INSULIN SYRINGE-NEEDLE U-100 46
introvale 71
INVEGA HAFYERA.....24
INVEGA SUSTENNA.....24
INVEGA TRINZA 24
IOPIDINE.....78
IPOL 61
ipratropium bromide 44, 82
ipratropium-albuterol.....82
irbesartan 30
irbesartan-hydrochlorothiazide 30
isibloom 71
isoniazid.....5
isosorbide dinitrate.....35
isosorbide mononitrate.....35
isotretinoin.....38
isradipine.....30
itraconazole 1
ivermectin 6, 38
IXIARO (PF).....61
J
jaimiess.....71
JAKAFI 9
JARDIANCE.....50
jasmiel (28).....71
javygtor.....49
jencycla.....67
jinteli.....67
JOENJA.....42
jolessa.....71
joyeaux.....71
juleber.....72
JULUCA.....3
junel 1.5/30 (21) 72
junel 1/20 (21) 72
junel fe 1.5/30 (28) 72
junel fe 1/20 (28) 72
junel fe 24 72
JYNNEOS (PF) 61
K
kaitlib fe.....72
kalliga.....72
kariva (28) 72
kelnor 1/35 (28) 72
KESIMPTA PEN 27
ketoconazole 1, 39
ketoprofen.....20
ketorolac.....20, 77
KINRIX (PF).....61
kionex.....86
KISQALI 10
klayesta.....39
klor-con 10 86
klor-con 8.....86
klor-con m10.....86
klor-con m15.....86
klor-con m20.....86
KOMZIFTI 10
kourzeq 44
kurvelo (28) 72
KYLEENA 66
L
labetalol.....30
lacosamide.....13
lactulose.....54
lamivudine 3
lamivudine-zidovudine.....3
lamotrigine 13
LANCETS 46
LANCING DEVICE 46
lansoprazole 56
lanthanum 86
LANTUS SOLOSTAR U-100 INSULIN 47
LANTUS U-100 INSULIN ..47
lapatinib.....10
larin 1.5/30 (21).....72
larin 1/20 (21).....72
larin 24 fe 72
larin fe 1.5/30 (28).....72
larin fe 1/20 (28).....72
latanoprost.....77
LAZCLUZE 10
leflunomide 65
lenalidomide 10
LENVIMA.....10
lessina 72
letrozole 10
leucovorin calcium 8
LEUKERAN.....10
LEUKINE.....57
leuprolide.....10
levalbuterol hcl.....82
levetiracetam 13
levobunolol 76
levocarnitine 42
levocarnitine (with sugar) 42
levofloxacin.....7
levonest (28) 72
levonorgest-eth.estradiol-iron 72
levonorgestrel 72
*levonorgestrel-ethinyl estrad*72
*levonorg-eth estrad triphasic*72

levorphanol tartrate 19
levo-t 52
levothyroxine 52
levoxyl 52
lidocaine 38
lidocaine hcl 38
lidocaine hcl-hydrocortison ac 38
lidocaine-prilocaine 38
lidocan iii 38
lidocan iv 38
lidocan v 39
lidocort 39
LILETTA 66
linezolid 6
LINZESS 55
liomny 52
liothyronine 52
liraglutide 50, 51
lisdexamfetamine 24
lisinopril 30
lisinopril-hydrochlorothiazide 30
LITEAIRE MDI CHAMBER 85
lithium carbonate 24
lithium citrate 24
lojaimiess 72
lomustine 10
loperamide 53
lopinavir-ritonavir 3
lorazepam 24
lorazepam intensol 24
loryna (28) 72
losartan 30
losartan-hydrochlorothiazide 30
loteprednol etabonate 78
lovastatin 34
low-ogestrel (28) 72
loxapine succinate 24
lo-zumandimine (28) 73
lubiprostone 55
ludent fluoride 87
luizza 73
LULICONAZOLE 39
lurasidone 24
lurbiro 20
lutera (28) 73
lyleq 67
lyllana 68
LYNPARZA 10
LYSODREN 10
lyza 68
M
malathion 42
maraviroc 3
marlissa (28) 73
MATULANE 10
matzim la 31
maxi-tuss ac 79
meclizine 55
medroxyprogesterone 68
mefenamic acid 20
mefloquine 6
megestrol 10
MEKINIST 10
meleya 68
meloxicam 20
memantine 17
MENQUADFI (PF) 61
MENVEO A-C-Y-W-135-DIP (PF) 61
meperidine 19
meprobamate 17
mercaptopurine 10
mesalamine 55
metaxalone 17
metformin 51
methadone 19
methadose 19
methamphetamine 24
methazolamide 77
methenamine hippurate 8
methenamine mandelate 8
methimazole 45
methocarbamol 17
methotrexate sodium 10
methotrexate sodium (pf) 10
methoxsalen 37
methscopolamine 53
methsuximide 14
methyldopa 31
methylergonovine 75
methylphenidate 25
methylphenidate hcl 24, 25
methylprednisolone 45
methyltestosterone 49
metoclopramide hcl 55
metolazone 31
metoprolol succinate 31
metoprolol ta-hydrochlorothiaz 31
metoprolol tartrate 31
metronidazole 6, 38, 69
mexiletine 28
MFLUSIVA 2026-2027 (PF) 61
mibelas 24 fe 73
miconazole-3 69
MICROCHAMBER 85
microgestin 1.5/30 (21) 73
microgestin 1/20 (21) 73
microgestin fe 1.5/30 (28) 73
microgestin fe 1/20 (28) 73
MICROSPACER 85
midodrine 42
miglustat 49
mili 73
milnacipran 65
mimvey 68
minocycline 7
minoxidil 31
minzoya 73
mirabegron 85
MIRENA 66
mirtazapine 25
misoprostol 56
MIUDELLA 66
M-M-R II (PF) 61
m-natal plus 87
modafinil 25
moexipril 31
mometasone 41
mondoxyne nl 7
mono-linyah 73
montelukast 82
morphine 19
morphine concentrate 19
MOTOFEN 53
MOUNJARO 51
MOVANTIK 55
moxifloxacin 7, 76
MRESVIA (PF) 61
MULTAQ 28
multi-vitamin with fluoride 87
mupirocin 39
my choice 73
my way 73
MYALEPT 49
mycophenolate mofetil 10
mycophenolate sodium 10

mynatal 87
mynatal plus 87
mynatal-z 87
N
nabumetone 20
nadolol 31
naftifine 39
naloxone 21
naltrexone 21
naproxen 21
naproxen sodium 21
naratriptan 16
NATACYN 76
nateglinide 51
NAYZILAM 14
nebivolol 31
nebusal 82
necon 0.5/35 (28) 73
nefazodone 25
neomycin 6
neomycin-bacitracin-poly-hc 77
neomycin-bacitracin-polymyxin 76
neomycin-polymyxin b-dexameth 78
neomycin-polymyxin-gramicidin 76
neomycin-polymyxin-hc .. 44, 78
neuac 38
NEUPRO 15
nevirapine 3
new day 73
NEXPLANON 69
niacin 34
nicorette 43
nicotine 43
nicotine (polacrilex) 43
nifedipine 31
nikki (28) 73
nilotinib hcl 10
nilutamide 11
nimodipine 31
NINLARO 11
nintedanib 82
nitazoxanide 6
nitisinone 42
nitrofurantoin macrocrystal ... 8
nitrofurantoin monohyd/m-cryst 8
nitroglycerin 35, 55
nitro-time 35
niva thyroid 52
NIVESTYM 57
nizatidine 56
nora-be 68
norelgestromin-ethin.estradiol 69
norethindrone (contraceptive) 68
norethindrone acetate 68
norethindrone ac-eth estradiol 68, 73
norethindrone-e.estradiol-iron 73
norgestimate-ethinyl estradiol 73
nortrel 0.5/35 (28) 73
nortrel 1/35 (21) 73
nortrel 1/35 (28) 73
nortrel 7/7/7 (28) 73
nortriptyline 25
NOVOLIN 70-30 FLEXPEN U-100 47
NOVOLIN N FLEXPEN 47
NOVOLIN R FLEXPEN 48
NOVOLOG FLEXPEN U-100 INSULIN 48
NOVOLOG MIX 70-30 U-100 INSULN 48
NOVOLOG MIX 70-30FLEXPEN U-100 48
NOVOLOG PENFILL U-100 INSULIN 48
NOVOPEN ECHO 47
np thyroid 52
NUBEQA 11
NUCALA 82
NURTEC ODT 16
nylia 1/35 (28) 73
nylia 7/7/7 (28) 73
nystatin 1, 39
nystatin-triamcinolone 39
nystop 40
O
ocella 73
octreotide acetate 11
ODEFSEY 3
ofloxacin 7, 44, 76
olanzapine 25
olanzapine-fluoxetine 25
olmesartan 31
olmesartan-hydrochlorothiazide 31
olopatadine 44
omega-3 acid ethyl esters 34
omeprazole 56
omeprazole-sodium bicarbonate 57
OMNIPOD 5 (LIBRE 2/3 PLUS) 46
OMNIPOD 5 G6-G7 INTRO KT(GEN5) 47
OMNIPOD 5 G6-G7 PODS (GEN 5) 47
OMNIPOD 5 INTRO (LIBRE2/3PLUS) 46
OMNIPOD DASH INTRO KIT (GEN 4) 47
OMNIPOD DASH PODS (GEN 4) 47
OMNITROPE 58
ondansetron 55
ondansetron hcl 55
ONETOUCH ULTRA TEST 46
ONETOUCH VERIO TEST STRIPS 46
opcicon one-step 73
OPILL 68
OPTICHAMBER DIAMOND VHC 85
option-2 74
OPZELURA 37
ORILISSA 49
ORLADEYO 82
orphenadrine citrate 17
orphenadrine-asa-caffeine ... 17
orquidea 68
ORSERDU 11
oscimin 53
oscimin sl 53
oseltamivir 3
OSPHENA 69
OTEZLA 65
OTEZLA STARTER 65
OTEZLA XR 65
OTEZLA XR INITIATION . 65
oxaprozin 21
oxazepam 25
oxcarbazepine 14
oxiconazole 40
oxybutynin chloride 85

oxycodone 19
OXYCODONE..... 19
oxycodone-acetaminophen ... 19
oxymorphone 19
OZEMPIC 51
P
pacerone 28
paliperidone 25
palonosetron 55
pamidronate 49
pantoprazole 57
PARAGARD T 380A..... 66
paricalcitol 49
paroex oral rinse 44
paroxetine hcl 25
PAXLOVID 3
pazopanib 11
PEDIARIX (PF) 61
PEDVAX HIB (PF)..... 61
peg 3350-electrolytes 55
peg3350-sod sul-nacl-kcl-asb-c 55
PEGASYS 58
peg-electrolyte soln 55
pellix 36
PEN NEEDLE..... 47
PENBRAYA (PF) 61
penciclovir 40
penicillamine 65
penicillin v potassium 7
PENMENVY MEN A-B-C-W-Y (PF)..... 61
PENTACEL (PF) 61
pentamidine 6
pentazocine-naloxone 21
pentoxifylline 33
perindopril erbumine 31
periogard 44
permethrin 42
perphenazine 25
perphenazine-amitriptyline .. 25
phenazopyridine 86
phenelzine 25
phenobarb-hyoscy-atropine-scop 53
phenobarbital 14
phenohytro 53
phenoxybenzamine 31
phenylephrine hcl 78
phenytoin 14
phenytoin sodium extended .. 14
PHEXX..... 69
philith 74
PHYSIOLYTE 42
PHYSIOSOL IRRIGATION 42
phytonadione (vitamin k1) 33
pilocarpine hcl 44, 76
pimecrolimus 37
pimozide 26
pimtrea (28) 74
pindolol 31
pioglitazone 51
PIQRAY 11
pirfenidone 82
piroxicam 21
PLEGRIDY 27
PNEUMOVAX-23 61
POCKET CHAMBER..... 85
podofilox 37
polymyxin b sulf-trimethoprim 76
pomalidomide 11
portia 28 74
posaconazole 1
potassium chloride 86
potassium citrate 86
pramipexole 15
prasugrel hcl 33
pravastatin 34
praziquantel 6
prazosin 31
prednisolone 45
prednisolone acetate 78
prednisolone sodium phosphate 45, 78
prednisone 45
pregabalin 14
PREMARIN 68
PREMPHASE 68
PREMPRO 68
prenatabs fa 87
prenatabs rx 87
prenatal plus 87
prenatal plus (calcium carb) 87
prevalite 34
PREVNAR 20 (PF) 62
PREZCOBIX..... 3
PREZISTA 3
PRIFTIN 6
primaquine 6
PRIMEAIRE 85
primidone 14
PRIORIX (PF) 62
probenecid 63
probenecid-colchicine 63
PROCHAMBER..... 85
prochlorperazine 55
prochlorperazine maleate 55
PROCRIT 57
procto-med hc 55
proctosol hc 55
proctozone-hc 55
progesterone 68
progesterone micronized 68
promethazine 79
promethazine-codeine 79
promethazine-dm 79
promethazine-phenylephrine 79
promethegan 79
propafenone 28
proparacaine 77
propranolol 31
propylthiouracil 45
PROQUAD (PF)..... 62
protriptyline 26
prucalopride 55
pulmosal 82
PULMOZYME..... 83
pyrazinamide 6
pyridostigmine bromide 17
pyrimethamine 6
PYRUKYND 42
Q
QUADRACEL (PF) 62
QUAZEPAM 26
quetiapine 26
quinapril 31
quinapril-hydrochlorothiazide 31
quinidine sulfate 28
quinine sulfate 6
quit 2 43
quit 4 43
QVAR REDIHALER 83
R
RABAVERT (PF) 62
rabeprazole 57
raloxifene 63
ramelteon 26
ramipril 31
ranolazine 35
rasagiline 15
REBIF (WITH ALBUMIN) . 28

REBIF REBIDOSE 28
REBIF TITRATION PACK 28
reclipsen (28) 74
RECOMBIVAX HB (PF) 62
RELENZA DISKHALER 3
relgaabi 14
RELION NOVOLIN 70/30 .. 48
RELION NOVOLIN N 48
RELION NOVOLIN R 48
RENACIDIN 86
repaglinide 51
REPATHA SURECLICK 35
REPATHA SYRINGE 35
RETACRIT 58
REVUFORJ 11
REXULTI 26
ribavirin 3
RIDAURA 65
rifabutin 6
rifampin 6
rifapentine 6
riluzole 43
rimantadine 3
RINVOQ 65
RINVOQ LQ 65
risedronate 43, 63, 64
risperidone 26
risperidone microspheres 26
RITEFLO AEROCHAMBER 85
ritonavir 3
rivaroxaban 33
rivastigmine tartrate 17
rivelsa 74
rizatriptan 16
roflumilast 83
ropinirole 15
rosadan 38
rosuvastatin 35
rosyrah 74
ROTARIX 62
ROTATEQ VACCINE 62
roweepra 14
rufinamide 14
RYBELSUS 51
S
sacubitril-valsartan 35
salsalate 21
SANTYL 42
sapropterin 49
saxagliptin 51
saxagliptin-metformin 51
scopolamine base 55
selegiline hcl 15
selenium sulfide 36
SELZENTRY 3
SEREVENT DISKUS 83
sertraline 26
setlakin 74
sevelamer carbonate 86
sf 44
sf 5000 plus 44
sharobel 68
shewise 74
SHINGRIX (PF) 62
SIGNIFOR 11
sildenafil (pulm.hypertension) 83
silodosin 85
silver sulfadiazine 37
simliya (28) 74
simpesse 74
SIMPLERA SENSOR 46
SIMPLERA SYNC SENSOR 46
SIMULECT 11
simvastatin 35
sirolimus 11
SIRTURO 6
sitagliptin phos-metformin ... 51
sitagliptin phosphate 51
SKYLA 66
SKYRIZI 36, 56
SKYTROFA 58
sodium chloride 43, 83
sodium fluoride 5000 plus 44
sodium fluoride-pot nitrate ... 44
sodium phenylbutyrate 43
sodium polystyrene sulfonate 86, 87
sodium,potassium,mag sulfates 56
solifenacin 85
SOLIQUA 100/33 48
sorafenib 11
sotalol 28
sotalol af 28
SOTYKTU 36
SOVALDI 3
SPACE CHAMBER 85
spinosad 42
SPIRIVA RESPIMAT 83
SPIRIVA WITH HANDIHALER 83
spironolactone 32
spironolacton-hydrochlorothiaz 32
sprintec (28) 74
sps (with sorbitol) 87
ssd 37
st joseph aspirin 21
st. joseph aspirin 21
STAMARIL (PF) 62
STEQEYMA 36
STIOLTO RESPIMAT 83
STIVARGA 11
stop smoking aid 43
STRIVERDI RESPIMAT 83
SUBLOCADE 19
subvenite 14
sucralfate 57
SULCONAZOLE 40
sulfacetamide sodium 36, 78
sulfacetamide sodium (acne) 39
sulfacetamide-prednisolone .. 78
sulfadiazine 7
sulfamethoxazole-trimethoprim 7
SULFAMYLON 39
sulfasalazine 56
sulfatrim 7
sulindac 21
sumatriptan 16
sumatriptan succinate 16
sunitinib malate 11
SUNOSI 26
syeda 74
symax fastabs 53
symax-sl 53
symax-sr 53
SYMTUZA 3
SYNAREL 49
SYNJARDY 51
SYNJARDY XR 51
SYNTHROID 52
T
TABLOID 11
tacrolimus 11, 37
tadalafil (pulm. hypertension) 83
TAFINLAR 11
tafluprost (pf) 77
TAGRISSO 11

TAKHZYRO 83
TALTZ AUTOINJECTOR .. 36
TALTZ AUTOINJECTOR (2 PACK) 36
TALTZ AUTOINJECTOR (3 PACK) 36
TALTZ SYRINGE 36
tamoxifen 11
tamsulosin 86
tarina 24 fe 74
tarina fe 1/20 (28) 74
tavaborole 40
tazarotene 38
telmisartan 32
telmisartan-hydrochlorothiazid 32
temazepam 26
temozolomide 11
tencon 19
TENIVAC (PF) 62
tenofovir disoproxil fumarate . 4
terazosin 32
terbinafine hcl 1
terbutaline 83
terconazole 69
teriflunomide 28
teriparatide 64
testosterone 49, 50
testosterone cypionate 49
testosterone enanthate 49
tetrabenazine 17
tetracycline 7
TEZSPIRE 83
THALOMID 12
theophylline 83
thioridazine 26
thiothixene 26
thyroid (pork) 52
tiadylt er 32
tiagabine 14
TIBSOVO 12
ticagrelor 33
TICOVAC 62
tilia fe 74
timolol maleate 32, 76
tinidazole 6
tiopronin 43
tiotropium bromide 83
TIVICAY 4
tizanidine 17
tobramycin 76
tobramycin in 0.225 % nacl ... 6
tobramycin-dexamethasone .. 78
tofacitinib 65
tolterodine 85
tolvaptan 50
topiramate 14
toremifene 12
torpenz 12
torsemide 32
TOUJEO MAX U-300 SOLOSTAR 48
TOUJEO SOLOSTAR U-300 INSULIN 48
tramadol 21
tramadol-acetaminophen 21
trandolapril 32
tranexamic acid 69
tranylcypromine 26
travoprost 77
trazodone 26
TRELEGY ELLIPTA 83
TREMFYA 36
TREMFYA ONE-PRESS 36
TREMFYA PEN 36
TREMFYA PEN INDUCTION PK(2PEN) . 36
TRESIBA FLEXTOUCH U-100 48
TRESIBA FLEXTOUCH U-200 48
TRESIBA U-100 INSULIN . 48
tretinoin 38
tretinoin (antineoplastic) 12
tretinoin microspheres 38
triamcinolone acetonide . 41, 44
triamterene-hydrochlorothiazid 32
triazolam 26
triderm 42
trientine 43
tri-estarylla 74
trifluoperazine 26
trifluridine 76
trihexyphenidyl 15
TRIJARDY XR 51
TRIKAFTA 84
tri-legest fe 74
tri-linyah 74
tri-lo-estarylla 74
tri-lo-marzia 74
tri-lo-mili 74
tri-lo-sprintec 74
trimethobenzamide 56
trimethoprim 8
tri-mili 74
trimipramine 26
trinatal rx 1 88
TRINTELLIX 26
tri-sprintec (28) 75
TRIUMEQ 4
tri-vitamin with fluoride 88
tri-vylibra 75
tri-vylibra lo 75
tropicamide 76
trospium 85
TRULICITY 52
TRUMENBA 62
TRUSTEX-RIA NON-LUB CONDOMS 66
tulana 68
turqoz (28) 75
TWIIST REFILL KT(CSST-NDL-SYR) 47
TWIIST RFL(INFUS-CSST-NDL-SYR) 47
TWIIST STARTER KIT 47
TWINRIX (PF) 62
tydemy 75
TYENNE 66
TYENNE AUTOINJECTOR 66
TYPHIM VI 62
TYVASO 84
TYVASO DPI 84
TYVASO REFILL KIT 84
TYVASO STARTER KIT ... 84
U
UBRELVY 16
UDENYCA 58
UDENYCA AUTOINJECTOR 58
UDENYCA ONBODY 58
UMECLIDINIUM-VILANTEROL 84
unithroid 52
ursodiol 56
V
valacyclovir 4
valganciclovir 4
valproic acid 14
valproic acid (as sodium salt) 14

valsartan 32
valsartan-hydrochlorothiazide 32
VALTOCO 14
valtya 75
vanadom 17
vancomycin 8
vandazole 69
VAQTA (PF) 63
varenicline tartrate 43
VARIVAX (PF) 63
VARUBI 56
VAXCHORA VACCINE 63
VAXELIS (PF) 63
VAXNEUVANCE (PF) 63
VCF CONTRACEPTIVE FILM 69
VCF CONTRACEPTIVE GEL 69
velivet triphasic regimen (28) 75
VELPHORO 87
VELSIPITY 56
VENCLEXTA 12
VENCLEXTA STARTING PACK 12
venlafaxine 26
verapamil 32
VERZENIO 12
vestura (28) 75
V-GO 20 47
V-GO 30 47
V-GO 40 47
vienva 75
vigabatrin 14
vigadrone 14
VIJOICE 12
vilazodone 26
VIMKUNYA (PF) 63
viorele (28) 75
VIVOTIF 63
volnea (28) 75
voriconazole 1
VORTEX HOLDING CHAMBER 85
VOSEVI 4
VUMERITY 28
vyfemla (28) 75
vylibra 75
VYNDAMAX 35
W
warfarin 33
water for irrigation, sterile 43
WELIREG 12
wera (28) 75
westab plus 88
wixela inhub 84
wymzya fe 75
X
XALKORI 12
xarah fe 75
XARELTO 33
XARELTO DVT-PE TREAT 30D START 33
xelria fe 75
XIFAXAN 6
XOLREMDI 58
XOSPATA 12
XTANDI 12
xulane 69
XULTOPHY 100/3.6 48
xyvona 19
Y
YESINTEK 36, 37
YEZTUGO 4
YF-VAX (PF) 63
YONSA 12
YORVIPATH 50
your choice 75
yulithira 12
yuvafem 68
Z
zafemy 69
zafirlukast 84
zaleplon 27
zarah 75
ZELBORAF 12
zelvysia 50
zenatane 38
ZENPEP 56
ZEPOSIA 17
ZEPOSIA STARTER KIT (28-DAY) 17
ZEPOSIA STARTER PACK (7-DAY) 17
ZERVIATE 77
zidovudine 4
ZILBRYSQ 17
zileuton 84
ziprasidone hcl 27
ziprasidone mesylate 27
ZIRGAN 76
ZOKINVY 43
zolmitriptan 16
zolpidem 27
zonisamide 15
zovia 1-35 (28) 75
zumandimine (28) 75