Preferred Formulary Guide

Your Guide to Prescription Drug Benefits

May 2026

Please see the inside cover for a list of all the plans this formulary applies to. This document contains information about the drugs covered in your prescription drug benefit plan.

For information about your home delivery prescription, call **1-800-552-8159**.

Or visit: **bcbst.com**

of Tennessee

Important Contacts

For more information about your prescription drug coverage, call the phone number listed on your BlueCross BlueShield of Tennessee Member ID card. For information about your home delivery prescription, call **1-800-552-8159**.

Visit bcbst.com

- Find a pharmacy in your network
- Look up lower-cost prescription alternatives
- Compare your pricing and options

If You Want Us to Rethink Your Request

You or your doctor may ask to reconsider any of these things:

- A denial of a drug benefit
- Limits on a drug quantity
- The details needed for prior authorization
- Getting a non-covered drug approved

You'll need written reasons from your doctor about why we should rethink your situation.

We look at all reconsiderations on a case-by-case basis. Your Evidence of Coverage or member handbook has details on your rights to file reconsiderations.

Fax all information to **1-888-343-4232**.
Or send a written request to:

Pharmacy Management
Reconsiderations
BlueCross BlueShield of Tennessee
1 Cameron Hill Circle
Chattanooga, TN 37402-2555

Please provide the following information with your request:

- Patient name and cardholder ID number
- Physician name and phone number
- Drug and diagnosis information

Understanding the Formulary Drug List

This formulary drug list will help you understand the drugs your plan covers. The drugs in this formulary are listed by common categories, then alphabetically. They're placed into cost levels known as tiers.

Some drugs have notes with letters next to them. The letters refer to certain pharmacy benefit programs. To make sure that prescriptions are used safely, some drugs have additional requirements you'll need to meet before we can cover your prescription. Those drugs will have an abbreviation next to the drug name to let you and your doctor know there are additional requirements.

For more information on how to fill your prescriptions, please refer to your Evidence of Coverage or member handbook on **bcbst.com** or call the phone number listed on your BlueCross Member ID card. Certain medications may not be covered if subject to legislative and/or regulatory requirements.

Abbreviation	Description
ACA	**Affordable Care Act** means drugs with the ACA indicator may be available to you at no out-of-pocket cost depending on your plan. Check your Evidence of Coverage or member handbook for plan details.
LD	**Limited Distribution** means drugs may only be available at certain pharmacies. For more information, please call us at the Member Service number on your Member ID card.
MME	**Morphine Milligram Equivalent** Your plan measures how strong each medicine is compared to morphine and limits the combined total, or MME. Prior authorization is required for members who take greater than 120 mg equivalents of morphine a day. Your doctor must request a coverage review with BlueCross by submitting the request digitally through CoverMyMeds, calling 1-800-924-7141, or faxing 1-888-343-4232.
MT	Maintenance Matters drugs are drugs that treat certain long-term conditions like high blood pressure or high cholesterol. If your plan is enrolled in the Maintenance Matters program, you'll need to get 90-day supplies of drugs with the MT indicator.
OTC	Over-the-counter. Requires a prescription to be considered eligible for coverage.
PA	**Prior Authorization** may be required for certain drugs. Your doctor must request a coverage review with BlueCross by submitting the request digitally through CoverMyMeds, calling 1-800-924-7141, or faxing 1-888-343-4232.
QL	**Quantity Limit** means you may have coverage for a limited amount of a specific drug.
ST	**Step Therapy** is a prior authorization program that requires you to first try certain drugs to treat your medical condition before we'll cover another drug for that condition. Your doctor must request a coverage review with BlueCross by submitting the request digitally through CoverMyMeds, calling 1-800-924-7141, or faxing 1-888-343-4232. Please refer to the list included on page iv for drugs that require step therapy.

What's a Drug Tier?

Tiers are the different cost levels you pay for a prescription drug. Each tier is assigned a cost (copay, deductible or coinsurance), your employer or health plan determines. This is how much you pay when you fill a prescription. If you have a high deductible plan, the tier cost levels may apply once you hit your deductible. Check your Evidence of Coverage or member handbook for plan details.

Drug Tiers

Tier 1	**Preferred Generic Drugs** The most affordable drugs
Tier 2	**Non-Preferred Generic Drugs** More expensive generic drugs
Tier 3	**Preferred Brand Drugs** More affordable brand-name drugs
Tier 4	**Non-Preferred Brand Drugs** More expensive, non-specialty brand drugs
Tier 5	**Preferred Specialty Drugs** More affordable specialty drugs
Tier 6	**Non-Preferred Specialty Drugs** The most expensive specialty drugs

Where to Get Your Prescriptions Filled

You'll need to show your Member ID card when you have a prescription filled. You may have to pay part of the cost for prescription medicines and supplies. Check your Evidence of Coverage or member handbook for specifics.

Network Pharmacies

Our pharmacy networks include many retail drug store chains and independent pharmacies across the country. If your medication isn't for managing a long-term condition, the prescription is typically written for less than a 30-day supply. (See the Retail 90 and Home Delivery Network sections for information on 90-day supplies).

It's important that you always use an in-network pharmacy. If you don't, you'll have to pay all of the costs for your prescription. If you're outside Tennessee, you can find a pharmacy in our nationwide network. Check your Evidence of Coverage or member handbook for your pharmacy network details.

How to find a network pharmacy:

› Go to **bcbst.com/RXplan**.

- Log in to or create your online account.
- Click on **Find a Pharmacy**.

Or

› Call us at the Member Service number on the back of your Member ID card.

› You can also find network pharmacies using our free app. Search for "**BCBSTN**" in the App Store® or Google Play®.

Retail 90 Networks

Through Retail 90 Networks you can get up to a 90-day (three-month) supply of your prescriptions.*

› With a three-month supply, you're less likely to miss a dose, and you don't have to refill as often, which can save you time and money.

› If you use a pharmacy that's not part of your Retail 90 Network, you're limited to a 30-day (one-month) supply.

› These networks are made up of some local pharmacies and drug store chains. Ask your pharmacy if they're part of your Retail 90 Network.

Home Delivery

You can sign up for home delivery and have your prescription delivered right to your door. Home Delivery is for prescriptions with a 30-day (one-month) or a 90-day (three-month) supply.* Call **1-800-552-8159** to get started.

With home delivery you get:

› FREE standard shipping**

› Access to a pharmacist 24/7

› Automatic refill reminders so you're less likely to miss a dose

› Extended payment plan available

Specialty Pharmacies

Some serious medical conditions need specialty drugs. They may be given at the doctor's office or at home. Our specialty pharmacies are a special network of vendors, experienced in managing these specialty drugs and supporting you and your doctor. You and your doctor can find a list of specialty pharmacies at **bcbst.com**.

Specialty drugs:

› Usually require a prior authorization

› Usually are limited to a 30-day supply

› Are usually only available from specialty pharmacies in our network. Check your Evidence of Coverage or member handbook for your pharmacy network details.

* Your doctor will need to write your prescription for a 90-day supply.

** Standard shipping costs are included.

Tips for Using Your Prescription Drug Benefits

Talk with your doctor.

Doctors are your partners, so discuss every aspect of your treatment, including the selection of drugs. The more you know, the better choices you can make.

- Ask your doctor to check the list of drugs your plan covers before prescribing a medicine.
- Give your doctor a list of all the medicines you take. Include medicines that don't need a prescription. This helps them choose medicines that work well together.
- Advertising, social media or the internet may not be your best source of information. Discuss all your concerns with your doctor.

Ask for generic drugs.

The U.S. Food and Drug Administration (FDA) requires generic drugs to have the same quality, strength and effectiveness as brand-name drugs.

- Generic drugs work the same as brand name drugs, but cost less.
- Talk to your doctor about the different kinds of generic drugs.
- The formulary drug list has different tiers (levels) of drugs that you can use (see "What's a Drug Tier?" on page iii).
- You pay less for generic drugs almost every time.
- Under most BlueCross plans, if you request a brand name drug that has a generic equivalent, you pay the cost difference between the generic and brand name drug. Check your Evidence of Coverage or member handbook to see if this applies to your plan.

Talk to your pharmacist.

Your pharmacist can answer questions about the drugs you take, help you avoid harmful drug interactions, and help you select appropriate, lower-cost generics and preferred brands whenever available.

- Have all of your family's prescriptions filled at the same pharmacy.
- By knowing all your prescriptions, your pharmacist can make sure all of your drugs work well together. This can help keep you and your family safe.

Use over-the-counter (OTC) medicines to save money.

- OTC medicines are sold without a prescription.
- Some prescription drugs may not be covered under your plan because there is an OTC available that works just as well.
- Don't switch from a prescription drug to an OTC without talking with your doctor.

Be safe with your prescriptions.

- Never share prescription drugs — even if it's for a member of the family.
- Keep all medicines safe from children, out of sight and out of reach. Lock them away, if possible.
- Don't stop using a prescription without talking to the doctor.
- Follow up with the doctor about any side effects.

Some prescriptions need an approval for coverage.

- Some prescriptions require prior authorization or step therapy.
- Some drugs have limits on the amount of them that your plan will pay for.
- Network doctors usually know this and know how to get authorizations. However, you may want to show this formulary drug list to your doctor — especially if you use an out-of-network doctor or a doctor outside Tennessee.

Table of Contents

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS 14
AMPHETAMINES 14
ANALEPTICS 15
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - DRUGS TO TREAT ATTENTION-DEFICIT/HYPERACTIVITY DISORDER 15
STIMULANTS - MISC. 16
ALLERGENIC EXTRACTS/BIOLOGICALS MISC - DRUGS FOR ALLERGIES 17
ALLERGENIC EXTRACTS 17
AMEBICIDES - DRUGS TO TREAT INFECTIONS 17
AMEBICIDES - DRUGS TO TREAT INFECTIONS 17
AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS 17
AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS 17
ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION 17
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES 17
ANTIRHEUMATIC - ENZYME INHIBITORS 18
GOLD COMPOUNDS 18
INTERLEUKIN-1 BLOCKERS 18
INTERLEUKIN-1BETA BLOCKERS 18
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) 18
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS 19
PYRIMIDINE SYNTHESIS INHIBITORS 19
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS 20
ANALGESICS - NONNARCOTIC - DRUGS TO TREAT PAIN AND FEVER 20
ANALGESIC COMBINATIONS 20
SALICYLATES 20
ANALGESICS - OPIOID - DRUGS TO TREAT PAIN 21
OPIOID AGONISTS 21
OPIOID COMBINATIONS 22
OPIOID PARTIAL AGONISTS 23
ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES 23
ANDROGENS 23
ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS 24
INTRARECTAL STEROIDS 24
RECTAL COMBINATIONS 24
RECTAL STEROIDS 24
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES 24

ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES 24
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS.....24
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS.....24
ANTI-INFECTIVE MISC. - COMBINATIONS 25
ANTIPROTOZOAL AGENTS.....25
GLYCOPEPTIDES.....25
LEPROSTATICS.....25
LINCOSAMIDES 25
MONOBACTAMS.....25
OXAZOLIDINONES 25
URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS 25
ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS.....26
ANTIANGINALS-OTHER.....26
NITRATES 26
ANTIANXIETY AGENTS - DRUGS TO TREAT ANXIETY 26
ANTIANXIETY AGENTS - MISC.....26
BENZODIAZEPINES.....26
ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS 27
ANTIARRHYTHMICS TYPE I-A.....27
ANTIARRHYTHMICS TYPE I-B.....27
ANTIARRHYTHMICS TYPE I-C 27
ANTIARRHYTHMICS TYPE III.....28
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE 28
ANTI-INFLAMMATORY AGENTS 28
ANTIASTHMATIC - MONOCLONAL ANTIBODIES.....28
BRONCHODILATORS - ANTICHOLINERGICS.....28
LEUKOTRIENE MODULATORS 28
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS 28
STEROID INHALANTS.....28
SYMPATHOMIMETICS 29
XANTHINES.....31
ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS 31
COUMARIN ANTICOAGULANTS.....31
DIRECT FACTOR XA INHIBITORS 31
HEPARINS AND HEPARINOID-LIKE AGENTS 31
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES 32
AMPA GLUTAMATE RECEPTOR ANTAGONISTS 32
ANTICONVULSANTS - BENZODIAZEPINES 32
ANTICONVULSANTS - MISC.....32

CARBAMATES....34
GABA MODULATORS....34
HYDANTOINS....34
SUCCINIMIDES....34
VALPROIC ACID....35
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION....35
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)....35
ANTIDEPRESSANTS - MISC.....35
MONOAMINE OXIDASE INHIBITORS (MAOIS)....35
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)....35
SEROTONIN MODULATORS....35
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)....36
TRICYCLIC AGENTS....36
ANTIDIABETICS - DRUGS TO TREAT DIABETES....36
ALPHA-GLUCOSIDASE INHIBITORS....36
ANTIDIABETIC - AMYLIN ANALOGS....37
ANTIDIABETIC COMBINATIONS....37
BIGUANIDES....38
DIABETIC OTHER....39
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS....39
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC....39
INCRETIN MIMETIC AGENTS....39
INSULIN....40
INSULIN SENSITIZING AGENTS....41
MEGLITINIDE ANALOGUES....41
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS....42
SULFONYLUREAS....42
ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA42
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS....42
ANTIPERISTALTIC AGENTS....42
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING....43
ANTIDOTES - CHELATING AGENTS....43
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING....43
OPIOID ANTAGONISTS....43
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING....43
5-HT3 RECEPTOR ANTAGONISTS....43
ANTIEMETICS - ANTICHOLINERGIC....44
ANTIEMETICS - MISCELLANEOUS....44
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS....44

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS.....44
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS.....44
IMIDAZOLE-RELATED ANTIFUNGALS.....44
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES.....45
ANTIHISTAMINES - ETHANOLAMINES.....45
ANTIHISTAMINES - NON-SEDATING.....45
ANTIHISTAMINES - PHENOTHIAZINES.....45
ANTIHISTAMINES - PIPERIDINES.....45
ANTIHYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL.....45
ANTIHYPERLIPIDEMICS - COMBINATIONS.....45
ANTIHYPERLIPIDEMICS - MISC.....45
BILE ACID SEQUESTRANTS.....45
FIBRIC ACID DERIVATIVES.....45
HMG COA REDUCTASE INHIBITORS.....46
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS.....46
NICOTINIC ACID DERIVATIVES.....46
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS.....46
ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE.....46
ACE INHIBITORS.....46
AGENTS FOR PHEOCHROMOCYTOMA.....47
ANGIOTENSIN II RECEPTOR ANTAGONISTS.....47
ANTIADRENERGIC ANTIHYPERTENSIVES.....47
ANTIHYPERTENSIVE COMBINATIONS.....47
DIRECT RENIN INHIBITORS.....50
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS).....51
VASODILATORS.....51
ANTIMALARIALS - DRUGS TO TREAT MALARIA.....51
ANTIMALARIAL COMBINATIONS.....51
ANTIMALARIALS - DRUGS TO TREAT MALARIA.....51
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS.....51
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS.....51
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS.....51
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS.....51
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER.....52
ALKYLATING AGENTS.....52
ANTIMETABOLITES.....52
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS.....52
ANTINEOPLASTIC - ANTI-HER2 AGENTS.....53

ANTINEOPLASTIC - BCL-2 INHIBITORS 53
ANTINEOPLASTIC - EGFR INHIBITORS 53
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS 53
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS 54
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS 55
ANTINEOPLASTIC - IMMUNOMODULATORS 55
ANTINEOPLASTIC - MENIN INHIBITORS 55
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS 55
ANTINEOPLASTIC - PROTEASE ACTIVATORS 55
ANTINEOPLASTIC COMBINATIONS 55
ANTINEOPLASTIC ENZYME INHIBITORS 56
ANTINEOPLASTICS MISC. 61
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS 62
MITOTIC INHIBITORS 62
TOPOISOMERASE I INHIBITORS 62
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE 62
ANTIPARKINSON ADJUNCTIVE THERAPY 62
ANTIPARKINSON ANTICHOLINERGICS 62
ANTIPARKINSON COMT INHIBITORS 62
ANTIPARKINSON DOPAMINERGICS 62
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS 63
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES 63
ANTIMANIC AGENTS 63
ANTIPSYCHOTICS - MISC. 63
BENZISOXAZOLES 64
BUTYROPHENONES 64
DIBENZAPINES 64
DIHYDROINDOLONES 65
PHENOTHIAZINES 65
QUINOLINONE DERIVATIVES 65
THIOXANTHENES 65
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS 66
ANTIRETROVIRALS 66
ANTIVIRAL COMBINATIONS 70
CMV AGENTS 70
HEPATITIS AGENTS 70
HERPES AGENTS 71
INFLUENZA AGENTS 71
MISC. ANTIVIRALS 71

BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS....71
ALPHA-BETA BLOCKERS....71
BETA BLOCKERS CARDIO-SELECTIVE....71
BETA BLOCKERS NON-SELECTIVE....72
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS....72
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS....72
CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS....73
CARDIAC GLYCOSIDES....73
CARDIOVASCULAR AGENTS - MISC. - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS....73
CARDIAC MYOSIN INHIBITORS....73
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS....73
PROSTAGLANDIN VASODILATORS....74
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS....75
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS....75
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR....75
SINUS NODE INHIBITORS....75
TRANSTHYRETIN STABILIZERS....75
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)....75
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS....75
CEPHALOSPORINS - 1ST GENERATION....75
CEPHALOSPORINS - 2ND GENERATION....75
CEPHALOSPORINS - 3RD GENERATION....76
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL....76
COMBINATION CONTRACEPTIVES - ORAL....76
COMBINATION CONTRACEPTIVES - TRANSDERMAL....81
COMBINATION CONTRACEPTIVES - VAGINAL....81
COPPER CONTRACEPTIVES - IUD....82
EMERGENCY CONTRACEPTIVES....82
PROGESTIN CONTRACEPTIVES - IMPLANTS....82
PROGESTIN CONTRACEPTIVES - INJECTABLE....82
PROGESTIN CONTRACEPTIVES - IUD....82
PROGESTIN CONTRACEPTIVES - ORAL....83
CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE .83
GLUCOCORTICOSTEROIDS....83
MINERALOCORTICOIDS....84

COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS 84
ANTITUSSIVES - DRUGS TO TREAT COUGH 84
COUGH/COLD/ALLERGY COMBINATIONS 84
EXPECTORANTS - DRUGS TO TREAT COUGH 85
MUCOLYTICS - DRUGS TO TREAT COUGH 85
DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS 85
ACNE PRODUCTS 85
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS 86
ANTIBIOTICS - TOPICAL 86
ANTIFUNGALS - TOPICAL 86
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL 87
ANTIPSORIATICS 87
ANTISEBORRHEIC PRODUCTS 88
ANTIVIRALS - TOPICAL 88
BURN PRODUCTS 88
CORTICOSTEROIDS - TOPICAL 88
ECZEMA AGENTS 90
EMOLLIENT/KERATOLYTIC AGENTS 90
ENZYMES - TOPICAL 90
IMMUNOMODULATING AGENTS - TOPICAL 90
IMMUNOSUPPRESSIVE AGENTS - TOPICAL 90
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS 90
LOCAL ANESTHETICS - TOPICAL 90
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL 91
PIGMENTING-DEPIGMENTING AGENTS 91
ROSACEA AGENTS 91
SCABICIDES & PEDICULICIDES 91
WOUND CARE PRODUCTS 91
DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS 91
DIAGNOSTIC DRUGS 91
DIAGNOSTIC TESTS 91
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - DRUGS FOR NUTRITION 93
NUTRITIONAL SUPPLEMENTS 93
DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS 94
DIGESTIVE ENZYMES 94
DIURETICS - DRUGS TO TREAT HEART CONDITIONS 94
CARBONIC ANHYDRASE INHIBITORS 94
DIURETIC COMBINATIONS 94

LOOP DIURETICS....95
POTASSIUM SPARING DIURETICS....95
THIAZIDES AND THIAZIDE-LIKE DIURETICS....95
ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE HORMONES....95
ADRENAL STEROID INHIBITORS....95
BONE DENSITY REGULATORS - DRUGS TO TREAT BONE LOSS....95
GNRH/LHRH ANTAGONISTS....95
GROWTH HORMONE RECEPTOR ANTAGONISTS....96
GROWTH HORMONES....96
HORMONE RECEPTOR MODULATORS - DRUGS TO TREAT BONE LOSS....96
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS....96
METABOLIC MODIFIERS....96
MINERALOCORTICOID RECEPTOR ANTAGONISTS....97
POSTERIOR PITUITARY HORMONES....97
PROLACTIN INHIBITORS....97
SOMATOSTATIC AGENTS....97
VASOPRESSIN RECEPTOR ANTAGONISTS....97
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES....97
ESTROGEN COMBINATIONS....97
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES....98
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS....99
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS....99
GASTROINTESTINAL AGENTS - MISC. - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS....99
GALLSTONE SOLUBILIZING AGENTS....99
GASTROINTESTINAL ANTIALLERGY AGENTS....99
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS....99
GASTROINTESTINAL STIMULANTS....99
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS....99
INFLAMMATORY BOWEL AGENTS....99
INTESTINAL ACIDIFIERS....100
IRRITABLE BOWEL SYNDROME (IBS) AGENTS....100
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS....100
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS....100
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS....100
SHORT BOWEL SYNDROME (SBS) AGENTS....100
TRYPTOPHAN HYDROXYLASE INHIBITORS....101

GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS 101
ACIDIFIERS 101
ALKALINIZERS 101
CYSTINOSIS AGENTS 101
GENITOURINARY IRRIGANTS 101
IGA NEPHROPATHY (IGAN) AGENTS 101
INTERSTITIAL CYSTITIS AGENTS 101
PROSTATIC HYPERTROPHY AGENTS 101
URINARY ANALGESICS 101
URINARY STONE AGENTS 101
GOUT AGENTS - DRUGS TO TREAT GOUT 102
GOUT AGENT COMBINATIONS 102
GOUT AGENTS - DRUGS TO TREAT GOUT 102
URICOSURICS 102
HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS 102
ANTIHEMOPHILIC PRODUCTS 102
BRADYKININ B2 RECEPTOR ANTAGONISTS 102
COMPLEMENT INHIBITORS 102
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS 103
HEMATORHEOLOGIC AGENTS 103
PLASMA KALLIKREIN INHIBITORS 103
PLATELET AGGREGATION INHIBITORS 103
PYRUVATE KINASE ACTIVATORS 103
HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS 103
AGENTS FOR GAUCHER DISEASE 103
AGENTS FOR SICKLE CELL DISEASE 103
COBALAMINS 104
FOLIC ACID/FOLATES 104
HEMATOPOIETIC GROWTH FACTORS 104
STEM CELL MOBILIZERS 105
HEMOSTATICS - DRUGS TO TREAT BLOOD DISORDERS 105
HEMOSTATICS - SYSTEMIC 105
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO TREAT SLEEP DISORDERS 105
BARBITURATE HYPNOTICS 105
NON-BARBITURATE HYPNOTICS 105
SELECTIVE MELATONIN RECEPTOR AGONISTS 106
LAXATIVES - DRUGS TO TREAT CONSTIPATION 106
LAXATIVE COMBINATIONS 106

LAXATIVES - MISCELLANEOUS 106
MACROLIDES - DRUGS TO TREAT INFECTIONS....106
AZITHROMYCIN....106
CLARITHROMYCIN....106
ERYTHROMYCINS 107
FIDAXOMICIN....107
MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR DIAGNOSIS, TREATMENT, OR MONITORING 107
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL....107
DIABETIC SUPPLIES 107
MISC. DEVICES....108
PARENTERAL THERAPY SUPPLIES 108
MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES 109
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG 109
MIGRAINE COMBINATIONS....109
MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES....109
SEROTONIN AGONISTS....109
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION 110
FLUORIDE 110
PHOSPHATE....110
POTASSIUM....110
SODIUM....110
ZINC....110
MISCELLANEOUS THERAPEUTIC CLASSES 110
CHELATING AGENTS - DRUGS FOR OVERDOSE OR POISONING....110
FECAL INCONTINENCE BULKING AGENTS - DRUGS FOR INABILITY TO HOLD BOWEL MOVEMENT 110
IMMUNOMODULATORS - DRUGS TO TREAT CANCER 111
IMMUNOSUPPRESSIVE AGENTS - DRUGS FOR TRANSPLANT....111
POTASSIUM REMOVING AGENTS - DRUGS TO LOWER POTASSIUM....112
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS - DRUGS TO TREAT LUPUS 112
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT....112
ANESTHETICS TOPICAL ORAL....112
ANTI-INFECTIVES - THROAT 112
ANTISEPTICS - MOUTH/THROAT....112
STEROIDS - MOUTH/THROAT/DENTAL....112
THROAT PRODUCTS - MISC.....112
MULTIVITAMINS - DRUGS FOR NUTRITION 112
PED MULTI VITAMINS W/FL & FE....112

PED MV W/ FLUORIDE....112
PRENATAL VITAMINS....113
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS....114
CENTRAL MUSCLE RELAXANTS....114
DIRECT MUSCLE RELAXANTS....114
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE....114
NASAL ANTIALLERGY....114
NASAL ANTICHOLINERGICS....114
NASAL STEROIDS....115
SYMPATHOMIMETIC DECONGESTANTS....115
NEUROMUSCULAR AGENTS - DRUGS FOR THE NERVES AND MUSCLES....115
ALS AGENTS....115
SPINAL MUSCULAR ATROPHY AGENTS (SMA)....115
NUTRIENTS - DRUGS FOR NUTRITION....115
CARBOHYDRATES....115
LIPIDS....115
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS....115
BETA-BLOCKERS - OPHTHALMIC....115
CYCLOPLEGIC MYDRIATICS....116
MIOTICS....116
OPHTHALMIC ADRENERGIC AGENTS....116
OPHTHALMIC ANTI-INFECTIVES....116
OPHTHALMIC IMMUNOMODULATORS....117
OPHTHALMIC LOCAL ANESTHETICS....117
OPHTHALMIC NERVE GROWTH FACTORS....117
OPHTHALMIC STEROIDS....117
OPHTHALMICS - MISC.....118
PROSTAGLANDINS - OPHTHALMIC....118
OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR....118
OTIC AGENTS - MISCELLANEOUS....118
OTIC ANTI-INFECTIVES....118
OTIC COMBINATIONS....118
OTIC STEROIDS....119
PASSIVE IMMUNIZING AND TREATMENT AGENTS - DRUGS FOR IMMUNE SYSTEM CONDITIONS....119
IMMUNE SERUMS....119
MONOCLONAL ANTIBODIES....119
PASSIVE IMMUNIZING AGENTS - COMBINATIONS....119
PENICILLINS - DRUGS TO TREAT INFECTIONS....120

AMINOPENICILLINS....120
NATURAL PENICILLINS....120
PENICILLIN COMBINATIONS....120
PENICILLINASE-RESISTANT PENICILLINS....120
PHARMACEUTICAL ADJUVANTS - PRODUCTS FOR DRUG COMPOUNDING....120
LIQUID VEHICLES....120
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES....120
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES....120
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS....121
AGENTS FOR CHEMICAL DEPENDENCY....121
ANTIDEMENTIA AGENTS - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS....121
COMBINATION PSYCHOTHERAPEUTICS....121
FIBROMYALGIA AGENTS....122
MOVEMENT DISORDER DRUG THERAPY....122
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS....122
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS....123
PSEUDOBULBAR AFFECT (PBA) AGENTS....124
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS....124
RESTLESS LEG SYNDROME (RLS) AGENTS....124
SMOKING DETERRENTS....124
TRANSTHYRETIN AMYLOIDOSIS AGENTS....124
RESPIRATORY AGENTS - MISC. - DRUGS TO TREAT BREATHING DISORDERS....124
CYSTIC FIBROSIS AGENTS....124
PULMONARY FIBROSIS AGENTS....125
SULFONAMIDES - DRUGS TO TREAT INFECTIONS....125
SULFONAMIDES - DRUGS TO TREAT INFECTIONS....125
TETRACYCLINES - DRUGS TO TREAT INFECTIONS....125
AMINOMETHYLCYCLINES....125
TETRACYCLINES - DRUGS TO TREAT INFECTIONS....125
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS....126
ANTITHYROID AGENTS....126
THYROID HORMONES....126
TOXOIDS - DRUGS TO PREVENT INFECTIONS....127
TOXOID COMBINATIONS....127

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR ULCERS AND STOMACH ACID 128
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS 128
H-2 ANTAGONISTS 128
MISC. ANTI-ULCER 128
PROTON PUMP INHIBITORS 128
ULCER DRUGS - PROSTAGLANDINS 129
ULCER THERAPY COMBINATIONS 129
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE 129
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) 129
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS 129
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS 129
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS 129
VACCINES - DRUGS TO PREVENT INFECTIONS 129
BACTERIAL VACCINES 129
VIRAL VACCINES 130
VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS 131
SPERMICIDES 131
VAGINAL ANTI-INFECTIVES 131
VAGINAL CONTRACEPTIVE - PH MODULATORS 131
VAGINAL ESTROGENS 132
VAGINAL PROGESTINS 132
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS 132
ANAPHYLAXIS THERAPY AGENTS - DRUGS FOR ACUTE ALLERGIC REACTION 132
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS 132
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS 132
VITAMINS - DRUGS FOR NUTRITION 132
OIL SOLUBLE VITAMINS 132
Index 133

Effective 05/2026

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
AMPHETAMINES		
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg	2	PA, QL (60 caps every 30 days)
amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg	2	PA, QL (60 caps every 30 days)
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg	2	PA, QL (30 caps every 30 days)
amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg	2	PA, QL (30 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 5 mg	2	PA, QL (90 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 10 mg	2	PA, QL (90 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 15 mg	2	PA, QL (30 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg	2	PA, QL (30 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 25 mg	2	PA, QL (30 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 30 mg	2	PA, QL (30 caps every 30 days)
amphetamine-dextroamphetamine tab 5 mg	2	PA, QL (90 tabs every 30 days)
amphetamine-dextroamphetamine tab 7.5 mg	2	PA, QL (90 tabs every 30 days)
amphetamine-dextroamphetamine tab 10 mg	2	PA, QL (90 tabs every 30 days)
amphetamine-dextroamphetamine tab 12.5 mg	2	PA, QL (90 tabs every 30 days)
amphetamine-dextroamphetamine tab 15 mg	2	PA, QL (60 tabs every 30 days)
amphetamine-dextroamphetamine tab 20 mg	2	PA, QL (60 tabs every 30 days)
amphetamine-dextroamphetamine tab 30 mg	2	PA, QL (30 tabs every 30 days)
dextroamphetamine sulfate cp24 5mg, 10mg	2	PA, QL (120 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate cp24 15mg	2	PA, QL (60 caps every 30 days)
dextroamphetamine sulfate soln 5mg/5ml	2	PA, QL (1200 mL every 30 days)
dextroamphetamine sulfate tabs 2.5mg, 5mg, 7.5mg, 10mg	2	PA, QL (120 tabs every 30 days)
dextroamphetamine sulfate tabs 15mg, 20mg	2	PA, QL (60 tabs every 30 days)
dextroamphetamine sulfate tabs 30mg	2	PA, QL (30 tabs every 30 days)
lisdexamfetamine dimesylate caps 10mg, 20mg, 30mg	2	PA, QL (60 caps every 30 days)
lisdexamfetamine dimesylate caps 40mg, 50mg, 60mg, 70mg	2	PA, QL (30 caps every 30 days)
lisdexamfetamine dimesylate chew 10mg, 20mg, 30mg	2	PA, QL (60 tabs every 30 days)
lisdexamfetamine dimesylate chew 40mg, 50mg, 60mg	2	PA, QL (30 tabs every 30 days)
methamphetamine hcl tabs 5mg	2	PA, QL (150 tabs every 30 days)
procentra soln 5mg/5ml	2	PA, QL (1200 mL every 30 days)
zenzedi tabs 2.5mg, 5mg, 7.5mg, 10mg	2	PA, QL (120 tabs every 30 days)
zenzedi tabs 15mg, 20mg	2	PA, QL (60 tabs every 30 days)
zenzedi tabs 30mg	2	PA, QL (30 tabs every 30 days)
ANALEPTICS		
caffeine citrate soln 20mg/ml, 60mg/3ml	1	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - DRUGS TO TREAT ATTENTION-DEFICIT/HYPERACTIVITY DISORDER		
atomoxetine hcl caps 10mg, 18mg, 25mg	2	QL (120 caps every 30 days)
atomoxetine hcl caps 40mg	2	QL (60 caps every 30 days)
atomoxetine hcl caps 60mg, 80mg, 100mg	2	QL (30 caps every 30 days)
clonidine hcl (adhd) tb12 .1mg	2	QL (120 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg	2	QL (30 tabs every 30 days)
STIMULANTS - MISC.		
armodafinil tabs 50mg	2	PA, QL (60 tabs every 30 days)
armodafinil tabs 150mg, 200mg, 250mg	2	PA, QL (30 tabs every 30 days)
dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg	2	PA, QL (60 caps every 30 days)
dexmethylphenidate hcl cp24 25mg, 30mg, 35mg, 40mg	2	PA, QL (30 caps every 30 days)
dexmethylphenidate hcl tabs 2.5mg, 5mg	2	PA, QL (120 tabs every 30 days)
dexmethylphenidate hcl tabs 10mg	2	PA, QL (60 tabs every 30 days)
methylphenidate ptch 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	2	PA, QL (30 patches every 30 days)
methylphenidate hcl chew 2.5mg, 5mg, 10mg; tabs 5mg, 10mg	2	PA, QL (180 tabs every 30 days)
methylphenidate hcl cp24 10mg, 20mg, 30mg; cpcr 10mg, 20mg, 30mg	2	PA, QL (60 caps every 30 days)
methylphenidate hcl cp24 40mg, 60mg; cpcr 40mg, 50mg, 60mg	2	PA, QL (30 caps every 30 days)
methylphenidate hcl soln 5mg/5ml	2	PA, QL (1800 mL every 30 days)
methylphenidate hcl soln 10mg/5ml	2	PA, QL (900 mL every 30 days)
methylphenidate hcl tabs 20mg; tbcr 10mg, 20mg	2	PA, QL (90 tabs every 30 days)
methylphenidate hcl tb24 18mg, 27mg, 36mg; tbcr 18mg, 27mg, 36mg	2	PA, QL (60 tabs every 30 days)
methylphenidate hcl tb24 54mg; tbcr 54mg	2	PA, QL (30 tabs every 30 days)
modafinil tabs 100mg, 200mg	2	PA, QL (60 tabs every 30 days)
QUILLICHEW ER CHER 20MG, 30MG	4	PA, QL (60 tabs every 30 days)
QUILLICHEW ER CHER 40MG	4	PA, QL (30 tabs every 30 days)
QUILLIVANT XR SRER 25MG/5ML	4	PA, QL (360 mL every 30 days)

Drug Name	Drug Tier	Requirements/Limits
ALLERGENIC EXTRACTS/BIOLOGICALS MISC - DRUGS FOR ALLERGIES		
ALLERGENIC EXTRACTS		
GRASTEK SUBL 2800BAU	3	PA
ODACTRA SUB	4	PA
ORALAIR SUB 300 IR	4	PA
PALFORZIA CAP 1-3YRS	6	PA
PALFORZIA CAP 4-17YRS	6	PA
PALFORZIA CAP ESCALAT	6	PA
PALFORZIA CAP LEVEL 3	6	PA
PALFORZIA CAP LEVEL 7	6	PA
PALFORZIA CAP LEVEL 8	6	PA
PALFORZIA CAP LEVEL 10	6	PA
PALFORZIA LEVEL 0 CSPK 1MG	6	PA
PALFORZIA LEVEL 1 CSPK 1MG	6	PA
PALFORZIA LEVEL 2 CSPK 1MG	6	PA
PALFORZIA LEVEL 4 CSPK 20MG	6	PA
PALFORZIA LEVEL 5 CSPK 20MG	6	PA
PALFORZIA LEVEL 6 CSPK 20MG	6	PA
PALFORZIA LEVEL 9 CSPK 100MG	6	PA
PALFORZIA LEVEL 11 (MAINT PACK 300MG	6	PA
PALFORZIA LEVEL 11 (TITRA PACK 300MG	6	PA
RAGWITEK SUBL 12AMBA1-U	4	PA
AMEBICIDES - DRUGS TO TREAT INFECTIONS		
AMEBICIDES - DRUGS TO TREAT INFECTIONS		
SOLOSEC PACK 2GM	4	
AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS		
AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS		
ARIKAYCE SUSP 590MG/8.4ML	6	PA; LD
neomycin sulfate tabs 500mg	2	
tobramycin nebu 300mg/5ml	5	QL (280 mL every 28 days)
ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	5	PA, QL (4 pens every 28 days)
ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML	5	PA, QL (2 pens every 28 days)

Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-ADAZ SOSY 10MG/0.1ML, 20MG/0.2ML	5	PA, QL (2 injections every 28 days)
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	5	PA, QL (4 pens every 28 days)
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	5	PA, QL (4 pens every 28 days)
SIMLANDI PSKT 20MG/0.2ML, 80MG/0.8ML	5	PA, QL (2 injections every 28 days)
SIMLANDI PSKT 40MG/0.4ML	5	PA, QL (4 injections every 28 days)
SIMLANDI 1-PEN KIT AJKT 40MG/0.4ML	5	PA, QL (4 pens every 28 days)
SIMLANDI 1-PEN KIT AJKT 80MG/0.8ML	5	PA, QL (2 injections every 28 days)
SIMLANDI 2-PEN KIT AJKT 40MG/0.4ML	5	PA, QL (4 pens every 28 days)
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ TB24 15MG, 30MG	5	PA, QL (30 tabs every 30 days)
RINVOQ TB24 45MG	5	PA, QL (84 tabs every 180 days)
RINVOQ LQ SOLN 1MG/ML	5	PA, QL (360 mL every 30 days)
XELJANZ SOLN 1MG/ML	5	PA, QL (240 mL every 24 days)
XELJANZ TABS 5MG, 10MG	5	PA, QL (60 tabs every 30 days)
XELJANZ XR TB24 11MG, 22MG	5	PA, QL (30 tabs every 30 days)
GOLD COMPOUNDS		
AURANOFIN CAPS 3MG	4	MT
RIDAURA CAPS 3MG	4	MT
INTERLEUKIN-1 BLOCKERS		
ARCALYST SOLR 220MG	6	PA; LD
INTERLEUKIN-1BETA BLOCKERS		
ILARIS SOLN 150MG/ML	6	PA; LD
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib caps 50mg, 100mg, 200mg	2	MT
diclofenac potassium tabs 50mg	2	MT

Drug Name	Drug Tier	Requirements/Limits
diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg	2	MT
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	2	MT
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	2	MT
ec-naproxen tbec 375mg, 500mg	1	MT
etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg	2	MT
fenoprofen calcium caps 400mg; tabs 600mg	2	MT
flurbiprofen tabs 100mg	1	MT
ibu tabs 400mg, 600mg, 800mg	1	MT
ibuprofen tabs 400mg, 600mg, 800mg	1	MT
indomethacin caps 25mg, 50mg; cpcr 75mg; susp 25mg/5ml	2	MT
ketorolac tromethamine tabs 10mg	2	
meclofenamate sodium caps 50mg, 100mg	2	MT
mefenamic acid caps 250mg	2	MT
meloxicam tabs 7.5mg, 15mg	1	MT
nabumetone tabs 500mg, 750mg	1	MT
naproxen tabs 250mg, 375mg, 500mg; tbec 375mg, 500mg	1	MT
naproxen sodium tabs 275mg, 550mg	1	MT
oxaprozin tabs 600mg	2	MT
piroxicam caps 10mg, 20mg	2	MT
sulindac tabs 150mg, 200mg	1	MT
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TABS 20MG, 30MG	5	PA, QL (60 tabs every 30 days)
OTEZLA TAB 10/20	5	PA, QL (55 tabs every 180 days)
OTEZLA TAB 10/20/30	5	PA, QL (55 tabs every 180 days)
OTEZLA XR TB24 75MG	5	PA, QL (30 tabs every 30 days)
OTEZLA/XR TAB 28 DAY	5	PA, QL (41 tabs every 180 days)
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tabs 10mg, 20mg	2	MT

Drug Name	Drug Tier	Requirements/Limits
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL SOLN 25MG/0.5ML	5	PA, QL (4 vials every 28 days)
ENBREL SOSY 25MG/0.5ML	5	PA, QL (8 syringes every 28 days)
ENBREL SOSY 50MG/ML	5	PA, QL (4 syringes every 28 days)
ENBREL MINI SOCT 50MG/ML	5	PA, QL (4 injections every 28 days)
ENBREL SURECLICK SOAJ 50MG/ML	5	PA, QL (4 pens every 28 days)
ANALGESICS - NONNARCOTIC - DRUGS TO TREAT PAIN AND FEVER		
ANALGESIC COMBINATIONS		
bac tab	1	QL (120 tabs every 30 days)
bupap tab 50-300mg	1	QL (120 tabs every 30 days)
butalbital-acetaminophen tab 50-300 mg	1	QL (120 tabs every 30 days)
butalbital-acetaminophen tab 50-325 mg	1	QL (120 tabs every 30 days)
butalbital-acetaminophen-caffeine cap 50-300-40 mg	1	QL (120 caps every 30 days)
butalbital-acetaminophen-caffeine cap 50-325-40 mg	1	QL (120 caps every 30 days)
butalbital-acetaminophen-caffeine tab 50-325-40 mg	1	QL (120 tabs every 30 days)
butalbital-aspirin-caffeine cap 50-325-40 mg	1	QL (120 caps every 30 days)
esgic cap	1	QL (120 caps every 30 days)
tencon tab 50-325mg	1	QL (120 tabs every 30 days)
SALICYLATES		
aspirin chew 81mg; tbec 81mg	1	QL (100 tabs per fill), OTC; ACA
diflunisal tabs 500mg	2	MT
salsalate tabs 500mg, 750mg	1	MT

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS - OPIOID - DRUGS TO TREAT PAIN		
OPIOID AGONISTS		
CODEINE SULFATE TABS 15MG, 60MG	2	PA; MME
codeine sulfate tabs 30mg	2	PA; MME
fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	2	PA; MME
fentanyl citrate lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg; tabs 200mcg	2	PA; MME
FENTORA TABS 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	4	PA; MME
hydromorphone hcl liqd 1mg/ml; tabs 2mg, 4mg, 8mg	2	PA; MME
meperidine hcl soln 50mg/5ml; tabs 50mg	2	PA; MME
methadone hcl conc 10mg/ml; soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg; tbso 40mg	2	PA; MME
methadone hydrochloride i conc 10mg/ml	2	PA; MME
methadose tbso 40mg	2	PA; MME
morphine sulfate cp24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg; soln 10mg/5ml, 20mg/5ml, 20mg/ml, 100mg/5ml; supp 5mg, 10mg, 20mg, 30mg; tabs 15mg, 30mg; tbcr 15mg, 30mg, 60mg, 100mg, 200mg	2	PA; MME
morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg	2	PA; MME
NUCYNTA TABS 50MG, 75MG, 100MG	3	PA; MME
NUCYNTA ER TB12 50MG, 100MG, 150MG, 200MG, 250MG	3	PA; MME
oxycodone hcl caps 5mg; conc 20mg/ml, 100mg/5ml; soln 5mg/5ml; tabs 5mg, 10mg, 15mg, 20mg, 30mg	2	PA; MME
oxymorphone hcl tabs 5mg, 10mg; tb12 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg, 40mg	2	PA; MME
tapentadol hcl tabs 50mg, 75mg, 100mg	2	PA; MME
TAPENTADOL HYDROCHLORIDE TB12 50MG, 100MG, 150MG, 200MG, 250MG	3	PA; MME
tramadol hcl tabs 50mg; tb24 100mg, 200mg, 300mg	2	PA; MME
XTAMPZA ER C12A 9MG, 13.5MG, 18MG, 27MG, 36MG	3	PA; MME

Drug Name	Drug Tier	Requirements/Limits
OPIOID COMBINATIONS		
acetaminophen w/ codeine soln 120-12 mg/5ml	2	PA; MME
acetaminophen w/ codeine tab 300-15 mg	2	PA; MME
acetaminophen w/ codeine tab 300-30 mg	2	PA; MME
acetaminophen w/ codeine tab 300-60 mg	2	PA; MME
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	2	PA; MME
ascomp/cod cap 30mg	2	PA; MME
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	2	PA; MME
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	2	PA; MME
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	2	PA; MME
endocet tab 2.5-325	2	PA; MME
endocet tab 5-325mg	2	PA; MME
endocet tab 7.5-325	2	PA; MME
endocet tab 10-325mg	2	PA; MME
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	2	PA; MME
hydrocodone-acetaminophen soln 10-300 mg/15ml	2	PA; MME
hydrocodone-acetaminophen soln 10-325 mg/15ml	2	PA; MME
hydrocodone-acetaminophen tab 2.5-325 mg	2	PA; MME
hydrocodone-acetaminophen tab 5-300 mg	2	PA; MME
hydrocodone-acetaminophen tab 5-325 mg	2	PA; MME
hydrocodone-acetaminophen tab 7.5-300 mg	2	PA; MME
hydrocodone-acetaminophen tab 7.5-325 mg	2	PA; MME
hydrocodone-acetaminophen tab 10-300 mg	2	PA; MME
hydrocodone-acetaminophen tab 10-325 mg	2	PA; MME
hydrocodone-ibuprofen tab 5-200 mg	2	PA; MME
hydrocodone-ibuprofen tab 7.5-200 mg	2	PA; MME
hydrocodone-ibuprofen tab 10-200 mg	2	PA; MME
oxycodone w/ acetaminophen tab 2.5-325 mg	2	PA; MME
oxycodone w/ acetaminophen tab 5-325 mg	2	PA; MME
oxycodone w/ acetaminophen tab 7.5-325 mg	2	PA; MME

Drug Name	Drug Tier	Requirements/Limits
oxycodone w/ acetaminophen tab 10-325 mg	2	PA; MME
tramadol-acetaminophen tab 37.5-325 mg	2	PA; MME
trezix cap	2	PA; MME
OPIOID PARTIAL AGONISTS		
BELBUCA FILM 75MCG, 150MCG, 300MCG, 450MCG, 600MCG, 750MCG, 900MCG	3	PA, QL (60 films every 30 days); MME
buprenorphine ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	2	PA, QL (4 patches every 28 days); MME
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	2	QL (90 films every 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	2	QL (90 films every 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	2	QL (90 films every 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	2	QL (90 films every 30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	2	QL (90 tabs every 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	2	QL (90 tabs every 30 days)
butorphanol tartrate soln 10mg/ml	2	PA; MME
pentazocine w/ naloxone hcl tab 50-0.5 mg	2	PA; MME
ZUBSOLV SUB 0.7-0.18	3	QL (90 tabs every 30 days)
ZUBSOLV SUB 1.4-0.36	3	QL (90 tabs every 30 days)
ZUBSOLV SUB 2.9-0.71	3	QL (90 tabs every 30 days)
ZUBSOLV SUB 5.7-1.4	3	QL (90 tabs every 30 days)
ZUBSOLV SUB 8.6-2.1	3	QL (60 tabs every 30 days)
ZUBSOLV SUB 11.4-2.9	3	QL (60 tabs every 30 days)
ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES		
ANDROGENS		
danazol caps 50mg, 100mg, 200mg	2	
depo-testosterone soln 100mg/ml, 200mg/ml	2	PA

Drug Name	Drug Tier	Requirements/Limits
methitest tabs 10mg	2	PA, QL (600 tabs every 30 days)
methyltestosterone caps 10mg	2	PA, QL (600 caps every 30 days)
testosterone gel 1%, 25mg/2.5gm, 50mg/5gm	2	PA, QL (300 grams every 30 days)
testosterone gel 1.62%, 10mg/act, 40.5mg/2.5gm	2	PA, QL (150 grams every 30 days)
testosterone gel 20.25mg/1.25gm	2	PA, QL (37.5 grams every 30 days)
testosterone cypionate soln 100mg/ml, 200mg/ml	2	PA
ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS		
INTRARECTAL STEROIDS		
CORTIFOAM FOAM 10%	4	
hydrocortisone (intrarectal) enem 100mg/60ml	2	
RECTAL COMBINATIONS		
hydrocortisone acetate w/ pramoxine perianal cream 1-1%	2	
RECTAL STEROIDS		
hydrocortisone (rectal) crea 1%, 2.5%	2	
procto-med hc crea 2.5%	2	
proctocort crea 1%	2	
proctosol hc crea 2.5%	2	
proctozone-hc crea 2.5%	2	
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES		
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES		
albendazole tabs 200mg	2	QL (336 tabs every 365 days)
ivermectin tabs 3mg	2	
praziquantel tabs 600mg	2	QL (24 tabs every 365 days)
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS		
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS		
AEMCOLO TBEC 194MG	4	
metronidazole caps 375mg; tabs 250mg, 500mg	2	
pentamidine isethionate solr 300mg	2	
tinidazole tabs 250mg, 500mg	2	

Drug Name	Drug Tier	Requirements/Limits
trimethoprim tabs 100mg	1	
XIFAXAN TABS 200MG	4	PA, QL (9 tabs every 30 days)
XIFAXAN TABS 550MG	3	PA, QL (90 tabs every 30 days)
ANTI-INFECTIVE MISC. - COMBINATIONS		
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
sulfatrim pd sus 200-40/5	1	
ANTIPROTOZOAL AGENTS		
ALINIA SUSR 100MG/5ML	4	
atovaquone susp 750mg/5ml	2	
nitazoxanide tabs 500mg	2	QL (14 tabs every 30 days)
GLYCOPEPTIDES		
vancomycin hcl caps 125mg, 250mg	2	QL (120 caps every 30 days)
vancomycin hcl solr 25mg/ml	2	QL (900 mL every 30 days)
vancomycin hcl solr 50mg/ml, 250mg/5ml	2	QL (1350 mL every 30 days)
LEPROSTATICS		
dapsone tabs 25mg, 100mg	2	
LINCOSAMIDES		
clindamycin hcl caps 75mg, 150mg, 300mg	1	
clindamycin palmitate hydrochloride solr 75mg/5ml	2	
MONOBACTAMS		
CAYSTON SOLR 75MG	6	PA, QL (90 vials every 30 days); LD
OXAZOLIDINONES		
linezolid susr 100mg/5ml; tabs 600mg	2	QL (14 day supply every 30 days)
URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS		
fosfomycin tromethamine pack 3gm	1	
methenamine hippurate tabs 1gm	2	
methenamine mandelate tabs .5gm, 1gm	1	

Drug Name	Drug Tier	Requirements/Limits
nitrofurantoin susp 25mg/5ml, 50mg/10ml	2	
nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg	2	
nitrofurantoin monohyd macro caps 100mg	2	
ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS		
ANTIANGINALS-OTHER		
ranolazine tb12 500mg, 1000mg	2	MT
NITRATES		
isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg	1	MT
ISOSORBIDE MONONITRATE TABS 10MG, 20MG	1	MT
isosorbide mononitrate tabs 10mg, 20mg; tb24 30mg, 60mg, 120mg	1	MT
NITRO-BID OINT 2%	4	MT
NITRO-DUR PT24 .1MG/HR, .2MG/HR, .3MG/HR, .4MG/HR, .6MG/HR, .8MG/HR	4	MT
nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; soln .4mg/spray; subl .3mg, .4mg, .6mg	1	MT
NITROLINGUAL SOLN .4MG/SPRAY	4	MT
NITROSTAT SUBL .3MG, .4MG, .6MG	4	MT
ANTIANXIETY AGENTS - DRUGS TO TREAT ANXIETY		
ANTIANXIETY AGENTS - MISC.		
buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg	2	
hydroxyzine hcl syrp 10mg/5ml	1	
hydroxyzine hcl tabs 10mg, 25mg, 50mg	2	
hydroxyzine pamoate caps 25mg, 50mg, 100mg	1	
meprobamate tabs 200mg	2	QL (360 tabs every 30 days)
meprobamate tabs 400mg	2	QL (180 tabs every 30 days)
BENZODIAZEPINES		
alprazolam tabs 2mg; tbdp 2mg	2	QL (150 tabs every 30 days)
alprazolam tabs .25mg, .5mg, 1mg; tbdp .25mg, .5mg, 1mg	2	QL (90 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
alprazolam tb24 .5mg, 1mg, 2mg, 3mg	2	QL (60 tabs every 30 days)
ALPRAZOLAM INTENSOL CONC 1MG/ML	2	QL (90 mL every 30 days)
alprazolam xr tb24 .5mg, 1mg, 2mg, 3mg	2	QL (60 tabs every 30 days)
chlordiazepoxide hcl caps 5mg, 10mg, 25mg	2	QL (120 caps every 30 days)
clorazepate dipotassium tabs 3.75mg, 7.5mg	2	QL (90 tabs every 30 days)
clorazepate dipotassium tabs 15mg	2	QL (180 tabs every 30 days)
diazepam conc 5mg/ml	2	QL (120 mL every 30 days)
diazepam soln 5mg/5ml	2	QL (600 mL every 30 days)
diazepam tabs 2mg, 5mg, 10mg	2	QL (120 tabs every 30 days)
diazepam intensol conc 5mg/ml	2	QL (120 mL every 30 days)
lorazepam conc 2mg/ml	2	QL (150 mL every 30 days)
lorazepam tabs 2mg	2	QL (150 tabs every 30 days)
lorazepam tabs .5mg, 1mg	2	QL (90 tabs every 30 days)
lorazepam intensol conc 2mg/ml	2	QL (150 mL every 30 days)
oxazepam caps 10mg, 15mg, 30mg	2	QL (120 caps every 30 days)
ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide phosphate caps 100mg, 150mg	1	MT
NORPACE CR CP12 100MG, 150MG	4	MT
quinidine gluconate tbcr 324mg	1	MT
quinidine sulfate tabs 200mg, 300mg	1	MT
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl caps 150mg, 200mg, 250mg	1	MT
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate tabs 50mg, 100mg, 150mg	1	MT

Drug Name	Drug Tier	Requirements/Limits
propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg	1	MT
ANTIARRHYTHMICS TYPE III		
amiodarone hcl tabs 100mg, 200mg, 400mg	1	MT
dofetilide caps 125mcg, 250mcg, 500mcg	2	MT
MULTAQ TABS 400MG	4	MT
pacerone tabs 100mg, 200mg, 400mg	1	MT
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium nebu 20mg/2ml	1	MT
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
NUCALA SOAJ 100MG/ML	5	PA, QL (3 injections every 28 days); LD
NUCALA SOLR 100MG	5	PA, QL (3 vials every 28 days); LD
NUCALA SOSY 40MG/0.4ML	5	PA, QL (1 syringe every 28 days); LD
NUCALA SOSY 100MG/ML	5	PA, QL (3 syringes every 28 days); LD
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AERS 17MCG/ACT	4	QL (2 inhalers every 30 days); MT
ipratropium bromide soln .02%	1	MT
SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT	3	QL (1 inhaler every 30 days); MT
tiotropium bromide caps 18mcg	2	QL (90 caps every 30 days); MT
YUPELRI NEBU 175MCG/3ML	4	QL (90 mL every 30 days); MT
LEUKOTRIENE MODULATORS		
montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg	1	MT
zafirlukast tabs 10mg, 20mg	1	MT
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
roflumilast tabs 250mcg, 500mcg	2	MT
STEROID INHALANTS		
ASMANEX HFA AERO 50MCG/ACT, 100MCG/ACT, 200MCG/ACT	3	QL (1 inhaler every 30 days); MT

Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER 14 MET AEPB 220MCG/INH	3	QL (2 inhalers every 30 days); MT
ASMANEX TWISTHALER 30 MET AEPB 110MCG/INH	3	QL (4 inhalers every 30 days); MT
ASMANEX TWISTHALER 30 MET AEPB 220MCG/INH	3	QL (2 inhalers every 30 days); MT
ASMANEX TWISTHALER 60 MET AEPB 220MCG/INH	3	QL (2 inhalers every 30 days); MT
ASMANEX TWISTHALER 120 ME AEPB 220MCG/INH	3	QL (1 inhaler every 30 days); MT
budesonide (inhalation) susp .25mg/2ml, .5mg/2ml, 1mg/2ml	1	MT
QVAR REDIHALER AERB 40MCG/ACT	3	QL (10.6 gm every 30 days); MT
QVAR REDIHALER AERB 80MCG/ACT	3	QL (21.2 gm every 30 days); MT
SYMPATHOMIMETICS		
albuterol sulfate aers 108mcg/act	1	QL (2 inhalers every 30 days)
albuterol sulfate nebu .083%, .5%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	
albuterol sulfate syrp 2mg/5ml, 8mg/20ml; tabs 2mg, 4mg	1	MT
arformoterol tartrate nebu 15mcg/2ml	1	MT
BREO ELLIPTA INH 50-25MCG	3	QL (60 blisters every 30 days); MT
BREO ELLIPTA INH 100-25	3	QL (60 blisters every 30 days); MT
BREO ELLIPTA INH 200-25	3	QL (60 blisters every 30 days); MT
breyna aer 80/4.5	1	QL (1 inhaler every 30 days); MT
breyna aer 160/4.5	1	QL (1 inhaler every 30 days); MT
BREZTRI AERO AER SPHERE	3	QL (1 inhaler every 30 days); MT
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	1	QL (1 inhaler every 30 days); MT
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	1	QL (1 inhaler every 30 days); MT

Drug Name	Drug Tier	Requirements/Limits
COMBIVENT AER 20-100	3	QL (1 inhaler every 30 days); MT
fluticasone-salmeterol aer powder ba 100-50 mcg/act	1	QL (60 inhalations every 30 days); MT
fluticasone-salmeterol aer powder ba 250-50 mcg/act	1	QL (60 inhalations every 30 days); MT
fluticasone-salmeterol aer powder ba 500-50 mcg/act	1	QL (60 inhalations every 30 days); MT
formoterol fumarate nebu 20mcg/2ml	1	MT
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	MT
levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	
levalbuterol tartrate aero 45mcg/act	1	QL (2 inhalers every 30 days)
PROAIR RESPICLICK AEPB 108MCG/ACT	3	QL (2 inhalers every 30 days)
SEREVENT DISKUS AEPB 50MCG/DOSE	3	QL (60 inhalations every 30 days); MT
STIOLTO AER 2.5-2.5	3	QL (1 inhaler every 30 days); MT
STRIVERDI RESPIMAT AERS 2.5MCG/ACT	3	QL (1 inhaler every 30 days); MT
terbutaline sulfate soln 1mg/ml	1	
terbutaline sulfate tabs 2.5mg, 5mg	1	MT
TRELEGY AER 100MCG	3	QL (1 inhaler every 30 days); MT
TRELEGY AER 200MCG	3	QL (1 inhaler every 30 days); MT
VENTOLIN HFA AERS 108MCG/ACT	3	QL (2 inhalers every 30 days)
wixela inhub aer 100/50	1	QL (60 inhalations every 30 days); MT
wixela inhub aer 250/50	1	QL (60 inhalations every 30 days); MT
wixela inhub aer 500/50	1	QL (60 inhalations every 30 days); MT
XOPENEX HFA AERO 45MCG/ACT	3	QL (2 inhalers every 30 days)

Drug Name	Drug Tier	Requirements/Limits
XANTHINES		
elixophyllin elix 80mg/15ml	2	MT
THEO-24 CP24 100MG, 200MG, 300MG, 400MG	4	MT
theophylline elix 80mg/15ml; soln 80mg/15ml; tb12 100mg, 200mg, 300mg, 450mg; tb24 400mg, 600mg	2	MT
ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS		
COUMARIN ANTICOAGULANTS		
jantoven tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	MT
warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	MT
DIRECT FACTOR XA INHIBITORS		
ELIQUIS CPSP .15MG; TBSO .5MG	3	
ELIQUIS TABS 2.5MG, 5MG	3	MT
ELIQUIS STARTER PACK TBPK 5MG	3	
rivaroxaban tabs 2.5mg	2	MT
XARELTO SUSR 1MG/ML	3	
XARELTO TABS 2.5MG, 10MG, 15MG, 20MG	3	MT
XARELTO STAR TAB 15/20MG	3	
HEPARINS AND HEPARINOID-LIKE AGENTS		
BD HEPARIN POSIFLUSH SOLN 10UNIT/ML, 100UNIT/ML	1	
enoxaparin sodium soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	
FRAGMIN SOLN 10000UNIT/4ML, 95000UNIT/3.8ML; SOSY 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML	4	
HEPARIN LOCK FLUSH SOLN 10UNIT/ML, 100UNIT/ML	1	
HEPARIN SODIUM SOLN 5000UNIT/ML; SOSY 5000UNIT/0.5ML	4	

Drug Name	Drug Tier	Requirements/Limits
heparin sodium (porcine) soln 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	
heparin sodium (porcine) lock flush soln 1unit/ml	1	
HEPARIN SODIUM LOCK FLUSH SOLN 100UNIT/ML	1	
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA SUSP .5MG/ML; TABS 2MG, 4MG, 6MG, 8MG, 10MG, 12MG	4	
perampanel susp .5mg/ml; tabs 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	2	
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam susp 2.5mg/ml; tabs 10mg, 20mg	1	
clonazepam tabs .5mg, 1mg, 2mg; tbdp .125mg, .25mg, .5mg, 1mg, 2mg	1	
diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg	1	
MIDAZOLAM HYDROCHLORIDE SOAJ 10MG/0.7ML	4	
VALTOCO 5 MG DOSE LIQD 5MG/0.1ML	4	
VALTOCO 10 MG DOSE LIQD 10MG/0.1ML	4	
VALTOCO 15 MG DOSE LQPK 7.5MG/0.1ML	4	
VALTOCO 20 MG DOSE LQPK 10MG/0.1ML	4	
ANTICONVULSANTS - MISC.		
brivaracetam soln 10mg/ml; tabs 10mg, 25mg, 50mg, 75mg, 100mg	2	
BRIVIACT SOLN 10MG/ML; TABS 10MG, 25MG, 50MG, 75MG, 100MG	4	
carbamazepine chew 100mg, 200mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml, 200mg/10ml; tabs 200mg; tb12 100mg, 200mg, 400mg	1	MT
DIACOMIT CAPS 250MG, 500MG; PACK 250MG, 500MG	6	PA; LD
EPIDIOLEX SOLN 100MG/ML	6	PA; LD
epitol tabs 200mg	1	MT
eslicarbazepine acetate tabs 200mg, 400mg, 600mg, 800mg	2	MT

Drug Name	Drug Tier	Requirements/Limits
FINTEPLA SOLN 2.2MG/ML	6	PA; LD
gabapentin caps 100mg, 300mg, 400mg	1	PA, QL (180 caps every 30 days)
gabapentin soln 250mg/5ml, 300mg/6ml	1	PA, QL (2160 mL every 30 days)
gabapentin tabs 600mg	1	PA, QL (180 tabs every 30 days)
gabapentin tabs 800mg	1	PA, QL (120 tabs every 30 days)
lacosamide soln 10mg/ml, 50mg/5ml, 100mg/10ml; tabs 50mg, 100mg, 150mg, 200mg	2	
lacosamide tab 50 mg	2	
lamotrigine chew 5mg, 25mg; tabs 25mg, 100mg, 150mg, 200mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; tbdp 25mg, 50mg, 100mg, 200mg	1	MT
lamotrigine kit 25mg	1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	1	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	1	
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	1	
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	1	
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	1	
levetiracetam soln 100mg/ml, 500mg/5ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg	1	MT
oxcarbazepine susp 60mg/ml, 300mg/5ml; tabs 150mg, 300mg, 600mg	1	MT
oxcarbazepine tb24 150mg, 300mg, 600mg	2	MT
pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg	2	PA, QL (90 caps every 30 days)
pregabalin caps 225mg, 300mg	2	PA, QL (60 caps every 30 days)
pregabalin soln 20mg/ml	2	PA, QL (900 mL every 30 days)
primidone tabs 50mg, 250mg	1	MT

Drug Name	Drug Tier	Requirements/Limits
roweepra tabs 500mg	1	MT
rufinamide susp 40mg/ml; tabs 200mg, 400mg	1	MT
subvenite tabs 25mg, 100mg, 150mg, 200mg	1	MT
subvenite kit start 49	1	
subvenite kit start 98	1	
subvenite starter kit/blu kit 25mg	1	
topiramate cp24 25mg, 50mg, 100mg, 200mg	2	MT
topiramate cpsp 15mg, 25mg, 50mg; cs24 25mg, 50mg, 100mg, 150mg, 200mg; tabs 25mg, 50mg, 100mg, 200mg	1	MT
ZONISADE SUSP 100MG/5ML	4	MT
zonisamide caps 25mg, 50mg, 100mg	1	MT
ZTALMY SUSP 50MG/ML	6	PA; LD
CARBAMATES		
felbamate susp 600mg/5ml; tabs 400mg, 600mg	1	MT
GABA MODULATORS		
tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg	1	MT
vigabatrin pack 500mg	5	QL (180 packets every 30 days)
vigabatrin tabs 500mg	5	QL (180 tabs every 30 days)
vigadrone pack 500mg	5	QL (180 packets every 30 days); LD
vigadrone tabs 500mg	5	QL (180 tabs every 30 days); LD
VIGAFYDE SOLN 100MG/ML	6	LD
vigpoder pack 500mg	5	QL (180 packets every 30 days); LD
HYDANTOINS		
DILANTIN CAPS 30MG	4	MT
phenytek caps 200mg, 300mg	1	MT
phenytoin chew 50mg; susp 125mg/5ml	1	MT
phenytoin infatabs chew 50mg	1	MT
phenytoin sodium extended caps 100mg, 200mg, 300mg	1	MT
SUCCINIMIDES		
ethosuximide caps 250mg; soln 250mg/5ml	1	MT

Drug Name	Drug Tier	Requirements/Limits
methsuximide caps 300mg	2	MT
VALPROIC ACID		
divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg	1	MT
valproate sodium soln 250mg/5ml, 500mg/10ml	1	MT
valproic acid caps 250mg	1	MT
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg	1	MT
ANTIDEPRESSANTS - MISC.		
bupropion hcl tabs 75mg, 100mg; tb12 100mg, 150mg, 200mg; tb24 150mg, 300mg	1	MT
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM PT24 6MG/24HR, 9MG/24HR, 12MG/24HR	4	MT
MARPLAN TABS 10MG	4	MT
NARDIL TABS 15MG	4	MT
phenelzine sulfate tabs 15mg	1	MT
tranylcypromine sulfate tabs 10mg	1	MT
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram hydrobromide soln 10mg/5ml, 20mg/10ml; tabs 10mg, 20mg, 40mg	1	MT
escitalopram oxalate soln 5mg/5ml, 10mg/10ml; tabs 5mg, 10mg, 20mg	1	MT
fluoxetine hcl caps 10mg, 20mg, 40mg; cpdr 90mg; soln 20mg/5ml; tabs 10mg, 20mg, 60mg	1	MT
fluvoxamine maleate cp24 100mg, 150mg; tabs 25mg, 50mg, 100mg	1	MT
paroxetine hcl susp 10mg/5ml	2	MT
paroxetine hcl tabs 10mg, 20mg, 30mg, 40mg; tb24 12.5mg, 25mg, 37.5mg	1	MT
sertraline hcl conc 20mg/ml; tabs 25mg, 50mg, 100mg	1	MT
SEROTONIN MODULATORS		
nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg	1	MT

Drug Name	Drug Tier	Requirements/Limits
trazodone hcl tabs 50mg, 100mg, 150mg, 300mg	1	MT
TRINTELLIX TABS 5MG, 10MG, 20MG	3	MT
vilazodone hcl tabs 10mg, 20mg, 40mg	1	MT
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine succinate tb24 25mg, 50mg, 100mg	1	MT
duloxetine hcl cpep 20mg, 30mg, 40mg, 60mg	1	MT
venlafaxine hcl cp24 37.5mg, 75mg, 150mg; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg; tb24 37.5mg, 75mg, 150mg, 225mg	1	MT
TRICYCLIC AGENTS		
amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	MT
amoxapine tabs 25mg, 50mg, 100mg, 150mg	1	MT
clomipramine hcl caps 25mg, 50mg, 75mg	1	MT
desipramine hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	MT
doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; conc 10mg/ml	1	MT
imipramine hcl tabs 10mg, 25mg, 50mg	1	MT
imipramine pamoate caps 75mg, 100mg, 125mg, 150mg	1	MT
nortriptyline hcl caps 10mg, 25mg, 50mg, 75mg; soln 10mg/5ml	1	MT
protriptyline hcl tabs 5mg, 10mg	1	MT
trimipramine maleate caps 25mg, 50mg, 100mg	1	MT
ANTIDIABETICS - DRUGS TO TREAT DIABETES		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tabs 25mg	1	QL (360 tabs every 30 days); MT
acarbose tabs 50mg	1	QL (180 tabs every 30 days); MT
acarbose tabs 100mg	1	QL (90 tabs every 30 days); MT
miglitol tabs 25mg	1	QL (360 tabs every 30 days); MT

Drug Name	Drug Tier	Requirements/Limits
miglitol tabs 50mg	1	QL (180 tabs every 30 days); MT
miglitol tabs 100mg	1	QL (90 tabs every 30 days); MT
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60 SOPN 1500MCG/1.5ML	4	QL (4 pens every 30 days); MT
SYMLINPEN 120 SOPN 2700MCG/2.7ML	4	QL (4 pens every 30 days); MT
ANTIDIABETIC COMBINATIONS		
glipizide-metformin hcl tab 2.5-250 mg	1	QL (240 tabs every 30 days); MT
glipizide-metformin hcl tab 2.5-500 mg	1	QL (120 tabs every 30 days); MT
glipizide-metformin hcl tab 5-500 mg	1	QL (120 tabs every 30 days); MT
glyburide-metformin tab 1.25-250 mg	1	MT
glyburide-metformin tab 2.5-500 mg	1	MT
glyburide-metformin tab 5-500 mg	1	MT
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs every 30 days); MT
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs every 30 days); MT
JANUMET TAB 50-500MG	3	QL (60 tabs every 30 days); MT
JANUMET TAB 50-1000	3	QL (60 tabs every 30 days); MT
JANUMET XR TAB 50-500MG	3	QL (30 tabs every 30 days); MT
JANUMET XR TAB 50-1000	3	QL (60 tabs every 30 days); MT
JANUMET XR TAB 100-1000	3	QL (30 tabs every 30 days); MT
pioglitazone hcl-glimepiride tab 30-2 mg	1	QL (30 tabs every 30 days); MT
pioglitazone hcl-glimepiride tab 30-4 mg	1	QL (30 tabs every 30 days); MT
pioglitazone hcl-metformin hcl tab 15-500 mg	1	QL (90 tabs every 30 days); MT

Drug Name	Drug Tier	Requirements/Limits
pioglitazone hcl-metformin hcl tab 15-850 mg	1	QL (90 tabs every 30 days); MT
SOLIQUA INJ 100/33	3	QL (15 mL every 25 days); MT
SYNJARDY TAB	3	QL (60 tabs every 30 days); MT
SYNJARDY TAB 5-500MG	3	QL (120 tabs every 30 days); MT
SYNJARDY TAB 5-1000MG	3	QL (60 tabs every 30 days); MT
SYNJARDY TAB 12.5-500	3	QL (60 tabs every 30 days); MT
SYNJARDY XR TAB	3	QL (60 tabs every 30 days); MT
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs every 30 days); MT
SYNJARDY XR TAB 10-1000	3	QL (60 tabs every 30 days); MT
SYNJARDY XR TAB 25-1000	3	QL (30 tabs every 30 days); MT
TRIJARDY XR TAB 5-2.5-1000 MG	3	QL (60 tabs every 30 days); MT
TRIJARDY XR TAB 10-5-1000 MG	3	QL (30 tabs every 30 days); MT
TRIJARDY XR TAB 12.5-2.5-1000 MG	3	QL (60 tabs every 30 days); MT
TRIJARDY XR TAB 25-5-1000 MG	3	QL (30 tabs every 30 days); MT
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs every 30 days); MT
XIGDUO XR TAB 5-500MG	3	QL (60 tabs every 30 days); MT
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs every 30 days); MT
XIGDUO XR TAB 10-500MG	3	QL (60 tabs every 30 days); MT
XIGDUO XR TAB 10-1000	3	QL (30 tabs every 30 days); MT
BIGUANIDES		
metformin hcl soln 500mg/5ml	1	QL (765 mL every 30 days); MT

Drug Name	Drug Tier	Requirements/Limits
metformin hcl tabs 500mg	1	QL (150 tabs every 30 days); MT
metformin hcl tabs 850mg	1	QL (90 tabs every 30 days); ACA, MT
metformin hcl tabs 1000mg; tb24 750mg	1	QL (75 tabs every 30 days); MT
metformin hcl tb24 500mg	1	QL (120 tabs every 30 days); MT
DIABETIC OTHER		
BAQSIMI ONE PACK POWD 3MG/DOSE	3	
BAQSIMI TWO PACK POWD 3MG/DOSE	3	
diazoxide susp 50mg/ml	2	MT
GLUCAGEN HYPOKIT SOLR 1MG	3	
glucagon solr 1mg	2	
GLUCAGON EMERGENCY KIT FO SOLR 1MG/ML	3	
GVOKE HYPOPEN 1-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	3	
GVOKE HYPOPEN 2-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	3	
GVOKE KIT SOLN 1MG/0.2ML	3	
GVOKE PFS SOSY 1MG/0.2ML	3	
mifepristone (hyperglycemia) tabs 300mg	5	PA
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TABS 25MG, 50MG, 100MG	3	QL (30 tabs every 30 days); MT
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TABS .8MG	4	QL (180 tabs every 30 days); MT
INCRETIN MIMETIC AGENTS		
MOUNJARO SOAJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	3	PA, QL (4 pens every 28 days)
OZEMPIC SOPN 2MG/3ML, 4MG/3ML	3	PA, QL (1 pen every 28 days)
OZEMPIC 2 MG/DOSE SOPN 8MG/3ML	3	PA, QL (1 pen every 28 days)
RYBELSUS TABS 1.5MG, 3MG, 4MG, 7MG, 9MG, 14MG	3	PA, QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
TRULICITY SOAJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	3	PA, QL (4 pens every 28 days)
INSULIN		
FIASP SOLN 100UNIT/ML	3	QL (90 mL every 30 days); MT
FIASP FLEXTOUCH SOPN 100UNIT/ML	3	QL (60 mL every 30 days); MT
FIASP PENFILL SOCT 100UNIT/ML	3	QL (60 mL every 30 days); MT
FIASP PUMPCART SOCT 100UNIT/ML	3	QL (60 mL every 30 days); MT
HUMULIN R U-500 (CONCENTR SOLN 500UNIT/ML	3	QL (90 mL every 30 days); MT
HUMULIN R U-500 KWIKPEN SOPN 500UNIT/ML	3	QL (60 mL every 30 days); MT
INSULIN GLARGINE-YFGN SOLN 100UNIT/ML	3	QL (6 vials every 30 days); MT
INSULIN GLARGINE-YFGN SOPN 100UNIT/ML	3	QL (10 pens every 30 days); MT
LANTUS SOLN 100UNIT/ML	3	QL (60 mL every 30 days); MT
LANTUS SOLOSTAR SOPN 100UNIT/ML	3	QL (30 mL every 30 days); MT
NOVOLIN70/30 INJ RELION	3	QL (90 mL every 30 days), OTC; MT
NOVOLIN INJ 70/30	3	QL (90 mL every 30 days), OTC; MT
NOVOLIN INJ 70/30 FP	3	QL (60 mL every 30 days), OTC; MT
NOVOLIN N SUSP 100UNIT/ML	3	QL (90 mL every 30 days), OTC; MT
NOVOLIN N FLEXPEN SUPN 100UNIT/ML	3	QL (60 mL every 30 days), OTC; MT
NOVOLIN N FLEXPEN RELION SUPN 100UNIT/ML	3	QL (60 mL every 30 days), OTC; MT
NOVOLIN N RELION SUSP 100UNIT/ML	3	QL (90 mL every 30 days), OTC; MT
NOVOLIN R SOLN 100UNIT/ML	3	QL (90 mL every 30 days), OTC; MT
NOVOLIN R FLEXPEN SOPN 100UNIT/ML	3	QL (60 mL every 30 days), OTC; MT

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R FLEXPEN RELION SOPN 100UNIT/ML	3	QL (60 mL every 30 days), OTC; MT
NOVOLIN R RELION SOLN 100UNIT/ML	3	QL (90 mL every 30 days), OTC; MT
NOVOLOG SOLN 100UNIT/ML	3	QL (90 mL every 30 days); MT
NOVOLOG FLEXPEN SOPN 100UNIT/ML	3	QL (60 mL every 30 days); MT
NOVOLOG FLEXPEN RELION SOPN 100UNIT/ML	3	QL (60 mL every 30 days); MT
NOVOLOG MIX INJ 70/30	3	QL (90 mL every 30 days); MT
NOVOLOG MIX INJ FLEX REL	3	QL (60 mL every 30 days); MT
NOVOLOG MIX INJ FLEXPEN	3	QL (60 mL every 30 days); MT
NOVOLOG PENFILL SOCT 100UNIT/ML	3	QL (60 mL every 30 days); MT
NOVOLOG RELI INJ 70/30	3	QL (90 mL every 30 days); MT
NOVOLOG RELION SOLN 100UNIT/ML	3	QL (90 mL every 30 days); MT
TOUJEO MAX SOLOSTAR SOPN 300UNIT/ML	3	QL (18 mL every 30 days); MT
TOUJEO SOLOSTAR SOPN 300UNIT/ML	3	QL (13.5 mL every 30 days); MT
TRESIBA SOLN 100UNIT/ML	3	QL (30 mL every 30 days); MT
TRESIBA FLEXTOUCH SOPN 100UNIT/ML	3	QL (30 mL every 30 days); MT
TRESIBA FLEXTOUCH SOPN 200UNIT/ML	3	QL (18 mL every 30 days); MT
INSULIN SENSITIZING AGENTS		
pioglitazone hcl tabs 15mg, 30mg, 45mg	1	QL (30 tabs every 30 days); MT
MEGLITINIDE ANALOGUES		
nateglinide tabs 60mg, 120mg	1	MT
repaglinide tabs 2mg	1	QL (240 tabs every 30 days); MT

Drug Name	Drug Tier	Requirements/Limits
repaglinide tabs .5mg, 1mg	1	QL (120 tabs every 30 days); MT
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TABS 5MG	3	QL (60 tabs every 30 days); MT
FARXIGA TABS 10MG	3	QL (30 tabs every 30 days); MT
JARDIANCE TABS 10MG, 25MG	3	QL (30 tabs every 30 days); MT
SULFONYLUREAS		
glimepiride tabs 1mg	1	QL (240 tabs every 30 days); MT
glimepiride tabs 2mg	1	QL (120 tabs every 30 days); MT
glimepiride tabs 4mg	1	QL (60 tabs every 30 days); MT
glipizide tabs 5mg; tb24 2.5mg	1	QL (240 tabs every 30 days); MT
glipizide tabs 10mg; tb24 5mg	1	QL (120 tabs every 30 days); MT
glipizide tb24 10mg	1	QL (60 tabs every 30 days); MT
glipizide xl tb24 2.5mg	1	QL (240 tabs every 30 days); MT
glipizide xl tb24 5mg	1	QL (120 tabs every 30 days); MT
glipizide xl tb24 10mg	1	QL (60 tabs every 30 days); MT
glyburide tabs 1.25mg, 2.5mg, 5mg	1	MT
glyburide micronized tabs 1.5mg, 3mg, 6mg	1	MT
ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
MYTESI TBEC 125MG	4	
ANTIPERISTALTIC AGENTS		
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	2	
diphenoxylate w/ atropine tab 2.5-0.025 mg	2	
MOTOFEN TAB 1-0.025	4	

Drug Name	Drug Tier	Requirements/Limits
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING		
ANTIDOTES - CHELATING AGENTS		
CHEMET CAPS 100MG	4	
deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbso 125mg, 250mg, 500mg	5	
deferiprone tabs 500mg, 1000mg	5	LD
FERRIPROX TWICE-A-DAY TABS 1000MG	6	LD
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING		
RADIOGARDASE CAPS .5GM	4	
OPIOID ANTAGONISTS		
ft naloxone hydrochloride liqd 4mg/0.1ml	2	QL (2 sprays every 30 days), OTC
gnp naloxone hydrochlorid liqd 4mg/0.1ml	2	QL (2 sprays every 30 days), OTC
KLOXXADO LIQD 8MG/0.1ML	4	QL (2 sprays every 30 days)
naloxone hcl liqd 4mg/0.1ml	2	QL (2 sprays every 30 days)
naloxone hcl liqd 4mg/0.1ml	2	QL (2 sprays every 30 days), OTC
naloxone hcl soct .4mg/ml; sosy .4mg/ml	2	QL (2 injections every 30 days)
naloxone hcl soln 4mg/10ml	2	QL (1 vial every 30 days)
naloxone hcl soln .4mg/ml	2	QL (2 vials every 30 days)
naloxone hcl sosy 2mg/2ml	2	QL (2 syringes every 30 days)
naltrexone hcl tabs 50mg	2	
narcan liqd 4mg/0.1ml	2	QL (2 sprays every 30 days), OTC
REZENOPY LIQD 10MG/0.11ML	4	QL (2 sprays every 30 days)
ZIMHI SOSY 5MG/0.5ML	4	QL (2 injections every 30 days)
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron hcl tabs 1mg	2	
ondansetron tbdp 4mg, 8mg	2	

Drug Name	Drug Tier	Requirements/Limits
ondansetron hcl soln 4mg/5ml; tabs 4mg, 8mg, 24mg	2	
ANTIEMETICS - ANTICHOLINERGIC		
meclizine hcl tabs 12.5mg, 25mg	2	
scopolamine pt72 1mg/3days, 1.5mg	2	
trimethobenzamide hcl caps 300mg	1	
ANTIEMETICS - MISCELLANEOUS		
dronabinol caps 2.5mg, 5mg, 10mg	2	
SYNDROS SOLN 5MG/ML	4	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant caps 40mg, 80mg, 125mg	2	
aprepitant capsule therapy pack 80 & 125 mg	2	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
griseofulvin microsize susp 125mg/5ml; tabs 500mg	2	
griseofulvin ultramicrosize tabs 125mg, 250mg	2	
nystatin tabs 500000unit	2	
terbinafine hcl tabs 250mg	2	
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA CAPS 74.5MG, 186MG	4	
fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg	2	
itraconazole caps 100mg	2	QL (120 caps every 30 days)
itraconazole soln 10mg/ml	2	
ketoconazole tabs 200mg	2	
posaconazole susp 40mg/ml	2	QL (630 mL every 30 days)
posaconazole tbec 100mg	2	QL (93 tabs every 30 days)
voriconazole susr 40mg/ml	2	QL (600 mL every 30 days)
voriconazole tabs 50mg	2	QL (480 tabs every 30 days)
voriconazole tabs 200mg	2	QL (120 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
ANTIHISTAMINES - ETHANOLAMINES		
carbinoxamine maleate soln 4mg/5ml; tabs 4mg	1	
carbzah soln 4mg/5ml	1	
clemastine fumarate tabs 2.68mg	1	
diphenhydramine hcl elix 12.5mg/5ml; soln 50mg/ml	1	
ANTIHISTAMINES - NON-SEDATING		
desloratadine tabs 5mg; tbdp 2.5mg, 5mg	2	
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine hcl soln 6.25mg/5ml, 12.5mg/10ml; supp 12.5mg, 25mg; tabs 12.5mg, 25mg, 50mg	1	
promethegan supp 12.5mg, 25mg, 50mg	1	
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl syrp 2mg/5ml; tabs 4mg	2	
ANTIHYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL		
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe-simvastatin tab 10-10 mg	1	MT
ezetimibe-simvastatin tab 10-20 mg	1	MT
ezetimibe-simvastatin tab 10-40 mg	1	MT
ezetimibe-simvastatin tab 10-80 mg	1	MT
ANTIHYPERLIPIDEMICS - MISC.		
omega-3-acid ethyl esters caps 1gm	1	MT
VASCEPA CAPS .5GM, 1GM	1	MT
BILE ACID SEQUESTRANTS		
cholestyramine pack 4gm; powd 4gm/dose	1	MT
cholestyramine light pack 4gm; powd 4gm/dose	1	MT
colesevelam hcl pack 3.75gm; tabs 625mg	2	MT
colestipol hcl gran 5gm; pack 5gm; tabs 1gm	1	MT
prevalite pack 4gm; powd 4gm/dose	1	MT
FIBRIC ACID DERIVATIVES		
fenofibrate caps 50mg, 150mg	2	MT
fenofibrate tabs 48mg, 54mg, 145mg, 160mg	1	MT
fenofibrate micronized caps 43mg, 67mg, 134mg, 200mg	1	MT
fenofibric acid tabs 35mg, 105mg	1	MT

Drug Name	Drug Tier	Requirements/Limits
FIBRICOR TABS 35MG, 105MG	4	MT
gemfibrozil tabs 600mg	1	MT
LIPOFEN CAPS 50MG, 150MG	4	MT
HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium tabs 10mg, 20mg	1	ACA, MT
atorvastatin calcium tabs 40mg, 80mg	1	MT
fluvastatin sodium caps 20mg, 40mg; tb24 80mg	1	ACA, MT
lovastatin tabs 10mg, 20mg, 40mg	1	ACA, MT
pitavastatin calcium tabs 1mg, 2mg, 4mg	1	ACA, MT
pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg	1	ACA, MT
rosuvastatin calcium tabs 5mg, 10mg	1	ACA, MT
rosuvastatin calcium tabs 20mg, 40mg	1	MT
simvastatin tabs 5mg, 10mg, 20mg, 40mg	1	ACA, MT
simvastatin tabs 80mg	1	MT
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tabs 10mg	1	MT
NICOTINIC ACID DERIVATIVES		
niacin (antihyperlipidemic) tabs 500mg	1	
niacin (antihyperlipidemic) tbcr 500mg, 750mg, 1000mg	2	MT
niacor tabs 500mg	1	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA SOSY 140MG/ML	3	QL (2 pens every 28 days); MT
REPATHA PUSHTRONEX SYSTEM SOCT 420MG/3.5ML	3	QL (1 cartridge every 28 days); MT
REPATHA SURECLICK SOAJ 140MG/ML	3	QL (2 syringes every 28 days); MT
ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ACE INHIBITORS		
benazepril hcl tabs 5mg, 10mg, 20mg, 40mg	1	MT
captopril tabs 12.5mg, 25mg, 50mg, 100mg	1	MT
enalapril maleate soln 1mg/ml; tabs 2.5mg, 5mg, 10mg, 20mg	1	MT
fosinopril sodium tabs 10mg, 20mg, 40mg	1	MT
lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	MT
moexipril hcl tabs 7.5mg, 15mg	1	MT

Drug Name	Drug Tier	Requirements/Limits
perindopril erbumine tabs 2mg, 4mg, 8mg	1	MT
quinapril hcl tabs 5mg, 10mg, 20mg, 40mg	1	MT
ramipril caps 1.25mg, 2.5mg, 5mg, 10mg	1	MT
trandolapril tabs 1mg, 2mg, 4mg	1	MT
AGENTS FOR PHEOCHROMOCYTOMA		
phenoxybenzamine hcl caps 10mg	2	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg	1	MT
EDARBI TABS 40MG, 80MG	4	MT
irbesartan tabs 75mg, 150mg, 300mg	1	MT
losartan potassium tabs 25mg, 50mg, 100mg	1	MT
olmesartan medoxomil tabs 5mg, 20mg, 40mg	1	MT
telmisartan tabs 20mg, 40mg, 80mg	1	MT
valsartan tabs 40mg, 80mg, 160mg, 320mg	1	MT
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr	2	MT
clonidine hcl tabs .1mg, .2mg, .3mg	1	MT
doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg	1	MT
guanfacine hcl tabs 1mg, 2mg	1	MT
methyldopa tabs 250mg, 500mg	1	MT
prazosin hcl caps 1mg, 2mg, 5mg	1	MT
terazosin hcl caps 1mg, 2mg, 5mg, 10mg	1	MT
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	MT
amlodipine besylate-benazepril hcl cap 5-10 mg	1	MT
amlodipine besylate-benazepril hcl cap 5-20 mg	1	MT
amlodipine besylate-benazepril hcl cap 5-40 mg	1	MT
amlodipine besylate-benazepril hcl cap 10-20 mg	1	MT
amlodipine besylate-benazepril hcl cap 10-40 mg	1	MT

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	MT
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	MT
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	MT
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	MT
amlodipine besylate-valsartan tab 5-160 mg	1	MT
amlodipine besylate-valsartan tab 5-320 mg	1	MT
amlodipine besylate-valsartan tab 10-160 mg	1	MT
amlodipine besylate-valsartan tab 10-320 mg	1	MT
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	1	MT
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	1	MT
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	1	MT
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	1	MT
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	1	MT
atenolol & chlorthalidone tab 50-25 mg	1	MT
atenolol & chlorthalidone tab 100-25 mg	1	MT
benazepril & hydrochlorothiazide tab 5-6.25 mg	1	MT
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	MT
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	MT
benazepril & hydrochlorothiazide tab 20-25 mg	1	MT
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	MT
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	MT
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	MT
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	MT

Drug Name	Drug Tier	Requirements/Limits
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	MT
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	MT
captopril & hydrochlorothiazide tab 25-15 mg	1	MT
captopril & hydrochlorothiazide tab 25-25 mg	1	MT
captopril & hydrochlorothiazide tab 50-15 mg	1	MT
captopril & hydrochlorothiazide tab 50-25 mg	1	MT
EDARBYCLOR TAB 40-12.5	4	MT
EDARBYCLOR TAB 40-25MG	4	MT
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	MT
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	MT
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	MT
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	MT
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	MT
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	MT
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	MT
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	MT
lisinopril & hydrochlorothiazide tab 20-25 mg	1	MT
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	MT
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	MT
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	MT
metoprolol & hydrochlorothiazide tab 50-25 mg	1	MT
metoprolol & hydrochlorothiazide tab 100-25 mg	1	MT
metoprolol & hydrochlorothiazide tab 100-50 mg	1	MT
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	MT

Drug Name	Drug Tier	Requirements/Limits
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	MT
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	MT
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	MT
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	MT
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	MT
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	MT
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	1	MT
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	MT
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	MT
quinapril-hydrochlorothiazide tab 20-25 mg	1	MT
telmisartan-amlodipine tab 40-5 mg	1	MT
telmisartan-amlodipine tab 40-10 mg	1	MT
telmisartan-amlodipine tab 80-5 mg	1	MT
telmisartan-amlodipine tab 80-10 mg	1	MT
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	MT
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	MT
telmisartan-hydrochlorothiazide tab 80-25 mg	1	MT
trandolapril-verapamil hcl tab er 1-240 mg	1	MT
trandolapril-verapamil hcl tab er 2-180 mg	1	MT
trandolapril-verapamil hcl tab er 2-240 mg	1	MT
trandolapril-verapamil hcl tab er 4-240 mg	1	MT
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	MT
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	MT
valsartan-hydrochlorothiazide tab 160-25 mg	1	MT
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	MT
valsartan-hydrochlorothiazide tab 320-25 mg	1	MT
DIRECT RENIN INHIBITORS		
aliskiren fumarate tabs 150mg, 300mg	1	MT

Drug Name	Drug Tier	Requirements/Limits
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tabs 25mg, 50mg	1	MT
VASODILATORS		
hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg	1	MT
minoxidil tabs 2.5mg, 10mg	1	MT
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl tab 62.5-25 mg	2	
atovaquone-proguanil hcl tab 250-100 mg	2	
COARTEM TAB 20-120MG	4	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
ARAKODA TABS 100MG	4	
chloroquine phosphate tabs 250mg, 500mg	2	
hydroxychloroquine sulfate tabs 200mg	2	
KRINTAFEL TABS 150MG	4	
mefloquine hcl tabs 250mg	2	
primaquine phosphate tabs 26.3mg	2	
PRIMAQUINE PHOSPHATE TABS 26.3MG	4	
pyrimethamine tabs 25mg	5	PA
quinine sulfate caps 324mg	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS		
FIRDAPSE TABS 10MG	6	PA; LD
pyridostigmine bromide soln 60mg/5ml; tabs 60mg; tbcr 180mg	2	
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS		
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS		
cycloserine caps 250mg	2	
ethambutol hcl tabs 100mg, 400mg	2	
isoniazid syrp 50mg/5ml	2	
isoniazid tabs 100mg, 300mg	1	
PRETOMANID TABS 200MG	4	
PRIFTIN TABS 150MG	4	
pyrazinamide tabs 500mg	2	
rifabutin caps 150mg	2	
rifampin caps 150mg, 300mg	2	

Drug Name	Drug Tier	Requirements/Limits
SIRTURO TABS 20MG, 100MG	6	
TRECATOR TABS 250MG	4	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
cyclophosphamide caps 25mg, 50mg	2	
CYCLOPHOSPHAMIDE TABS 25MG, 50MG	4	
GLEOSTINE CAPS 10MG, 40MG, 100MG	4	
LEUKERAN TABS 2MG	4	
lomustine caps 10mg, 40mg, 100mg	2	
melphalan tabs 2mg	2	
MYLERAN TABS 2MG	4	
temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg	5	PA
ANTIMETABOLITES		
capecitabine tabs 150mg, 500mg	5	PA
mercaptopurine susp 2000mg/100ml	5	
mercaptopurine tabs 50mg	2	
methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml, 1000mg/40ml; solr 1gm; tabs 2.5mg	2	
ONUREG TABS 200MG, 300MG	6	PA, QL (14 tabs every 28 days); LD
TABLOID TABS 40MG	4	
TREXALL TABS 5MG, 7.5MG, 10MG, 15MG	4	
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
FRUZAQLA CAPS 1MG	6	PA, QL (84 caps every 28 days); LD
FRUZAQLA CAPS 5MG	6	PA, QL (21 caps every 28 days); LD
INLYTA TABS 1MG	6	PA, QL (240 tabs every 30 days); LD
INLYTA TABS 5MG	6	PA, QL (120 tabs every 30 days); LD
LENVIMA 4 MG DAILY DOSE CPPK 4MG	6	PA, QL (30 caps every 30 days); LD
LENVIMA 8 MG DAILY DOSE CPPK 4MG	6	PA, QL (60 caps every 30 days); LD
LENVIMA 10 MG DAILY DOSE CPPK 10MG	6	PA, QL (30 caps every 30 days); LD

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 12MG DAILY DOSE CPPK 4MG	6	PA, QL (90 caps every 30 days); LD
LENVIMA 20 MG DAILY DOSE CPPK 10MG	6	PA, QL (60 caps every 30 days); LD
LENVIMA CAP 14 MG	6	PA, QL (60 caps every 30 days); LD
LENVIMA CAP 18 MG	6	PA, QL (90 caps every 30 days); LD
LENVIMA CAP 24 MG	6	PA, QL (90 caps every 30 days); LD
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERNEXEOS TABS 60MG	6	PA, QL (120 tabs every 30 days); LD
TUKYSA TABS 50MG, 150MG	6	PA; LD
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TABS 10MG, 50MG	6	PA, QL (112 tabs every 28 days); LD
VENCLEXTA TABS 100MG	6	PA, QL (180 tabs every 30 days); LD
VENCLEXTA TAB START PK	6	PA, QL (42 tabs every 28 days); LD
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib hcl tabs 25mg	5	PA, QL (60 tabs every 30 days)
erlotinib hcl tabs 100mg, 150mg	5	PA, QL (30 tabs every 30 days)
gefitinib tabs 250mg	5	PA, QL (30 tabs every 30 days)
GILOTRIF TABS 20MG, 30MG, 40MG	6	PA, QL (30 tabs every 30 days); LD
LAZCLUZE TABS 80MG	6	PA, QL (60 tabs every 30 days); LD
LAZCLUZE TABS 240MG	6	PA, QL (30 tab every 30 days); LD
TAGRISSO TABS 40MG, 80MG	6	PA, QL (30 tabs every 30 days); LD
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO TABS 25MG	6	PA, QL (60 tabs every 30 days); LD

Drug Name	Drug Tier	Requirements/Limits
DAURISMO TABS 100MG	6	PA, QL (30 tabs every 30 days); LD
ERIVEDGE CAPS 150MG	6	PA, QL (28 caps every 28 days); LD
ODOMZO CAPS 200MG	6	PA, QL (30 caps every 30 days); LD
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate tabs 250mg	6	PA, QL (120 tabs every 30 days)
abiraterone acetate tabs 500mg	6	PA, QL (60 tabs every 30 days)
abirtega tabs 250mg	5	PA, QL (120 tabs every 30 days)
AKEEGA TAB 50/500MG	6	PA, QL (60 tabs every 30 days); LD
AKEEGA TAB 100/500	6	PA, QL (60 tabs every 30 days); LD
anastrozole tabs 1mg	2	ACA, MT
bicalutamide tabs 50mg	2	
EMCYT CAPS 140MG	4	
ERLEADA TABS 60MG	5	PA, QL (120 tabs every 30 days); LD
ERLEADA TABS 240MG	5	PA, QL (30 tabs every 30 days); LD
exemestane tabs 25mg	2	ACA, MT
INLURIYO TABS 200MG	6	PA, QL (56 tabs every 28 days); LD
letrozole tabs 2.5mg	2	MT
leuprolide acetate kit 1mg/0.2ml, 14mg/2.8ml	5	
LYSODREN TABS 500MG	6	LD
megestrol acetate susp 40mg/ml, 400mg/10ml, 800mg/20ml; tabs 20mg, 40mg	2	
nilutamide tabs 150mg	5	
NUBEQA TABS 300MG	5	PA, QL (120 tabs every 30 days); LD
ORGOVYX TABS 120MG	6	PA, QL (30 tabs every 30 days); LD
ORSERDU TABS 86MG	6	PA, QL (90 tabs every 30 days); LD

Drug Name	Drug Tier	Requirements/Limits
ORSERDU TABS 345MG	6	PA, QL (30 tabs every 30 days); LD
SOLTAMOX SOLN 10MG/5ML	4	MT
tamoxifen citrate tabs 10mg, 20mg	2	ACA, MT
toremifene citrate tabs 60mg	2	MT
XTANDI CAPS 40MG	5	PA, QL (120 caps every 30 days); LD
XTANDI TABS 40MG	5	PA, QL (120 tabs every 30 days); LD
XTANDI TABS 80MG	5	PA, QL (60 tabs every 30 days); LD
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG TABS 40MG	6	PA, QL (90 tabs every 30 days); LD
ANTINEOPLASTIC - IMMUNOMODULATORS		
pomalidomide caps 1mg, 2mg, 3mg, 4mg	6	PA, QL (21 caps every 28 days); LD
POMALYST CAPS 1MG, 2MG, 3MG, 4MG	6	PA, QL (21 caps every 28 days); LD
ANTINEOPLASTIC - MENIN INHIBITORS		
KOMZIFTI CAPS 200MG	6	PA, QL (90 capsules every 30 days); LD
REVUFORJ TABS 25MG	6	PA, QL (240 tabs every 30 days); LD
REVUFORJ TABS 110MG	6	PA, QL (120 tabs every 30 days); LD
REVUFORJ TABS 160MG	6	PA, QL (60 tabs every 30 days); LD
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT TABS 25MG, 50MG, 100MG, 200MG, 300MG	6	PA, QL (30 tabs every 30 days); LD
ANTINEOPLASTIC - PROTEASE ACTIVATORS		
MODEYSO CAPS 125MG	6	PA, QL (20 caps every 28 days); LD
ANTINEOPLASTIC COMBINATIONS		
AVMAPKI PAK FAKZYNJA	6	PA, QL (1 pack every 28 days); LD
INQOVI TAB 35-100MG	6	PA, QL (5 tabs every 28 days); LD

Drug Name	Drug Tier	Requirements/Limits
KISQALI 200 PAK FEMARA	5	PA, QL (49 tabs every 28 days)
KISQALI 400 PAK FEMARA	5	PA, QL (70 tabs every 28 days)
KISQALI 600 PAK FEMARA	5	PA, QL (91 tabs every 28 days)
LONSURF TAB 15-6.14	6	PA; LD
LONSURF TAB 20-8.19	6	PA; LD
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA CAPS 150MG	6	PA, QL (240 caps every 30 days); LD
ALUNBRIG TABS 30MG	6	PA, QL (120 tabs every 30 days); LD
ALUNBRIG TABS 90MG, 180MG	6	PA, QL (30 tabs every 30 days); LD
ALUNBRIG PAK	6	PA, QL (30 tabs every 30 days); LD
AUGTYRO CAPS 40MG	6	PA, QL (240 caps every 30 days); LD
AUGTYRO CAPS 160MG	6	PA, QL (60 caps every 30 days); LD
BALVERSA TABS 3MG	6	PA, QL (84 tabs every 28 days); LD
BALVERSA TABS 4MG	6	PA, QL (56 tabs every 28 days); LD
BALVERSA TABS 5MG	6	PA, QL (28 tabs every 28 days); LD
BOSULIF CAPS 50MG	6	PA, QL (30 caps every 30 days); LD
BOSULIF CAPS 100MG	6	PA, QL (180 caps every 30 days); LD
BOSULIF TABS 100MG	6	PA, QL (90 tabs every 30 days); LD
BOSULIF TABS 400MG, 500MG	6	PA, QL (30 tabs every 30 days); LD
BRAFTOVI CAPS 75MG	6	PA, QL (180 caps every 30 days); LD
BRUKINSA CAPS 80MG	6	PA, QL (120 caps every 30 days); LD

Drug Name	Drug Tier	Requirements/Limits
BRUKINSA TABS 160MG	6	PA, QL (60 tabs every 30 days); LD
CABOMETYX TABS 20MG, 40MG, 60MG	6	PA, QL (30 tabs every 30 days); LD
CALQUENCE TABS 100MG	6	PA, QL (60 tabs every 30 days); LD
CAPRELSA TABS 100MG	6	PA, QL (60 tabs every 30 days); LD
CAPRELSA TABS 300MG	6	PA, QL (30 tabs every 30 days); LD
COMETRIQ KIT 20MG	6	LD
COMETRIQ KIT 100MG	6	LD
COMETRIQ KIT 140MG	6	LD
COPIKTRA CAPS 15MG, 25MG	6	PA, QL (56 caps every 28 days); LD
COTELLIC TABS 20MG	6	PA, QL (63 tabs every 28 days); LD
dasatinib tabs 20mg	5	PA, QL (90 tabs every 30 days)
dasatinib tabs 50mg, 70mg, 80mg, 100mg, 140mg	5	PA, QL (30 tabs every 30 days)
everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg	5	PA, QL (28 tabs every 28 days)
everolimus tbso 2mg, 5mg	5	PA, QL (56 tabs every 28 days)
everolimus tbso 3mg	5	PA, QL (84 tabs every 28 days)
FOTIVDA CAPS .89MG, 1.34MG	6	PA; LD
GAVRETO CAPS 100MG	6	PA, QL (120 caps every 30 days); LD
IBRANCE CAPS 75MG, 100MG, 125MG	5	PA, QL (21 caps every 28 days); LD
IBRANCE TABS 75MG, 100MG, 125MG	5	PA, QL (21 tabs every 28 days); LD
IBTROZI CAPS 200MG	6	PA, QL (90 caps every 30 days); LD
ICLUSIG TABS 10MG, 15MG, 30MG, 45MG	6	PA, QL (30 tabs every 30 days); LD
IDHIFA TABS 50MG, 100MG	6	PA, QL (30 tabs every 30 days); LD

Drug Name	Drug Tier	Requirements/Limits
imatinib mesylate tabs 100mg	5	PA, QL (90 tabs every 30 days)
imatinib mesylate tabs 400mg	5	PA, QL (60 tabs every 30 days)
IMBRUVICA CAPS 70MG	6	PA, QL (28 caps every 28 days); LD
IMBRUVICA CAPS 140MG	6	PA, QL (90 caps every 30 days); LD
IMBRUVICA SUSP 70MG/ML	6	PA, QL (324 mL every 30 days); LD
IMBRUVICA TABS 420MG	6	PA, QL (28 tabs every 28 days); LD
IMKELDI SOLN 80MG/ML	6	PA, QL (280 mL every 28 days); LD
INREBIC CAPS 100MG	6	PA, QL (120 caps every 30 days); LD
ITOVEBI TABS 3MG	6	PA, QL (56 tabs every 28 days); LD
ITOVEBI TABS 9MG	6	PA, QL (28 tabs every 28 days); LD
JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG	6	PA, QL (60 tabs every 30 days); LD
JAYPIRCA TABS 50MG, 100MG	6	PA, QL (90 tabs every 30 days); LD
KISQALI 200 MG DAILY DOSE TBPK 200MG	5	PA, QL (21 tabs every 28 days); LD
KISQALI 400 MG DAILY DOSE TBPK 200MG	5	PA, QL (42 tabs every 28 days); LD
KISQALI 600 MG DAILY DOSE TBPK 200MG	5	PA, QL (63 tabs every 28 days); LD
KOSELUGO CAPS 10MG, 25MG; CPSP 5MG, 7.5MG	6	PA; LD
KRAZATI TABS 200MG	6	PA, QL (180 tabs every 30 days); LD
lapatinib ditosylate tabs 250mg	5	PA, QL (180 tabs every 30 days)
LORBRENA TABS 25MG	6	PA, QL (90 tabs every 30 days); LD
LORBRENA TABS 100MG	6	PA, QL (30 tabs every 30 days); LD

Drug Name	Drug Tier	Requirements/Limits
LUMAKRAS TABS 120MG	6	PA, QL (240 tabs every 30 days); LD
LUMAKRAS TABS 240MG	6	PA, QL (120 tabs every 30 days); LD
LUMAKRAS TABS 320MG	6	PA, QL (90 tabs every 30 days); LD
LYNPARZA TABS 100MG, 150MG	6	PA, QL (120 tabs every 30 days); LD
MEKINIST SOLR .05MG/ML	6	PA; LD
MEKINIST TABS 2MG	6	PA, QL (30 tabs every 30 days); LD
MEKINIST TABS .5MG	6	PA, QL (90 tabs every 30 days); LD
MEKTOVI TABS 15MG	6	PA, QL (180 tabs every 30 days); LD
NERLYNX TABS 40MG	6	PA; LD
nilotinib hcl caps 50mg	5	PA, QL (120 caps every 30 days)
nilotinib hcl caps 150mg, 200mg	5	PA, QL (112 caps every 28 days)
NINLARO CAPS 2.3MG, 3MG, 4MG	6	PA, QL (3 caps every 28 days); LD
OGSIVEO TABS 50MG	6	PA, QL (180 tabs every 30 days); LD
OGSIVEO TABS 100MG, 150MG	6	PA, QL (60 tabs every 30 days); LD
OJEMDA SUSR 25MG/ML	6	PA; LD
OJEMDA TABS 100MG	6	PA, QL (24 tabs every 28 days); LD
OJJAARA TABS 100MG, 150MG, 200MG	6	PA, QL (30 tabs every 30 days); LD
pazopanib hcl tabs 200mg	5	PA, QL (120 tabs every 30 days)
pazopanib hcl tabs 400mg	5	PA, QL (60 tabs every 30 days); LD
PEMAZYRE TABS 4.5MG, 9MG, 13.5MG	6	PA; LD
PIQRAY 200MG DAILY DOSE TBPK 200MG	6	PA, QL (28 tabs every 28 days); LD
PIQRAY 250MG TAB DOSE	6	PA, QL (56 tabs every 28 days); LD

Drug Name	Drug Tier	Requirements/Limits
PIQRAY 300MG DAILY DOSE TBPK 150MG	6	PA, QL (56 tabs every 28 days); LD
QINLOCK TABS 50MG	6	PA, QL (90 tabs every 30 days); LD
RETEVMO TABS 40MG	6	PA, QL (90 tabs every 30 days); LD
RETEVMO TABS 80MG	6	PA, QL (120 tabs every 30 days); LD
RETEVMO TABS 120MG, 160MG	6	PA, QL (60 tabs every 30 days); LD
REZLIDHIA CAPS 150MG	6	PA, QL (60 caps every 30 days); LD
ROZLYTREK CAPS 100MG, 200MG; PACK 50MG	6	PA; LD
RUBRACA TABS 200MG, 250MG, 300MG	6	PA, QL (120 tabs every 30 days); LD
RYDAPT CAPS 25MG	6	PA
sorafenib tosylate tabs 200mg	5	PA, QL (120 tabs every 30 days)
STIVARGA TABS 40MG	6	PA, QL (84 tabs every 28 days); LD
sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg	6	PA, QL (28 caps every 28 days)
TABRECTA TABS 150MG, 200MG	6	PA, QL (112 tabs every 28 days)
TAFINLAR CAPS 50MG, 75MG	6	PA, QL (120 caps every 30 days); LD
TAFINLAR TBSO 10MG	6	PA; LD
TALZENNA CAPS .1MG, .25MG, .35MG, .5MG, .75MG, 1MG	6	PA, QL (30 caps every 30 days); LD
TEPMETKO TABS 225MG	6	PA, QL (60 tabs every 30 days); LD
TIBSOVO TABS 250MG	6	PA, QL (60 tabs every 30 days); LD
torpenz tabs 2.5mg, 5mg, 7.5mg, 10mg	5	PA, QL (28 tabs every 28 days); LD
TRUQAP TABS 160MG, 200MG; TBPK 160MG, 200MG	6	PA, QL (64 tabs every 28 days); LD
TURALIO CAPS 125MG	6	PA, QL (120 caps every 30 days); LD
VANFLYTA TABS 17.7MG, 26.5MG	6	PA; LD

Drug Name	Drug Tier	Requirements/Limits
VERZENIO TABS 50MG, 100MG, 150MG, 200MG	6	PA, QL (56 tabs every 28 days); LD
VITRAKVI CAPS 25MG	6	PA, QL (180 caps every 30 days); LD
VITRAKVI CAPS 100MG	6	PA, QL (60 caps every 30 days); LD
VITRAKVI SOLN 20MG/ML	6	PA, QL (300 mL every 30 days); LD
VONJO CAPS 100MG	6	PA, QL (120 caps every 30 days); LD
VORANIGO TABS 10MG	6	PA, QL (60 tabs every 30 days); LD
VORANIGO TABS 40MG	6	PA, QL (30 tabs every 30 days); LD
XALKORI CAPS 200MG, 250MG	6	PA, QL (120 caps every 30 days); LD
XALKORI CPSP 20MG, 50MG	6	PA, QL (240 caps every 30 days); LD
XALKORI CPSP 150MG	6	PA, QL (180 caps every 30 days); LD
XOSPATA TABS 40MG	6	PA, QL (90 tabs every 30 days); LD
ZEJULA TABS 100MG, 200MG, 300MG	6	PA, QL (30 tabs every 30 days); LD
ZELBORAF TABS 240MG	6	PA, QL (240 tabs every 30 days); LD
ZOLINZA CAPS 100MG	6	
ZYDELIG TABS 100MG, 150MG	6	PA, QL (60 tabs every 30 days); LD
ZYKADIA TABS 150MG	6	PA, QL (90 tabs every 30 days); LD
ANTINEOPLASTICS MISC.		
ACTIMMUNE SOLN 100MCG/0.5ML	6	LD
BESREMI SOSY 500MCG/ML	6	PA; LD
bexarotene caps 75mg	5	PA
hydroxyurea caps 500mg	2	
MATULANE CAPS 50MG	6	LD
TICE BCG SUSR 50MG	4	
tretinoin (chemotherapy) caps 10mg	2	

Drug Name	Drug Tier	Requirements/Limits
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
IWILFIN TABS 192MG	6	PA, QL (240 tabs every 30 days); LD
lederle leucovorin tabs 5mg	2	
leucovorin calcium tabs 5mg, 10mg, 15mg, 25mg	2	
mesna tabs 400mg	2	
MITOTIC INHIBITORS		
etoposide caps 50mg	1	
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAPS .25MG, 1MG	6	
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
ANTIPARKINSON ADJUNCTIVE THERAPY		
carbidopa tabs 25mg	2	MT
NOURIANZ TABS 20MG, 40MG	6	
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate tabs .5mg, 1mg, 2mg	2	MT
trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg	1	MT
ANTIPARKINSON COMT INHIBITORS		
entacapone tabs 200mg	2	MT
tolcapone tabs 100mg	2	MT
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl caps 100mg; soln 50mg/5ml, 100mg/10ml; tabs 100mg	2	MT
apomorphine hydrochloride soct 30mg/3ml	5	
bromocriptine mesylate caps 5mg; tabs 2.5mg	2	MT
carbidopa & levodopa orally disintegrating tab 10-100 mg	2	
carbidopa & levodopa orally disintegrating tab 25-100 mg	2	
carbidopa & levodopa orally disintegrating tab 25-250 mg	2	
carbidopa & levodopa tab 10-100 mg	2	
carbidopa & levodopa tab 25-100 mg	2	
carbidopa & levodopa tab 25-250 mg	2	
carbidopa & levodopa tab er 25-100 mg	2	

Drug Name	Drug Tier	Requirements/Limits
carbidopa & levodopa tab er 50-200 mg	2	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	2	MT
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	2	MT
carbidopa-levodopa-entacapone tabs 25-100-200 mg	2	MT
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	2	MT
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	2	MT
carbidopa-levodopa-entacapone tabs 50-200-200 mg	2	MT
DUOPA SUS 4.63-20	6	LD
NEUPRO PT24 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR	3	MT
pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	2	MT
ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; tb24 2mg, 4mg, 6mg, 8mg, 12mg	2	MT
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
rasagiline mesylate tabs .5mg, 1mg	2	MT
selegiline hcl caps 5mg; tabs 5mg	2	MT
ZELAPAR TBDP 1.25MG	4	MT
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES		
ANTIMANIC AGENTS		
lithium soln 8meq/5ml	2	
lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbcr 300mg, 450mg	2	
ANTIPSYCHOTICS - MISC.		
CAPLYTA CAPS 10.5MG, 21MG, 42MG	4	PA
EQUETRO CP12 100MG, 200MG, 300MG	4	
lurasidone hcl tabs 20mg, 40mg, 60mg, 80mg, 120mg	2	PA
NUPLAZID CAPS 34MG; TABS 10MG	6	PA; LD

Drug Name	Drug Tier	Requirements/Limits
VRAYLAR CAPS .5MG, .75MG, 1.5MG, 3MG, 4.5MG, 6MG	3	PA
ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg	1	PA
BENZISOXAZOLES		
FANAPT TABS 1MG, 2MG, 4MG, 6MG, 8MG, 10MG, 12MG	4	PA
FANAPT PAK PACK A	4	PA
FANAPT PAK PACK B	4	PA
FANAPT PAK PACK C	4	PA
INVEGA HAFYERA SUSY 1092MG/3.5ML, 1560MG/5ML	4	
INVEGA SUSTENNA SUSY 39MG/0.25ML, 78MG/0.5ML, 117MG/0.75ML, 156MG/ML, 234MG/1.5ML	4	
INVEGA TRINZA SUSY 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML	4	
paliperidone tb24 1.5mg, 3mg, 6mg, 9mg	1	PA
PERSERIS PRSY 90MG, 120MG	3	
risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	PA
risperidone microspheres srer 12.5mg, 25mg, 37.5mg, 50mg	2	
RYKINDO SRER 25MG, 37.5MG, 50MG	4	
UZEDY SUSY 50MG/0.14ML, 75MG/0.21ML, 100MG/0.28ML, 125MG/0.35ML, 150MG/0.42ML, 200MG/0.56ML, 250MG/0.7ML	4	
BUTYROPHENONES		
haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
haloperidol lactate conc 2mg/ml	1	
DIBENZAPINES		
asenapine maleate subl 2.5mg, 5mg, 10mg	1	PA
clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg	1	PA
loxapine succinate caps 5mg, 10mg, 25mg, 50mg	1	

Drug Name	Drug Tier	Requirements/Limits
olanzapine tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg	1	PA
quetiapine fumarate tabs 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg; tb24 50mg, 150mg, 200mg, 300mg, 400mg	1	PA
ZYPREXA RELPREVV SUSR 210MG, 300MG, 405MG	4	
DIHYDROINDOLONES		
molindone hcl tabs 5mg, 10mg, 25mg	1	
PHENOTHIAZINES		
chlorpromazine hcl conc 30mg/ml, 100mg/ml; tabs 10mg, 25mg, 50mg, 100mg, 200mg	1	
compro supp 25mg	2	
fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg	1	
perphenazine tabs 2mg, 4mg, 8mg, 16mg	1	
prochlorperazine supp 25mg	2	
prochlorperazine maleate tabs 5mg, 10mg	2	
thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg	1	
trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg	1	
QUINOLINONE DERIVATIVES		
ABILIFY ASIMTUFII PRSY 720MG/2.4ML, 960MG/3.2ML	4	
ABILIFY MAINTENA PRSY 300MG, 400MG; SRER 300MG, 400MG	3	
aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; tbdp 10mg, 15mg	1	PA
ARISTADA PRSY 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML, 1064MG/3.9ML	3	
ARISTADA INITIO PRSY 675MG/2.4ML	3	
REXULTI TABS .25MG, .5MG, 1MG, 2MG, 3MG, 4MG	4	PA
THIOXANTHENES		
thiothixene caps 1mg, 2mg, 5mg, 10mg	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
ANTIRETROVIRALS		
abacavir sulfate soln 20mg/ml	5	QL (960 mL every 30 days)
abacavir sulfate tabs 300mg	5	QL (60 tabs every 30 days)
abacavir sulfate-lamivudine tab 600-300 mg	5	QL (30 tabs every 30 days)
APRETUDE SUER 600MG/3ML	5	QL (6 mL every 90 days); ACA, LD
APTIVUS CAPS 250MG	6	QL (120 caps every 30 days)
atazanavir sulfate caps 150mg, 200mg	5	QL (60 caps every 30 days)
atazanavir sulfate caps 300mg	5	QL (30 caps every 30 days)
BIKTARVY TAB	5	QL (30 tabs every 30 days)
CABENUVA SUS 400-600	5	QL (50 mL every 365 days); LD
CABENUVA SUS 600-900	5	QL (50 mL every 365 days); LD
CIMDUO TAB 300-300	5	QL (30 tabs every 30 days)
darunavir tabs 600mg	5	QL (60 tabs every 30 days)
darunavir tabs 800mg	5	QL (30 tabs every 30 days)
DELSTRIGO TAB	6	QL (30 tabs every 30 days)
DESCOVY TAB 120-15MG	5	QL (30 tabs every 30 days)
DESCOVY TAB 200/25MG	5	QL (30 tabs every 30 days); ACA
DOVATO TAB 50-300MG	5	QL (30 tabs every 30 days)
EDURANT TABS 25MG	6	QL (30 tabs every 30 days)
EDURANT PED TBSO 2.5MG	6	QL (180 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
efavirenz caps 50mg	5	QL (480 caps every 30 days)
efavirenz caps 200mg	5	QL (120 caps every 30 days)
efavirenz tabs 600mg	5	QL (30 tabs every 30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	5	QL (30 tabs every 30 days)
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5	QL (30 tabs every 30 days)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	5	QL (30 tabs every 30 days)
emtricitabine caps 200mg	5	QL (30 caps every 30 days)
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	5	QL (30 tabs every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	5	QL (30 tabs every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	5	QL (30 tabs every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	5	QL (30 tabs every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	5	QL (30 tabs every 30 days); ACA
EMTRIVA SOLN 10MG/ML	6	QL (680 mL every 28 days)
etravirine tabs 100mg	5	QL (120 tabs every 30 days)
etravirine tabs 200mg	5	QL (60 tabs every 30 days)
EVOTAZ TAB 300-150	5	QL (30 tabs every 30 days)
fosamprenavir calcium tabs 700mg	5	QL (120 tabs every 30 days)
FUZEON SOLR 90MG	6	QL (60 mL every 30 days); LD
GENVOYA TAB	5	QL (30 tabs every 30 days)
INTELENCE TABS 25MG	6	QL (120 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS CHEW 25MG, 100MG	6	QL (180 tabs every 30 days)
ISENTRESS PACK 100MG	6	QL (300 packets every 30 days)
ISENTRESS TABS 400MG	6	QL (120 tabs every 30 days)
ISENTRESS HD TABS 600MG	6	QL (60 tabs every 30 days)
JULUCA TAB 50-25MG	6	QL (30 tabs every 30 days)
KALETRA SOL	6	QL (320 mL every 24 days)
lamivudine soln 10mg/ml, 300mg/30ml	5	QL (900 mL every 30 days)
lamivudine tabs 150mg	5	QL (60 tabs every 30 days)
lamivudine tabs 300mg	5	QL (30 tabs every 30 days)
lamivudine-zidovudine tab 150-300 mg	5	QL (60 tabs every 30 days)
lopinavir-ritonavir tab 100-25 mg	5	QL (300 tabs every 30 days)
lopinavir-ritonavir tab 200-50 mg	5	QL (150 tabs every 30 days)
maraviroc tabs 150mg	5	QL (240 tabs every 30 days)
maraviroc tabs 300mg	5	QL (120 tabs every 30 days)
nevirapine susp 50mg/5ml	5	QL (1200 mL every 30 days)
nevirapine tabs 200mg	5	QL (60 tabs every 30 days)
nevirapine tb24 400mg	5	QL (30 tabs every 30 days)
NORVIR PACK 100MG	6	QL (360 packets every 30 days)
ODEFSEY TAB	5	QL (30 tabs every 30 days)
PIFELTRO TABS 100MG	6	QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
PREZCOBIX TAB 675/150	5	QL (30 tabs every 30 days)
PREZCOBIX TAB 800-150	5	QL (30 tabs every 30 days)
PREZISTA SUSP 100MG/ML	6	QL (360 mL every 30 days)
PREZISTA TABS 75MG	6	QL (480 tabs every 30 days)
PREZISTA TABS 150MG	6	QL (240 tabs every 30 days)
REYATAZ PACK 50MG	6	QL (180 packets every 30 days)
rilpivirine hcl tabs 25mg	6	QL (30 tabs every 30 days)
ritonavir tabs 100mg	5	QL (360 tabs every 30 days)
RUKOBIA TB12 600MG	6	QL (60 tabs every 30 days)
SELZENTRY SOLN 20MG/ML	6	QL (1800 mL every 30 days)
STRIBILD TAB	6	QL (30 tabs every 30 days)
SUNLENCA TABS 300MG	6	QL (24 tabs every year); LD
SUNLENCA TAB THERAPY PACK 4 X 300 MG TBPK 300MG	6	QL (8 tabs every year); LD
SUNLENCA TAB THERAPY PACK 5 X 300 MG TBPK 300MG	6	QL (10 tabs every year); LD
SYMTUZA TAB	5	QL (30 tabs every 30 days)
tenofovir disoproxil fumarate tabs 300mg	5	QL (30 tabs every 30 days)
TIVICAY TABS 50MG	5	QL (60 tabs every 30 days)
TIVICAY PD TBSO 5MG	5	QL (180 tabs every 30 days)
TRIUMEQ PD TAB	5	QL (180 tabs every 30 days)
TRIUMEQ TAB	5	QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
TYBOST TABS 150MG	6	QL (30 tabs every 30 days)
VIRACEPT TABS 250MG	6	QL (300 tabs every 30 days)
VIRACEPT TABS 625MG	6	QL (120 tabs every 30 days)
VIREAD POWD 40MG/GM	6	QL (240 gm every 30 days)
VIREAD TABS 150MG, 200MG, 250MG	6	QL (30 tabs every 30 days)
YEZTUGO TABS 300MG	5	QL (24 tabs every year); LD
zidovudine caps 100mg	5	QL (180 caps every 30 days)
zidovudine syrp 50mg/5ml	5	QL (1680 mL every 28 days)
zidovudine tabs 300mg	5	QL (60 tabs every 30 days)
ANTIVIRAL COMBINATIONS		
PAXLOVID PAK	2	QL (11 tabs every 5 days)
PAXLOVID TAB 150-100	2	QL (20 tabs every 5 days)
PAXLOVID TAB 300-100	2	QL (30 tabs every 5 days)
CMV AGENTS		
valganciclovir hcl solr 50mg/ml; tabs 450mg	2	
HEPATITIS AGENTS		
adefovir dipivoxil tabs 10mg	2	
entecavir tabs .5mg, 1mg	2	
EPCLUSA PAK 150-37.5	5	PA, QL (30 packs every 30 days)
EPCLUSA PAK 200-50MG	5	PA, QL (60 packs every 30 days)
EPCLUSA TAB 200-50MG	5	PA, QL (60 tabs every 30 days)
EPCLUSA TAB 400-100	5	PA, QL (30 tabs every 30 days)
HARVONI PAK	5	PA, QL (30 packs every 30 days)
HARVONI PAK 45-200MG	5	PA, QL (30 packs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
HARVONI TAB 45-200MG	5	PA, QL (30 tabs every 30 days)
HARVONI TAB 90-400MG	5	PA, QL (30 tabs every 30 days)
lamivudine (hbv) tabs 100mg	2	
PEGASYS SOLN 180MCG/ML; SOSY 180MCG/0.5ML	5	LD
ribavirin (hepatitis c) caps 200mg; tabs 200mg	5	
VEMLIDY TABS 25MG	6	
VOSEVI TAB	5	PA, QL (30 tabs every 30 days)
HERPES AGENTS		
acyclovir caps 200mg; tabs 400mg, 800mg	1	
acyclovir susp 200mg/5ml, 800mg/20ml	2	
famciclovir tabs 125mg, 250mg, 500mg	1	
valacyclovir hcl tabs 1gm, 500mg, 1000mg	2	
INFLUENZA AGENTS		
oseltamivir phosphate caps 30mg	1	QL (20 caps every 180 days)
oseltamivir phosphate caps 45mg, 75mg	1	QL (10 caps every 180 days)
oseltamivir phosphate susr 6mg/ml	1	QL (180 mL every 180 days)
RELENZA DISKHALER AEPB 5MG/BLISTER	4	QL (1 inhaler every 180 days)
rimantadine hydrochloride tabs 100mg	2	
XOFLUZA TBPK 40MG, 80MG	4	QL (2 tabs every 180 days)
MISC. ANTIVIRALS		
LAGEVRIO CAPS 200MG	3	QL (40 caps every 5 days)
BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
ALPHA-BETA BLOCKERS		
carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg	1	MT
carvedilol phosphate cp24 10mg, 20mg, 40mg, 80mg	1	MT
labetalol hcl tabs 100mg, 200mg, 300mg	1	MT
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl caps 200mg, 400mg	1	MT

Drug Name	Drug Tier	Requirements/Limits
atenolol tabs 25mg, 50mg, 100mg	1	MT
betaxolol hcl tabs 10mg, 20mg	1	MT
bisoprolol fumarate tabs 5mg, 10mg	1	MT
metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg	1	MT
metoprolol tartrate tabs 25mg, 37.5mg, 50mg, 75mg, 100mg	1	MT
nebivolol hcl tabs 2.5mg, 5mg, 10mg, 20mg	1	MT
BETA BLOCKERS NON-SELECTIVE		
INDERAL XL CP24 80MG, 120MG	4	MT
INNOPRAN XL CP24 80MG, 120MG	4	MT
nadolol tabs 20mg, 40mg, 80mg	1	MT
pindolol tabs 5mg, 10mg	1	MT
propranolol hcl cp24 60mg, 80mg, 120mg, 160mg; soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg	1	MT
sotalol hcl tabs 80mg, 120mg, 160mg, 240mg	1	MT
sotalol hcl (afib/afl) tabs 80mg, 120mg, 160mg	1	MT
SOTYLIZE SOLN 5MG/ML	4	MT
timolol maleate tabs 5mg, 10mg, 20mg	1	MT
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
amlodipine besylate tabs 2.5mg, 5mg, 10mg	1	MT
cartia xt cp24 120mg, 180mg, 240mg, 300mg	1	MT
dilt-xr cp24 120mg, 180mg, 240mg	1	MT
diltiazem hcl cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg; tabs 30mg, 60mg, 90mg, 120mg; tb24 180mg, 180mg/24hr, 240mg, 240mg/24hr, 300mg, 300mg/24hr, 360mg, 420mg	1	MT
diltiazem hcl tb24 120mg	1	
diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg, 360mg	1	MT
diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	MT
felodipine tb24 2.5mg, 5mg, 10mg	1	MT

Drug Name	Drug Tier	Requirements/Limits
isradipine caps 2.5mg, 5mg	1	MT
matzim la tb24 180mg, 240mg, 300mg, 360mg, 420mg	1	MT
nicardipine hcl caps 20mg, 30mg	1	MT
nifedipine caps 10mg, 20mg; tb24 30mg, 60mg, 90mg	1	MT
nimodipine caps 30mg	1	
nisoldipine tb24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	1	MT
taztia xt cp24 120mg, 180mg, 240mg, 300mg, 360mg	1	MT
tiadylt er cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	MT
verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tabs 40mg, 80mg, 120mg; tbcr 120mg, 180mg, 240mg	1	MT
VERAPAMIL HYDROCHLORIDE E CP24 100MG	4	MT
VERELAN CP24 360MG	4	MT
VERELAN PM CP24 100MG, 200MG, 300MG	4	MT
CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS		
CARDIAC GLYCOSIDES		
digoxin soln .05mg/ml; tabs .125mg, .25mg, 125mcg, 250mcg	1	MT
digoxin tabs .062mg, 62.5mcg	2	MT
CARDIOVASCULAR AGENTS - MISC. - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS CAPS 2.5MG, 5MG, 10MG, 15MG	6	PA, QL (30 caps every 30 days); LD
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	MT
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1	MT
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	MT
amlodipine besylate-atorvastatin calcium tab 5-10 mg	1	MT

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-atorvastatin calcium tab 5-20 mg	1	MT
amlodipine besylate-atorvastatin calcium tab 5-40 mg	1	MT
amlodipine besylate-atorvastatin calcium tab 5-80 mg	1	MT
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1	MT
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1	MT
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1	MT
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1	MT
ENTRESTO CAP 6-6MG	3	MT
ENTRESTO CAP 15-16MG	3	MT
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	2	MT
sacubitril-valsartan tab 24-26 mg	2	MT
sacubitril-valsartan tab 49-51 mg	2	MT
sacubitril-valsartan tab 97-103 mg	2	MT
PROSTAGLANDIN VASODILATORS		
alprostadil soln 500mcg/ml	2	
epoprostenol sodium solr .5mg, 1.5mg	5	PA
ORENITRAM TBCR .125MG, .25MG, 1MG, 2.5MG, 5MG	6	PA; LD
ORENITRAM TAB MONTH 1	6	PA; LD
ORENITRAM TAB MONTH 2	6	PA; LD
ORENITRAM TAB MONTH 3	6	PA; LD
treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	PA; LD
TYVASO SOLN .6MG/ML	6	PA; LD
TYVASO DPI INSTITUTIONAL POWD 16MCG, 32MCG, 48MCG, 64MCG, 80MCG	6	PA; LD
TYVASO DPI MAINTENANCE KI POWD 16MCG, 32MCG, 48MCG, 64MCG, 80MCG	6	PA; LD
TYVASO DPI POW 16-32-48	6	PA; LD
TYVASO DPI POW MAIN KIT	6	PA; LD
TYVASO REFILL KIT SOLN .6MG/ML	6	PA; LD
TYVASO STARTER KIT SOLN .6MG/ML	6	PA; LD

Drug Name	Drug Tier	Requirements/Limits
VENTAVIS SOLN 10MCG/ML, 20MCG/ML	6	PA; LD
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tabs 5mg, 10mg	5	PA
bosentan tabs 62.5mg, 125mg; tbso 32mg	5	PA; LD
OPSUMIT TABS 10MG	5	PA; LD
TRACLEER TBSO 32MG	6	PA; LD
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
alyq tabs 20mg	5	PA, QL (60 tabs every 30 days)
sildenafil citrate (pulmonary hypertension) soln 10mg/12.5ml	5	PA
sildenafil citrate (pulmonary hypertension) susr 10mg/ml	5	PA, QL (180 mL every 30 days)
sildenafil citrate (pulmonary hypertension) tabs 20mg	5	PA, QL (360 tabs every 30 days)
tadalafil (pulmonary hypertension) tabs 20mg	5	PA, QL (60 tabs every 30 days)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG	6	PA; LD
SINUS NODE INHIBITORS		
CORLANOR SOLN 5MG/5ML	3	MT
ivabradine hcl tabs 5mg, 7.5mg	2	MT
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAPS 61MG	6	PA; LD
VYNDAQEL CAPS 20MG	6	PA; LD
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TABS 2.5MG, 5MG, 10MG	3	MT
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm	2	
cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	1	
CEPHALOSPORINS - 2ND GENERATION		
cefaclor caps 250mg, 500mg; susr 250mg/5ml	2	
CEFACLOR ER TB12 500MG	4	

Drug Name	Drug Tier	Requirements/Limits
cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	2	
cefuroxime axetil tabs 250mg, 500mg	2	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml	2	
cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml	2	
cefpodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg	2	
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
COMBINATION CONTRACEPTIVES - ORAL		
afirmelle tab 0.1-0.02	1	ACA, MT
altavera tab	1	ACA, MT
alyacen tab 1/35	1	ACA, MT
alyacen tab 7/7/7	1	ACA, MT
amethyst tab 90-20mcg	1	ACA, MT
apri tab	1	ACA, MT
aranelle tab	1	ACA, MT
ashlyna tab	1	ACA, MT
aubra eq tab 0.1-0.02	1	ACA, MT
aurovela 24 tab fe 1/20	1	ACA, MT
aurovela fe tab 1.5/30	1	ACA, MT
aurovela fe tab 1/20	1	ACA, MT
aurovela tab 1.5/30	1	ACA, MT
aurovela tab 1/20	1	ACA, MT
AVERI TAB	4	ACA, MT
aviane tab	1	ACA, MT
ayuna tab	1	ACA, MT
azurette tab	1	ACA, MT
balziva tab	1	ACA, MT
blisovi 24 tab fe 1/20	1	ACA, MT
blisovi fe tab 1.5/30	1	ACA, MT
blisovi fe tab 1/20	1	ACA, MT
briellyn tab	1	ACA, MT
camrese lo tab	1	ACA, MT
camrese tab	1	ACA, MT
charlotte 24 chw fe 1/20	1	ACA, MT
chateal eq tab 0.15/30	1	ACA, MT
cryselle tab	1	ACA, MT

Drug Name	Drug Tier	Requirements/Limits
cryselle-28 tab 28 tabs	1	ACA, MT
cyred eq tab	1	ACA, MT
dasetta tab 1/35	1	ACA, MT
dasetta tab 7/7/7	1	ACA, MT
daysee tab	1	ACA, MT
delyla tab 0.1-0.02	1	ACA, MT
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	1	ACA, MT
dolishale tab 90-20mcg	1	ACA, MT
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	1	ACA, MT
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	1	ACA, MT
drospirenone-ethinyl estradiol tab 3-0.02 mg	1	ACA, MT
drospirenone-ethinyl estradiol tab 3-0.03 mg	1	ACA, MT
elinest tab	1	ACA, MT
enpresse-28 tab	1	ACA, MT
enskyce tab	1	ACA, MT
estarylla tab 0.25-35	1	ACA, MT
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	1	ACA, MT
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	1	ACA, MT
falmina tab	1	ACA, MT
feirza tab 1.5/30	1	ACA, MT
feirza tab 1/20	1	ACA, MT
FEMLYV TAB 1/0.02MG	4	ACA, MT
finzala chw fe 1/20	1	ACA, MT
galbriela chw	1	ACA, MT
gemmily cap 1/20	1	ACA, MT
hailey 24 tab fe	1	ACA, MT
hailey fe tab 1.5/30	1	ACA, MT
hailey fe tab 1/20	1	ACA, MT
hailey tab 1.5/30	1	ACA, MT
iclevia tab	1	ACA, MT
introvale tab	1	ACA, MT
isibloom tab	1	ACA, MT
jaimiess tab	1	ACA, MT
jasmiel tab 3-0.02mg	1	ACA, MT
jolessa tab	1	ACA, MT

Drug Name	Drug Tier	Requirements/Limits
joyeaux tab 0.1-20	1	ACA, MT
juleber tab	1	ACA, MT
junel 1.5/30 tab	1	ACA, MT
junel 1/20 tab	1	ACA, MT
junel fe 24 tab 1/20	1	ACA, MT
junel fe tab 1.5/30	1	ACA, MT
junel fe tab 1/20	1	ACA, MT
kaitlib fe chw	1	ACA, MT
kalliga tab	1	ACA, MT
kariva tab 28 day	1	ACA, MT
kelnor 1/50 tab	1	ACA, MT
kelnor tab 1/35	1	ACA, MT
kurvelo tab 0.15/30	1	ACA, MT
larin 24 tab fe 1/20	1	ACA, MT
larin fe tab 1.5/30	1	ACA, MT
larin fe tab 1/20	1	ACA, MT
larin tab 1.5/30	1	ACA, MT
larin tab 1/20	1	ACA, MT
layolis fe chw	1	ACA, MT
leena tab	1	ACA, MT
lessina tab	1	ACA, MT
levonest tab	1	ACA, MT
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	1	ACA, MT
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	1	ACA, MT
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	1	ACA, MT
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1	ACA, MT
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	1	ACA, MT
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	ACA, MT
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1	ACA, MT
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	1	ACA, MT
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	1	ACA, MT

Drug Name	Drug Tier	Requirements/Limits
levora-28 tab 0.15/30	1	ACA, MT
LO LOESTRIN TAB 1-10-10	3	ACA, MT
lo-zumandimi tab 3-0.02mg	1	ACA, MT
loestrin 21 tab 1.5/30	1	ACA, MT
loestrin fe tab 1.5/30	1	ACA, MT
loestrin fe tab 1/20	1	ACA, MT
loestrin tab 1/20-21	1	ACA, MT
lojaimiess tab	1	ACA, MT
loryna tab 3-0.02mg	1	ACA, MT
low-ogestrel tab	1	ACA, MT
luizza 1/20 tab	1	ACA, MT
luizza tab 1.5/30	1	ACA, MT
lutera tab	1	ACA, MT
marlissa tab 0.15/30	1	ACA, MT
merzee cap 1/20	1	ACA, MT
mibelas 24 chw fe	1	ACA, MT
microgestin tab 1.5/30	1	ACA, MT
microgestin tab 1/20	1	ACA, MT
microgestin tab fe1.5/30	1	ACA, MT
microgestin tab fe 1/20	1	ACA, MT
mili tab 0.25/35	1	ACA, MT
minzoya tab 0.1-20	1	ACA; MT
mono-linyah tab 0.25-35	1	ACA, MT
NATAZIA TAB	4	ACA, MT
necon tab 0.5/35	1	ACA, MT
NEXTSTELLIS TAB 3-14.2MG	4	ACA, MT
nikki tab 3-0.02mg	1	ACA, MT
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	1	ACA, MT
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	1	ACA, MT
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	1	ACA, MT
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	1	ACA, MT
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	1	ACA, MT
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	1	ACA, MT

Drug Name	Drug Tier	Requirements/Limits
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	1	ACA, MT
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	1	ACA, MT
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	1	ACA, MT
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1	ACA, MT
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	1	ACA, MT
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	1	ACA, MT
nortrel tab 0.5/35	1	ACA, MT
nortrel tab 1/35	1	ACA, MT
nortrel tab 7/7/7	1	ACA, MT
nylia tab 1/35	1	ACA, MT
nylia tab 7/7/7	1	ACA, MT
ocella tab 3-0.03mg	1	ACA, MT
philith tab 0.4-35	1	ACA, MT
pimtrea tab	1	ACA, MT
portia-28 tab	1	ACA, MT
reclipsen tab	1	ACA, MT
rivelsa tab	1	ACA, MT
rosyrah tab	1	ACA, MT
SAFYRAL TAB	4	ACA, MT
setlakin tab	1	ACA, MT
simliya tab 28 day	1	ACA, MT
simpesse tab	1	ACA, MT
sprintec 28 tab 28 day	1	ACA, MT
sronyx tab	1	ACA, MT
syeda tab 3-0.03mg	1	ACA, MT
tarina 24 fe tab	1	ACA, MT
tarina fe tab 1/20 eq	1	ACA, MT
taysofy cap 1/20	1	ACA, MT
tilia fe tab	1	ACA, MT
tri-estaryll tab	1	ACA, MT
tri-legest tab fe	1	ACA, MT
tri-linyah tab	1	ACA, MT
tri-lo tab estaryll	1	ACA, MT
tri-lo- tab marzia	1	ACA, MT

Drug Name	Drug Tier	Requirements/Limits
tri-lo- tab sprintec	1	ACA, MT
tri-lo-mili tab	1	ACA, MT
tri-mili tab	1	ACA, MT
tri-sprintec tab	1	ACA, MT
tri-vylibra tab	1	ACA, MT
tri-vylibra tab lo	1	ACA, MT
trivora-28 tab	1	ACA, MT
turqoz tab	1	ACA, MT
TYBLUME CHW 0.1-0.02	4	ACA, MT
tydemy tab	1	ACA, MT
valtya 1/35 tab	1	ACA, MT
valtya 1/50 tab	1	ACA, MT
velivet pak	1	ACA, MT
vestura tab 3-0.02mg	1	ACA, MT
vienva tab 0.1-20	1	ACA, MT
viorele tab	1	ACA, MT
volnea tab	1	ACA, MT
vyfemla tab 0.4-35	1	ACA, MT
vylibra tab 0.25-35	1	ACA, MT
wera tab 0.5/35	1	ACA, MT
wymzya fe chw 0.4mg-35	1	ACA, MT
xarah fe tab	1	ACA, MT
xelria fe chw 0.4mg-35	1	ACA, MT
zovia 1/35 tab	1	ACA, MT
zumandimine tab 3-0.03mg	1	ACA, MT
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1	ACA, MT
TWIRLA DIS 120-30	4	ACA, MT
xulane dis 150-35	1	ACA, MT
zafemy dis 150/35	1	ACA, MT
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	4	QL (1 ring every 300 days); ACA, MT
eluryng mis	1	QL (13 rings every 300 days); ACA, MT
enilloring mis	1	QL (13 rings every 300 days); ACA, MT
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	1	QL (13 rings every 300 days); ACA, MT

Drug Name	Drug Tier	Requirements/Limits
haloette mis	1	QL (13 rings every 300 days); ACA, MT
COPPER CONTRACEPTIVES - IUD		
MIUDELLA IUD COPPER	4	QL (1 IUD every 300 days); ACA
PARAGARD IUD T380A	4	QL (1 IUD every 300 days); ACA
EMERGENCY CONTRACEPTIVES		
aftera tabs 1.5mg	1	OTC; ACA
afterpill tabs 1.5mg	1	OTC; ACA
curae tabs 1.5mg	1	OTC; ACA
econtra one-step tabs 1.5mg	1	OTC; ACA
ELLA TABS 30MG	4	ACA
her style tabs 1.5mg	1	OTC; ACA
levonorgestrel (emergency oc) tabs 1.5mg	1	OTC; ACA
my choice tabs 1.5mg	1	OTC; ACA
my way tabs 1.5mg	1	OTC; ACA
new day tabs 1.5mg	1	OTC; ACA
opcicon one-step tabs 1.5mg	1	OTC; ACA
option 2 tabs 1.5mg	1	OTC; ACA
plan b one-step tabs 1.5mg	1	OTC; ACA
react tabs 1.5mg	1	OTC; ACA
shewise tabs 1.5mg	1	OTC; ACA
take action tabs 1.5mg	1	OTC; ACA
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMPL 68MG	4	QL (1 implant every 300 days); ACA
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-SUBQ PROVERA 104 SUSY 104MG/0.65ML	4	QL (1 injection every 75 days); ACA
medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml	1	QL (1 injection every 75 days); ACA
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD 19.5MG	4	QL (1 IUD every 300 days); ACA
LILETTA IUD 20.1MCG/DAY	4	QL (1 IUD every 300 days); ACA
MIRENA IUD 21MCG/DAY	4	QL (1 IUD every 300 days); ACA

Drug Name	Drug Tier	Requirements/Limits
SKYLA IUD 13.5MG	4	QL (1 IUD every 300 days); ACA
PROGESTIN CONTRACEPTIVES - ORAL		
camila tabs .35mg	1	ACA, MT
deblitane tabs .35mg	1	ACA, MT
emzahh tabs .35mg	1	ACA, MT
errin tabs .35mg	1	ACA, MT
heather tabs .35mg	1	ACA, MT
incassia tabs .35mg	1	ACA, MT
jencycla tabs .35mg	1	ACA, MT
lyleq tabs .35mg	1	ACA, MT
lyza tabs .35mg	1	ACA, MT
meleya tabs .35mg	1	ACA, MT
nora-be tabs .35mg	1	ACA, MT
norethindrone (contraceptive) tabs .35mg	1	ACA, MT
norlyroc tabs .35mg	1	ACA, MT
OPILL TABS .075MG	4	OTC; ACA
orquidea tabs .35mg	1	ACA, MT
sharobel tabs .35mg	1	ACA, MT
SLYND TABS 4MG	4	ACA, MT
CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
GLUCOCORTICOSTEROIDS		
AGAMREE SUSP 40MG/ML	6	PA; LD
budesonide cpep 3mg; tb24 9mg	2	
deflazacort susp 22.75mg/ml; tabs 6mg, 18mg, 30mg, 36mg	5	PA
dexamethasone elix .5mg/5ml; soln .5mg/5ml	2	
dexamethasone tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1MG/ML	4	
hydrocortisone tabs 5mg, 10mg, 20mg	1	
jaythari susp 22.75mg/ml; tabs 6mg, 18mg, 30mg, 36mg	5	PA; LD
kymbee tabs 6mg, 18mg, 30mg, 36mg	5	PA; LD
MEDROL TABS 2MG	4	
methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg	1	
ORAPRED ODT TBDP 10MG, 15MG, 30MG	4	

Drug Name	Drug Tier	Requirements/Limits
prednisolone soln 15mg/5ml	1	
prednisolone tabs 5mg	2	
PREDNISOLONE SODIUM PHOSP TBDP 10MG, 15MG, 30MG	4	
prednisolone sodium phosphate soln 5mg/5ml, 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml	1	
prednisolone sodium phosphate tbdp 10mg, 15mg, 30mg	2	
prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5MG/ML	4	
pyquvi susp 22.75mg/ml	5	PA; LD
TARPEYO CPDR 4MG	6	PA, QL (120 caps every 30 days); LD
MINERALOCORTICOIDS		
fludrocortisone acetate tabs .1mg	1	MT
COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS		
ANTITUSSIVES - DRUGS TO TREAT COUGH		
benzonatate caps 100mg, 150mg, 200mg	1	
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	2	
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	2	
hydromet syp 5-1.5/5	2	
COUGH/COLD/ALLERGY COMBINATIONS		
bromfed dm sol 2-30-10	2	
CAPCOF SYP 5-2-10MG	4	OTC
CLARINEX-D TAB 2.5-120	4	
g tussin ac liq 100-10/5	2	OTC
guaifenesin-codeine soln 100-10 mg/5ml	2	OTC
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	2	
MAR-COF CG LIQ 225-7.5	4	OTC
maxi-tuss ac sol	2	OTC
prometh vc syp 6.25-5/5	2	
promethazine & phenylephrine syrup 6.25-5 mg/5ml	2	

Drug Name	Drug Tier	Requirements/Limits
promethazine w/ codeine syrup 6.25-10 mg/5ml	2	
promethazine-dm syrup 6.25-15 mg/5ml	2	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	2	
EXPECTORANTS - DRUGS TO TREAT COUGH		
potassium iodide (expectorant) soln 1gm/ml	2	
MUCOLYTICS - DRUGS TO TREAT COUGH		
acetylcysteine soln 10%, 20%	2	
DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS		
ACNE PRODUCTS		
accutane caps 10mg, 20mg, 30mg, 40mg	2	
adapalene crea .1%; gel .1%, .3%	2	
adapalene-benzoyl peroxide gel 0.1-2.5%	2	
adapalene-benzoyl peroxide gel 0.3-2.5%	2	
amnesteem caps 10mg, 20mg, 30mg, 40mg	2	
ARAZLO LOTN .045%	3	PA
AZELEX CREA 20%	4	
benzoyl peroxide-erythromycin gel 5-3%	2	
claravis caps 10mg, 20mg, 30mg, 40mg	2	
clindacin foam 1%	2	QL (200 gm every 30 days)
clindacin etz pledgets swab 1%	2	
clindacin-p swab 1%	2	
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	2	
clindamycin phosphate (topical) foam 1%	2	QL (200 gm every 30 days)
clindamycin phosphate (topical) lotn 1%; soln 1%	2	QL (240 mL every 30 days)
clindamycin phosphate (topical) swab 1%	2	
clindamycin phosphate-benzoyl peroxide gel 1-5%	2	
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	2	
ery pads 2%	2	
erythromycin (acne aid) gel 2%	2	QL (180 gm every 30 days)
erythromycin (acne aid) soln 2%	2	
FABIOR FOAM .1%	4	PA

Drug Name	Drug Tier	Requirements/Limits
isotretinoin caps 10mg, 20mg, 30mg, 40mg	2	
neuac gel 1.2-5%	2	
sulfacetamide sodium (acne) lotn 10%	2	
TAZAROTENE FOAM .1%	4	PA
tretinoin crea .025%, .05%, .1%; gel .01%, .025%, .05%	2	PA
zenatane caps 10mg, 20mg, 30mg, 40mg	2	
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OINT 15%	4	
ANTIBIOTICS - TOPICAL		
gentamicin sulfate (topical) crea .1%; oint .1%	2	QL (90 gm every 30 days)
mupirocin oint 2%	2	QL (90 gm every 30 days)
mupirocin calcium (topical) crea 2%	2	QL (90 gm every 30 days)
ANTIFUNGALS - TOPICAL		
ciclodan soln 8%	2	
ciclopirox sham 1%; soln 8%	2	
ciclopirox olamine susp .77%	2	QL (240 mL every 30 days)
clotrimazole (topical) crea 1%; soln 1%	2	
clotrimazole w/ betamethasone cream 1-0.05%	2	
econazole nitrate crea 1%	2	QL (255 gm every 30 days)
ERTACZO CREA 2%	4	
EXELDERM CREA 1%	4	
EXODERM LOT 25-1%	4	
iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%	2	
ketoconazole (topical) crea 2%	2	QL (120 gm every 30 days)
ketoconazole (topical) sham 2%	2	QL (240 mL every 30 days)
klayesta powd 100000unit/gm	2	QL (180 gm every 30 days)
miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%	2	
naftifine hcl crea 1%, 2%	2	
nyamyc powd 100000unit/gm	2	QL (180 gm every 30 days)

Drug Name	Drug Tier	Requirements/Limits
nystatin (topical) crea 100000unit/gm; oint 100000unit/gm	2	QL (90 gm every 30 days)
nystatin (topical) powd 100000unit/gm	2	QL (180 gm every 30 days)
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	2	
nystop powd 100000unit/gm	2	QL (180 gm every 30 days)
oxiconazole nitrate crea 1%	2	QL (90 gm every 30 days)
OXISTAT LOTN 1%	4	QL (120 mL every 30 days)
sulconazole nitrate crea 1%	2	
VUSION OIN	4	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
bexarotene (topical) gel 1%	5	
diclofenac sodium (actinic keratoses) gel 3%	2	QL (100 gm every 30 days)
fluorouracil (topical) crea 5%; soln 2%, 5%	2	
PANRETIN GEL .1%	4	
VALCHLOR GEL .016%	6	PA; LD
ANTIPSORIATICS		
acitretin caps 10mg, 17.5mg, 25mg	2	
calcipotriene oint .005%	2	QL (240 gm every 30 days)
calcipotriene soln .005%	2	QL (240 mL every 30 days)
calcitrene oint .005%	2	QL (240 gm every 30 days)
calcitriol (topical) oint 3mcg/gm	2	
COSENTYX SOSY 75MG/0.5ML, 150MG/ML	5	PA, QL (1 syringe every 28 days); LD
COSENTYX 300 MG DOSE SOSY 150MG/ML	5	PA, QL (2 syringes every 28 days); LD
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	5	PA, QL (1 pen every 28 days); LD
COSENTYX SENSOREADY PEN 300 MG DOSE SOAJ 150MG/ML	5	PA, QL (2 pens every 28 days); LD
COSENTYX UNOREADY SOAJ 300MG/2ML	5	PA, QL (1 pen every 28 days); LD

Drug Name	Drug Tier	Requirements/Limits
IMULDOSA SOSY 45MG/0.5ML	5	PA, QL (1 syringe every 84 days)
IMULDOSA SOSY 90MG/ML	5	PA, QL (1 syringe every 56 days)
methoxsalen rapid caps 10mg	2	
SELARSDI SOLN 45MG/0.5ML	5	PA, QL (1 vial every 84 days)
SELARSDI SOSY 45MG/0.5ML	5	PA, QL (1 syringe every 84 days)
SELARSDI SOSY 90MG/ML	5	PA, QL (1 syringe every 56 days)
SKYRIZI SOSY 150MG/ML	5	PA, QL (1 syringe every 84 days)
SKYRIZI PEN SOAJ 150MG/ML	5	PA, QL (1 pen every 84 days)
tazarotene crea .05%, .1%; gel .05%, .1%	2	PA
TREMFYA SOPN 100MG/ML	5	PA, QL (1 pen every 56 days)
TREMFYA SOSY 100MG/ML	5	PA, QL (1 syringe every 56 days)
TREMFYA PEN SOAJ 100MG/ML	5	PA, QL (1 pen every 56 days)
YESINTEK SOLN 45MG/0.5ML	5	PA, QL (1 vial every 84 days)
YESINTEK SOSY 45MG/0.5ML	5	PA, QL (1 syringe every 84 days)
YESINTEK SOSY 90MG/ML	5	PA, QL (1 syringe every 56 days)
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotn 2.5%	2	
ANTIVIRALS - TOPICAL		
acyclovir topical crea 5%; oint 5%	2	
penciclovir crea 1%	2	
BURN PRODUCTS		
mafenide acetate pack 5%	2	
silver sulfadiazine crea 1%	2	
ssd crea 1%	2	
SULFAMYLON CREA 85MG/GM	4	
CORTICOSTEROIDS - TOPICAL		
ala-cort crea 1%	1	

Drug Name	Drug Tier	Requirements/Limits
alclometasone dipropionate oint .05%	2	
betamethasone dipropionate (topical) crea .05%; lotn .05%	2	
betamethasone dipropionate augmented crea .05%; lotn .05%	2	
betamethasone valerate crea .1%; lotn .1%; oint .1%	2	
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	2	QL (400 gm every 30 days)
clobetasol propionate crea .05%	2	QL (240 gm every 30 days)
clobetasol propionate lotn .05%; sham .05%	2	QL (236 mL every 30 days)
clobetasol propionate soln .05%	2	QL (200 mL every 30 days)
clodan sham .05%	2	QL (236 mL every 30 days)
CORDRAN TAPE 4MCG/SQCM	4	QL (3 ea every 30 days)
desonide crea .05%; lotn .05%; oint .05%	2	
desoximetasone crea .05%, .25%; liqd .25%	2	
ENSTILAR AER	3	QL (120 gm every 30 days)
fluocinolone acetonide crea .01%, .025%; oint .025%	2	QL (240 gm every 30 days)
fluocinolone acetonide oil .01%	2	
fluocinolone acetonide soln .01%	2	QL (240 mL every 30 days)
fluocinonide crea .1%	2	QL (120 gm every 30 days)
fluocinonide crea .05%; gel .05%; oint .05%	2	QL (240 gm every 30 days)
fluocinonide soln .05%	2	QL (240 mL every 30 days)
fluocinonide emulsified base crea .05%	2	
flurandrenolide crea .05%	2	QL (240 gm every 30 days)
flurandrenolide lotn .05%	2	QL (240 mL every 30 days)
fluticasone propionate crea .05%; oint .005%	2	
halobetasol propionate oint .05%	2	

Drug Name	Drug Tier	Requirements/Limits
HALOG OINT .1%	4	
hydrocortisone (topical) crea 1%, 2.5%; lotn 2.5%; oint 2.5%	1	
hydrocortisone (topical) oint 1%; soln 2.5%	2	
hydrocortisone butyrate crea .1%; oint .1%; soln .1%	2	
hydrocortisone valerate crea .2%; oint .2%	2	
LOCOID LIPOCREAM CREA .1%	4	
mometasone furoate crea .1%; oint .1%; soln .1%	2	
PANDEL CREA .1%	4	
pramoxine-hc cream 1-2.5%	2	
texacort soln 2.5%	2	
triamcinolone acetonide (topical) crea .025%, .1%, .5%; oint .025%, .05%, .1%, .5%	2	QL (454 gm every 30 days)
triamcinolone acetonide (topical) lotn .025%, .1%	2	QL (120 mL every 30 days)
triderm crea .5%	2	QL (454 gm every 30 days)
ECZEMA AGENTS		
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML	5	PA, QL (4 pens every 28 days)
DUPIXENT SOSY 200MG/1.14ML, 300MG/2ML	5	PA, QL (4 syringes every 28 days)
EMOLLIENT/KERATOLYTIC AGENTS		
umecta mousse foam 40%	2	
urea nail gel 45%	2	
ENZYMES - TOPICAL		
SANTYL OINT 250UNIT/GM	4	QL (180 grams every 30 days)
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod crea 5%	2	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
pimecrolimus crea 1%	2	
tacrolimus (topical) oint .03%, .1%	2	
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
podofilox gel .5%; soln .5%	2	
LOCAL ANESTHETICS - TOPICAL		
glydo prsy 2%	2	

Drug Name	Drug Tier	Requirements/Limits
lidocaine oint 5%	2	QL (100 gm every 30 days)
lidocaine ptch 5%	2	QL (90 patches every 30 days)
lidocaine hcl gel 2%; prsy 2%; soln 4%	2	
lidocaine-prilocaine cream 2.5-2.5%	2	QL (60 gm every 30 days)
lidocan ptch 5%	2	QL (90 patches every 30 days)
tridacaine ii ptch 5%	2	QL (90 patches every 30 days)
tridacaine iii ptch 5%	2	QL (90 patches every 30 days)
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OINT 2%	4	
PIGMENTING-DEPIGMENTING AGENTS		
DY-O-DERM VITILIGO STAIN SOLN 6.55%	3	OTC
ROSACEA AGENTS		
azelaic acid gel 15%	2	
metronidazole (topical) crea .75%; gel .75%, 1%; lotn .75%	2	
SCABICIDES & PEDICULICIDES		
malathion lotn .5%	2	
NATROBA SUSP .9%	4	
permethrin crea 5%	2	
spinosad susp .9%	2	
WOUND CARE PRODUCTS		
REGRANEX GEL .01%	4	
DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS		
DIAGNOSTIC DRUGS		
GLUCAGEN DIAGNOSTIC SOLR 1MG	3	
DIAGNOSTIC TESTS		
ACCU-CHEK TES AVIVA PL	3	QL (100 strips every 30 days), OTC
ACCU-CHEK TES GUIDE	3	QL (100 strips every 30 days), OTC
ACCU-CHEK TES SMART	3	QL (100 strips every 30 days), OTC
CHEMSTRIP 2 TES GP	3	QL (102 strips every 30 days), OTC

Drug Name	Drug Tier	Requirements/Limits
CHEMSTRIP 5 TES OB	3	QL (102 strips every 30 days), OTC
CHEMSTRIP 7 TES	3	QL (102 strips every 30 days), OTC
CHEMSTRIP 9 TES STRIPS	3	QL (102 strips every 30 days), OTC
CHEMSTRIP 10 TES MD	3	QL (102 strips every 30 days), OTC
CHEMSTRIP K TES	3	QL (102 strips every 30 days), OTC
CHEMSTRIP TES -10 SG	3	QL (102 strips every 30 days), OTC
CHEMSTRIP TES UGK	3	QL (102 strips every 30 days), OTC
CVS KETONE TES CARE	3	QL (102 strips every 30 days), OTC
DIASTIX TES REAGENT	3	QL (102 strips every 30 days), OTC
DIASTIX TES STRIPS	3	QL (102 strips every 30 days), OTC
FORA GTEL TES KETONE	3	QL (102 strips every 30 days), OTC
FORA TEST GO TES ADV VOIC	3	QL (102 strips every 30 days), OTC
GOJJI BLOOD TES KETONE	3	QL (102 strips every 30 days), OTC
KETO-DIASTIX TES	3	QL (102 strips every 30 days), OTC
KETONE TES	3	QL (102 strips every 30 days), OTC
KETONE TEST TES	3	QL (102 strips every 30 days), OTC
KETOSTIX TES STRIP	3	QL (102 strips every 30 days), OTC
MULTISTIX 10 TES SG	3	QL (102 strips every 30 days), OTC
NOVA MAX PLS TES KETONE	3	QL (102 strips every 30 days), OTC
PRECISN XTRA TES KETONE	3	QL (102 strips every 30 days), OTC

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of the table.

Drug Name	Drug Tier	Requirements/Limits
RELION TES KETONE	3	QL (102 strips every 30 days), OTC

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - DRUGS FOR NUTRITION

NUTRITIONAL SUPPLEMENTS

CAM PRO COMP BAR GLYTACTI	4
GLYTAC COMPL BAR 10PE	4
GLYTACTIN PAK BTMK/DLT	4
GLYTACTIN PAK SWIRL 15	4
GLYTACTIN POW APPLE	4
GLYTACTIN POW BD 20/20	4
GLYTACTIN POW BETMLK15	4
GLYTACTIN POW BLD 10PE	4
GLYTACTIN POW BLD PKU	4
GLYTACTIN POW PUNCH	4
GLYTACTIN POW RESTOR 5	4
GLYTACTIN POW RST LT10	4
GLYTACTIN POW TROPICAL	4
HCU EASY TAB	4
HCU EXPRESS PAK 15+ UNFL	4
HCU EXPRESS PAK 20+ UNFL	4
HOMACTIN AA POW PLUS	4
ISOVACTIN AA POW PLUS	4
MSUD EASY TAB	4
PKU EASY TAB	4
PKU EASY TAB MICROTAB	4
PKU EASY TAB PLUS	4
PKU EXPRESS PAK 15+ LEMO	4
PKU EXPRESS PAK 15+ ORAN	4
PKU EXPRESS PAK 15+ TROP	4
PKU EXPRESS PAK 15+ UNFL	4
PKU EXPRESS PAK 20+ RASP	4
PKU EXPRESS PAK 20+ TROP	4
PKU EXPRESS PAK 20+ UNFL	4
PKU EXPRESS PAK 20+LEMON	4
PKU EXPRESS PAK 20+ORANG	4
TYLACTIN COM BAR 15 PE	4
TYLACTIN POW BLD 20PE	4
TYLACTIN POW RESTOR5	4
TYR EASY TAB	4

Drug Name	Drug Tier	Requirements/Limits
TYR EXPRESS PAK 15+ UNFL	4	
TYR EXPRESS PAK 20+ UNFL	4	
VILACTIN AA POW PLUS	4	
DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
DIGESTIVE ENZYMES		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
SUCRAID SOLN 8500UNIT/ML	6	QL (354 mL every 30 days); LD
VIOKACE TAB 10440	3	
VIOKACE TAB 20880	3	
ZENPEP CAP 3000UNIT	3	
ZENPEP CAP 5000UNIT	3	
ZENPEP CAP 10000UNT	3	
ZENPEP CAP 15000UNT	3	
ZENPEP CAP 20000UNT	3	
ZENPEP CAP 25000UNT	3	
ZENPEP CAP 40000UNT	3	
ZENPEP CAP 60000UNT	3	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide cp12 500mg; tabs 125mg, 250mg	1	MT
dichlorphenamide tabs 50mg	5	PA
methazolamide tabs 25mg, 50mg	1	MT
ormalvi tabs 50mg	5	PA; LD
DIURETIC COMBINATIONS		
amiloride & hydrochlorothiazide tab 5-50 mg	1	MT
spironolactone & hydrochlorothiazide tab 25-25 mg	1	MT
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	MT
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	MT
triamterene & hydrochlorothiazide tab 75-50 mg	1	MT

Drug Name	Drug Tier	Requirements/Limits
LOOP DIURETICS		
bumetanide tabs .5mg, 1mg, 2mg	1	MT
ethacrynic acid tabs 25mg	2	MT
furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg	1	MT
torsemide tabs 5mg, 10mg, 20mg, 100mg	1	MT
POTASSIUM SPARING DIURETICS		
amiloride hcl tabs 5mg	1	MT
spironolactone tabs 25mg, 50mg, 100mg	1	MT
triamterene caps 50mg, 100mg	1	MT
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorthalidone tabs 25mg, 50mg	1	MT
DIURIL SUSP 250MG/5ML	4	MT
hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg	1	MT
indapamide tabs 1.25mg, 2.5mg	1	MT
metolazone tabs 2.5mg, 5mg, 10mg	1	MT
ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE HORMONES		
ADRENAL STEROID INHIBITORS		
ISTURISA TABS 1MG, 5MG	6	PA; LD
RECORLEV TABS 150MG	6	PA; LD
BONE DENSITY REGULATORS - DRUGS TO TREAT BONE LOSS		
alendronate sodium soln 70mg/75ml; tabs 10mg, 35mg, 70mg	1	MT
BINOSTO TBEF 70MG	4	MT
calcitonin (salmon) soln 200unit/act	1	MT
calcitonin (salmon) soln 200unit/ml	1	
FOSAMAX + D TAB 70-2800	4	MT
FOSAMAX + D TAB 70-5600	4	MT
ibandronate sodium tabs 150mg	1	MT
risedronate sodium tabs 5mg, 35mg, 150mg; tbec 35mg	1	MT
risedronate sodium tabs 30mg	1	
teriparatide sopn 560mcg/2.24ml	5	
TYMLOS SOPN 3120MCG/1.56ML	5	LD
GNRH/LHRH ANTAGONISTS		
ORILISSA TABS 150MG, 200MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT SOLR 10MG, 15MG, 20MG, 25MG, 30MG	6	PA; LD
GROWTH HORMONES		
GENOTROPIN CART 5MG, 12MG	5	PA
GENOTROPIN MINIQUICK PRSY .2MG, .4MG, .6MG, .8MG, 1MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 2MG	5	PA
NORDITROPIN FLEXPRO SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML	5	PA
HORMONE RECEPTOR MODULATORS - DRUGS TO TREAT BONE LOSS		
OSPHENA TABS 60MG	3	MT
raloxifene hcl tabs 60mg	1	ACA, MT
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL SOLN 2MG/ML	4	
METABOLIC MODIFIERS		
betaine powder for oral solution	5	PA
calcitriol caps .25mcg, .5mcg; soln 1mcg/ml	2	MT
carglumic acid tbso 200mg	2	
cinacalcet hcl tabs 30mg, 60mg, 90mg	5	
doxercalciferol caps .5mcg, 1mcg, 2.5mcg	2	MT
GALAFOLD CAPS 123MG	6	PA; LD
glycerol phenylbutyrate liqd 1.1gm/ml	5	LD
javygtor pack 100mg, 500mg; tabs 100mg	5	PA; LD
levocarnitine (metabolic modifiers) soln 1gm/10ml; tabs 330mg	2	MT
MYALEPT SOLR 11.3MG	6	PA; LD
nitisinone caps 2mg, 5mg, 10mg, 20mg	5	
NITYR TABS 2MG, 5MG, 10MG	6	LD
OPFOLDA CAPS 65MG	6	PA; LD
PALYNZIQ SOSY 2.5MG/0.5ML, 10MG/0.5ML, 20MG/ML	6	PA; LD
paricalcitol caps 1mcg, 2mcg, 4mcg	2	MT
RAVICTI LIQD 1.1GM/ML	6	LD
sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg	5	PA
sodium phenylbutyrate powd 3gm/tsp	5	QL (750 gm every 30 days)
sodium phenylbutyrate tabs 500mg	5	QL (1200 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
STRENSIQ SOLN 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML	5	PA; LD
VYKAT XR TB24 25MG	6	PA, QL (120 tabs every 30 days); LD
VYKAT XR TB24 75MG	6	PA, QL (210 tabs every 30 days); LD
VYKAT XR TB24 150MG	6	PA, QL (90 tabs every 30 days); LD
zelvysia pack 100mg, 500mg	5	PA; LD
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TABS 10MG, 20MG, 40MG	3	QL (30 tabs every 30 days); MT
POSTERIOR PITUITARY HORMONES		
desmopressin acetate soln 4mcg/ml; tabs .1mg, .2mg	2	
desmopressin acetate spray soln .01%	2	
desmopressin acetate spray refrigerated soln .01%, .1mg/ml	2	
PROLACTIN INHIBITORS		
cabergoline tabs .5mg	2	QL (16 tabs every 28 days)
SOMATOSTATIC AGENTS		
MYCAPSSA CPDR 20MG	6	PA; LD
octreotide acetate soln 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/5ml, 1000mcg/ml; sosy 50mcg/ml, 100mcg/ml, 500mcg/ml	5	PA
SIGNIFOR SOLN .3MG/ML, .6MG/ML, .9MG/ML	6	PA; LD
VASOPRESSIN RECEPTOR ANTAGONISTS		
tolvaptan tabs 15mg, 30mg; tbpk 15mg	5	PA; LD
tolvaptan (hyponatremia) tabs 15mg, 30mg	5	PA
tolvaptan tab therapy pack 30 & 15 mg	5	PA; LD
tolvaptan tab therapy pack 45 & 15 mg	5	PA; LD
tolvaptan tab therapy pack 60 & 30 mg	5	PA; LD
tolvaptan tab therapy pack 90 & 30 mg	5	PA; LD
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
ESTROGEN COMBINATIONS		
abigale lo tab 0.5-0.1	2	MT
abigale tab 1-0.5mg	2	MT
amabelz tab 0.5-0.1	2	MT

Drug Name	Drug Tier	Requirements/Limits
CLIMARA PRO DIS WEEKLY	4	MT
COMBIPATCH DIS	3	MT
DUAVEE TAB 0.45-20	3	MT
estradiol & norethindrone acetate tab 0.5-0.1 mg	2	MT
estradiol & norethindrone acetate tab 1-0.5 mg	2	MT
fyavolv tab 0.5-2.5	2	MT
fyavolv tab 1-5	2	MT
jinteli tab 1mg-5mcg	2	MT
mimvey tab 1-0.5mg	2	MT
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	2	MT
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	2	MT
ORIAHNN CAP	3	PA
PREMPHASE TAB	3	MT
PREMPRO TAB	3	MT
PREMPRO TAB 0.3-1.5	3	MT
PREMPRO TAB 0.45-1.5	3	MT
PREMPRO TAB 0.625-5	3	MT
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
DEPO-ESTRADIOL OIL 5MG/ML	4	
dotti pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	MT
ELESTRIN GEL .06%	4	MT
estradiol gel .06%, .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm; pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; tabs .5mg, 1mg, 2mg	2	MT
estradiol valerate oil 10mg/ml, 20mg/ml, 40mg/ml	2	
EVAMIST SOLN 1.53MG/SPRAY	3	MT
lyllana pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	MT
MENOSTAR PTWK 14MCG/24HR	4	MT

Drug Name	Drug Tier	Requirements/Limits
PREMARIN TABS .3MG, .45MG, .625MG, .9MG, 1.25MG	3	MT
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
CIPRO SUSR 5GM/100ML, 500MG/5ML	4	
ciprofloxacin hcl tabs 250mg, 500mg, 750mg	1	
levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg	2	
moxifloxacin hcl tabs 400mg	2	
ofloxacin tabs 300mg, 400mg	2	
GASTROINTESTINAL AGENTS - MISC. - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
GALLSTONE SOLUBILIZING AGENTS		
chenodal tabs 250mg	6	LD
ursodiol caps 300mg; tabs 250mg, 500mg	2	MT
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium (mastocytosis) conc 100mg/5ml	1	MT
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone caps 8mcg, 24mcg	2	MT
GASTROINTESTINAL STIMULANTS		
metoclopramide hcl soln 5mg/5ml, 10mg/10ml; tabs 5mg, 10mg	1	
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY CAPS 400MCG	6	PA, QL (150 caps every 30 days); LD
BYLVAY CAPS 1200MCG	6	PA, QL (180 caps every 30 days); LD
BYLVAY (PELLETS) CPSP 200MCG, 600MCG	6	PA, QL (120 caps every 30 days); LD
LIVMARLI SOLN 9.5MG/ML, 19MG/ML	6	PA; LD
LIVMARLI TABS 10MG, 15MG, 20MG	6	PA, QL (60 tabs every 30 days); LD
LIVMARLI TABS 30MG	6	PA, QL (30 tabs every 30 days); LD
INFLAMMATORY BOWEL AGENTS		
balsalazide disodium caps 750mg	2	
mesalamine cp24 .375gm; cpcr 500mg; tbec 1.2gm	2	MT

Drug Name	Drug Tier	Requirements/Limits
mesalamine enem 4gm; supp 1000mg; tbec 800mg	2	
mesalamine w/ cleanser kit 4gm	2	
PENTASA CPCR 250MG, 500MG	3	MT
SKYRIZI SOCT 180MG/1.2ML, 360MG/2.4ML	5	PA, QL (1 injection every 56 days)
sulfasalazine tabs 500mg; tbec 500mg	2	MT
TREMFYA SOAJ 200MG/2ML; SOSY 200MG/2ML	5	PA, QL (1 injection every 28 days)
TREMFYA INDUCTION PACK FO SOAJ 200MG/2ML	5	PA, QL (6 pens every 180 days)
INTESTINAL ACIDIFIERS		
enulose soln 10gm/15ml	1	MT
generlac soln 10gm/15ml	1	MT
lactulose (encephalopathy) soln 10gm/15ml	1	MT
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron hcl tabs .5mg, 1mg	2	MT
LINZESS CAPS 72MCG, 145MCG, 290MCG	3	MT
VIBERZI TABS 75MG, 100MG	3	PA, QL (60 tabs every 30 days)
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TABS 12.5MG, 25MG	3	
RELISTOR SOLN 12MG/0.6ML; SOSY 8MG/0.4ML, 12MG/0.6ML	4	
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS		
LIVDELZI CAPS 10MG	5	PA, QL (30 caps every 30 days); LD
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
AURYXIA TABS 210MG	4	MT
calcium acetate (phosphate binder) caps 667mg; tabs 667mg	2	MT
ferric citrate tabs 210mg	2	MT
FOSRENOL PACK 750MG, 1000MG	4	MT
sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg	2	MT
sevelamer hcl tabs 400mg, 800mg	2	MT
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT 5MG	6	PA; LD

Drug Name	Drug Tier	Requirements/Limits
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TABS 250MG	6	PA; LD
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
ACIDIFIERS		
K-PHOS TAB NO 2	4	
ALKALINIZERS		
potassium citrate (alkalinizer) tbcr 10meq, 15meq, 540mg, 1080mg, 1620mg	2	
CYSTINOSIS AGENTS		
CYSTAGON CAPS 50MG, 150MG	6	PA; LD
PROCYSBI CPDR 25MG, 75MG; PACK 75MG, 300MG	6	PA; LD
GENITOURINARY IRRIGANTS		
acetic acid soln .25%	2	
neomycin-polymyxin b gu irrigation soln	2	
sodium chloride (gu irrigant) soln .9%	2	
SORBITOL SOLN 3%	4	
SORBITOL-MAN SOL	4	
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI TABS 200MG, 400MG	6	PA, QL (30 tabs every 30 days); LD
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAPS 100MG	4	
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl tb24 10mg	1	MT
CARDURA XL TB24 4MG, 8MG	4	MT
dutasteride caps .5mg	2	MT
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	2	MT
finasteride tabs 5mg	1	MT
silodosin caps 4mg, 8mg	2	MT
tamsulosin hcl caps .4mg	1	MT
URINARY ANALGESICS		
phenazo tabs 200mg	1	
phenazopyridine hcl tabs 200mg	1	
URINARY STONE AGENTS		
LITHOSTAT TABS 250MG	4	MT
tiopronin tabs 100mg; tbec 100mg, 300mg	5	
venxxiva tbec 100mg, 300mg	5	LD

Drug Name	Drug Tier	Requirements/Limits
GOUT AGENTS - DRUGS TO TREAT GOUT		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid tab 0.5-500 mg	2	MT
GOUT AGENTS - DRUGS TO TREAT GOUT		
allopurinol tabs 100mg, 300mg	1	MT
colchicine tabs .6mg	2	
febuxostat tabs 40mg, 80mg	2	MT
URICOSURICS		
probenecid tabs 500mg	2	MT
HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS		
ANTIHEMOPHILIC PRODUCTS		
ADVATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT	6	PA; LD
ALPHANATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT	6	PA; LD
ALPROLIX SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	6	PA; LD
BENEFIX KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	6	PA; LD
HEMLIBRA SOLN 12MG/0.4ML, 30MG/ML, 60MG/0.4ML, 105MG/0.7ML, 150MG/ML, 300MG/2ML	6	PA; LD
HUMATE-P SOL 250-600	6	PA; LD
HUMATE-P SOL 500-1200	6	PA; LD
HUMATE-P SOL 2400UNIT	6	PA; LD
JIVI SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	6	PA; LD
KOVALTRY SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	6	PA; LD
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant acetate sosy 30mg/3ml	5	PA
sajazir sosy 30mg/3ml	5	PA; LD
COMPLEMENT INHIBITORS		
BERINERT KIT 500UNIT	6	PA; LD
CINRYZE SOLR 500UNIT	6	PA; LD
EMPAVELI SOLN 1080MG/20ML	6	PA; LD
HAEGARDA SOLR 2000UNIT, 3000UNIT	6	PA; LD
RUCONEST SOLR 2100UNIT	6	PA; LD

Drug Name	Drug Tier	Requirements/Limits
TAVNEOS CAPS 10MG	6	PA, QL (180 caps every 30 days); LD
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TABS 100MG, 150MG	6	PA; LD
HEMATORHEOLOGIC AGENTS		
pentoxifylline tbcr 400mg	1	MT
PLASMA KALLIKREIN INHIBITORS		
TAKHZYRO SOLN 300MG/2ML; SOSY 150MG/ML, 300MG/2ML	6	PA; LD
PLATELET AGGREGATION INHIBITORS		
anagrelide hcl caps .5mg, 1mg	1	MT
aspirin-dipyridamole cap er 12hr 25-200 mg	1	MT
CABLIVI KIT 11MG	6	PA; LD
cilostazol tabs 50mg, 100mg	1	MT
clopidogrel bisulfate tabs 75mg	1	MT
clopidogrel bisulfate tabs 300mg	1	
dipyridamole tabs 25mg, 50mg, 75mg	1	MT
prasugrel hcl tabs 5mg, 10mg	1	MT
ticagrelor tabs 60mg, 90mg	2	MT
ZONTIVITY TABS 2.08MG	4	MT
PYRUVATE KINASE ACTIVATORS		
PYRUKYND TABS 5MG, 20MG, 50MG	6	PA, QL (60 tabs every 30 days); LD
PYRUKYND TAB 20MGX5MG	6	PA, QL (14 tabs every 180 days); LD
PYRUKYND TAB 50MGX20M	6	PA, QL (14 tabs every 180 days); LD
PYRUKYND TAPER PACK TBPK 5MG	6	PA, QL (7 tabs every 180 days); LD
HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAPS 84MG	6	PA; LD
miglustat caps 100mg	5	PA
yargesa caps 100mg	5	PA; LD
AGENTS FOR SICKLE CELL DISEASE		
DROXIA CAPS 200MG, 300MG, 400MG	4	MT
SIKLOS TABS 100MG, 1000MG	4	
XROMI SOLN 100MG/ML	4	

Drug Name	Drug Tier	Requirements/Limits
COBALAMINS		
cyanocobalamin soln 1000mcg/ml	1	
dodex soln 1000mcg/ml	1	
FOLIC ACID/FOLATES		
cvs folic acid tabs 800mcg	1	QL (100 tabs per fill), OTC; ACA, MT
fa-8 caps .8mg	1	QL (100 caps per fill), OTC; ACA, MT
folate tabs 400mcg	1	QL (100 tabs per fill), OTC; ACA
folic acid caps 800mcg	1	QL (100 caps per fill), OTC; ACA, MT
folic acid tabs 1mg	1	MT
folic acid tabs 400mcg	1	QL (100 tabs per fill), OTC; ACA
folic acid tabs 800mcg	1	QL (100 tabs per fill), OTC; ACA, MT
ft folic acid tabs 400mcg	1	QL (100 tabs per fill), OTC; ACA
gnp folic acid tabs 400mcg	1	QL (100 tabs per fill), OTC; ACA
kp folic acid tabs 800mcg	1	QL (100 tabs per fill), OTC; ACA, MT
qc folic acid tabs 800mcg	1	QL (100 tabs per fill), OTC; ACA, MT
ra folic acid tabs 400mcg	1	QL (100 tabs per fill), OTC; ACA
ra folic acid tabs 800mcg	1	QL (100 tabs per fill), OTC; ACA, MT
true folic acid tabs 400mcg	1	QL (100 tabs per fill), OTC; ACA
yl folic acid tabs 400mcg	1	QL (100 tabs per fill), OTC; ACA
HEMATOPOIETIC GROWTH FACTORS		
DOPTELET TABS 20MG	6	PA; LD
DOPTELET SPRINKLE CPSP 10MG	6	PA; LD
eltrombopag olamine pack 12.5mg, 25mg; tabs 12.5mg, 25mg, 50mg, 75mg	5	PA
MULPLETA TABS 3MG	6	PA

Drug Name	Drug Tier	Requirements/Limits
ZARXIO SOSY 300MCG/0.5ML, 480MCG/0.8ML	5	
STEM CELL MOBILIZERS		
plerixafor soln 24mg/1.2ml	5	
HEMOSTATICS - DRUGS TO TREAT BLOOD DISORDERS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid soln .25gm/ml; tabs 500mg, 1000mg	2	
tranexamic acid tabs 650mg	2	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO TREAT SLEEP DISORDERS		
BARBITURATE HYPNOTICS		
phenobarbital elix 20mg/5ml, 30mg/7.5ml, 60mg/15ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	1	
NON-BARBITURATE HYPNOTICS		
DORAL TABS 15MG	4	QL (30 tabs every 30 days)
estazolam tabs 1mg	2	QL (60 tabs every 30 days)
estazolam tabs 2mg	2	QL (30 tabs every 30 days)
eszopiclone tabs 1mg, 2mg, 3mg	2	QL (30 tabs every 30 days)
flurazepam hcl caps 15mg, 30mg	2	QL (30 caps every 30 days)
midazolam hcl syrp 2mg/ml	2	
quazepam tabs 15mg	2	QL (30 tabs every 30 days)
temazepam caps 7.5mg	2	QL (120 caps every 30 days)
temazepam caps 15mg	2	QL (60 caps every 30 days)
temazepam caps 22.5mg, 30mg	2	QL (30 caps every 30 days)
triazolam tabs .25mg	2	QL (60 tabs every 30 days)
triazolam tabs .125mg	2	QL (120 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
zaleplon caps 5mg	2	QL (30 caps every 30 days)
zaleplon caps 10mg	2	QL (60 caps every 30 days)
zolpidem tartrate tabs 5mg, 10mg; tbcr 6.25mg, 12.5mg	2	QL (30 tabs every 30 days)
SELECTIVE MELATONIN RECEPTOR AGONISTS		
ramelteon tabs 8mg	2	QL (30 tabs every 30 days)
LAXATIVES - DRUGS TO TREAT CONSTIPATION		
LAXATIVE COMBINATIONS		
CLENPIQ SOL	3	ACA
gavilyte-c sol	1	
gavilyte-g sol	1	
gavilyte-n sol flav pk	1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	1	ACA
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
PEG-PREP KIT	4	ACA
peg/nasul/c/ sol nacl/pot	1	ACA
PLENVU SOL	4	ACA
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	1	ACA
SUFLAVE SOL	4	ACA
SUTAB TAB	4	ACA
LAXATIVES - MISCELLANEOUS		
constulose soln 10gm/15ml	1	MT
kristalose pack 10gm, 20gm	3	MT
lactulose pack 10gm	3	MT
lactulose soln 10gm/15ml, 20gm/30ml	1	MT
MACROLIDES - DRUGS TO TREAT INFECTIONS		
AZITHROMYCIN		
azithromycin pack 1gm; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg	1	
ZITHROMAX PACK 1GM	4	
CLARITHROMYCIN		
clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg	2	

Drug Name	Drug Tier	Requirements/Limits
ERYTHROMYCINS		
e.e.s. 400 tabs 400mg	2	
ery-tab tbec 250mg, 333mg, 500mg	2	
erythrocin stearate tabs 250mg	2	
erythromycin base cpep 250mg; tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg	2	
erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml; tabs 400mg	2	
FIDAXOMICIN		
DIFICID SUSR 40MG/ML	4	
fidaxomicin tabs 200mg	2	
MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR DIAGNOSIS, TREATMENT, OR MONITORING		
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
CAYA DPR	4	QL (1 each every 300 days); ACA
CONDOMS (MALE)	4	OTC; ACA
FC2 FEMALE MIS CONDOM	4	QL (12 condoms every 30 days), OTC; ACA
FEMCAP MIS 22MM	4	QL (1 each every 300 days); ACA
FEMCAP MIS 26MM	4	QL (1 each every 300 days); ACA
FEMCAP MIS 30MM	4	QL (1 each every 300 days); ACA
OMNIFLEX DPR	4	QL (1 each every 300 days); ACA
WIDE-SEAL SILICONE DIAPHR DPRH 2%	4	QL (1 each every 300 days); ACA
DIABETIC SUPPLIES		
ACCU-CHEK KIT AVIVA PL	3	QL (1 kit every year), OTC
ACCU-CHEK KIT GUIDE	3	QL (1 kit every year), OTC
ACCU-CHEK KIT GUIDE ME	3	QL (1 kit every year), OTC
BD MICROTAIN MIS LANCETS	3	
DEXCOM G6 MIS RECEIVER	4	QL (1 receiver every year)
DEXCOM G6 MIS SENSOR	4	QL (9 sensors every 90 days)
DEXCOM G6 MIS TRANSMIT	4	QL (1 box every 90 days)
DEXCOM G7 MIS RECEIVER	4	QL (1 receiver every year)

Drug Name	Drug Tier	Requirements/Limits
DEXCOM G7 MIS SENSOR	4	QL (9 sensors every 90 days)
DEXCOM G7 MIS SNSR 15D	4	QL (6 sensors every 90 days)
LANCETS	3	OTC
OMNIPOD 5 DX KIT INT G7G6	3	
OMNIPOD 5 DX MIS POD G7G6	3	
OMNIPOD 5 G7 KIT INTRO	3	
OMNIPOD 5 G7 MIS PODS	3	
OMNIPOD 5 L2 KIT INTRO G6	3	
OMNIPOD 5 L2 MIS PODS G6	3	
OMNIPOD DASH KIT INTRO	3	
OMNIPOD DASH KIT PDM	3	
OMNIPOD DASH MIS PODS	3	
OMNIPOD GO KIT 10UNT/DY	3	
OMNIPOD GO KIT 15UNT/DY	3	
OMNIPOD GO KIT 20UNT/DY	3	
OMNIPOD GO KIT 25UNT/DY	3	
OMNIPOD GO KIT 30UNT/DY	3	
OMNIPOD GO KIT 35UNT/DY	3	
OMNIPOD GO KIT 40UNT/DY	3	
OMNIPOD MIS CLASSIC	3	
V-GO 20 KIT	3	
V-GO 30 KIT	3	
V-GO 40 KIT	3	
MISC. DEVICES		
ALCOHOL SWABS PADS 70%	3	QL (300 ea every 30 days), OTC
PARENTERAL THERAPY SUPPLIES		
INSULIN PEN NEEDLE	3	QL (1000 each every 30 days)
INSULIN PEN NEEDLE	3	QL (1000 each every 30 days), OTC
INSULIN SYRINGE/NEEDLE	3	QL (1000 each every 30 days)
INSULIN SYRINGE/NEEDLE	3	QL (1000 each every 30 days), OTC

Drug Name	Drug Tier	Requirements/Limits
MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AJOVY SOAJ 225MG/1.5ML; SOSY 225MG/1.5ML	3	PA, QL (3 pens every 90 days)
EMGALITY SOAJ 120MG/ML	3	PA, QL (1 pen every 28 days)
EMGALITY SOSY 100MG/ML	3	PA, QL (3 syringes every 28 days)
EMGALITY SOSY 120MG/ML	3	PA, QL (1 syringe every 28 days)
NURTEC TBDP 75MG	3	PA, QL (16 tabs every 30 days)
MIGRAINE COMBINATIONS		
ergotamine w/ caffeine tab 1-100 mg	2	
migergot sup 2/100	2	
MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES		
dihydroergotamine mesylate soln 1mg/ml	2	
dihydroergotamine mesylate soln 4mg/ml	2	QL (8 mL every 30 days)
ERGOMAR SUBL 2MG	4	
SEROTONIN AGONISTS		
almotriptan malate tabs 6.25mg, 12.5mg	2	QL (18 tabs every 30 days)
eletriptan hydrobromide tabs 20mg, 40mg	1	QL (18 tabs every 30 days)
frovatriptan succinate tabs 2.5mg	2	QL (18 tabs every 30 days)
IMITREX STATDOSE REFILL SOCT 4MG/0.5ML, 6MG/0.5ML	4	QL (10 injections every 30 days)
naratriptan hcl tabs 1mg, 2.5mg	2	QL (18 tabs every 30 days)
rizatriptan benzoate tabs 5mg, 10mg; tbdp 5mg, 10mg	2	QL (18 tabs every 30 days)
sumatriptan soln 5mg/act, 20mg/act	2	QL (12 inhalers every 30 days)
sumatriptan succinate soaj 4mg/0.5ml, 6mg/0.5ml; soct 4mg/0.5ml, 6mg/0.5ml; soln 6mg/0.5ml	2	QL (10 injections every 30 days)
sumatriptan succinate tabs 25mg, 50mg, 100mg	2	QL (18 tabs every 30 days)
zolmitriptan soln 2.5mg, 5mg	2	QL (12 inhalers every 30 days)
zolmitriptan tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg	2	QL (18 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
ZOMIG SOLN 2.5MG	4	QL (12 inhalers every 30 days)
zomig tabs 2.5mg, 5mg	2	QL (18 tabs every 30 days)
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION		
FLUORIDE		
sodium fluoride chew 1mg	1	MT
sodium fluoride chew .25mg, .5mg; soln .5mg/ml; tabs .5mg	1	ACA, MT
PHOSPHATE		
phospho-trin k500 tabs 500mg	2	MT
POTASSIUM		
EFFER-K TBEF 25MEQ	4	MT
EFFER-K TAB 10MEQ	4	MT
EFFER-K TAB 20MEQ	4	MT
k-prime tbef 25meq	1	MT
klor-con pack 20meq	1	MT
KLOR-CON 8 TBCR 8MEQ	1	MT
klor-con 10 tbcr 10meq	1	MT
KLOR-CON 10 TBCR 10MEQ	1	MT
klor-con m10 tbcr 10meq	1	MT
klor-con m15 tbcr 15meq	1	MT
klor-con m20 tbcr 20meq	1	MT
klor-con/ef tbef 25meq	1	MT
potassium chloride cpcr 8meq, 10meq; pack 20meq; soln 10%, 20%; tbcr 8meq, 10meq, 15meq, 20meq	1	MT
potassium chloride microencapsulated crystals er tbcr 10meq, 15meq, 20meq	1	MT
SODIUM		
sodium chloride soln .9%	1	
ZINC		
GALZIN CAPS 50MG	4	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS - DRUGS FOR OVERDOSE OR POISONING		
penicillamine tabs 250mg	2	
FECAL INCONTINENCE BULKING AGENTS - DRUGS FOR INABILITY TO HOLD BOWEL MOVEMENT		
SOLESTA INJ 50-15ML	6	LD

Drug Name	Drug Tier	Requirements/Limits
IMMUNOMODULATORS - DRUGS TO TREAT CANCER		
lenalidomide caps 2.5mg, 5mg, 10mg, 15mg	6	PA, QL (28 caps every 28 days); LD
lenalidomide caps 20mg, 25mg	6	PA, QL (21 caps every 28 days); LD
REZUROCK TABS 200MG	6	PA, QL (60 tabs every 30 days); LD
THALOMID CAPS 50MG	6	PA, QL (84 caps every 28 days); LD
THALOMID CAPS 100MG	6	PA, QL (112 caps every 28 days); LD
IMMUNOSUPPRESSIVE AGENTS - DRUGS FOR TRANSPLANT		
ASTAGRAF XL CP24 .5MG, 1MG, 5MG	6	
azasan tabs 75mg, 100mg	2	MT
azathioprine tabs 50mg, 75mg, 100mg	2	MT
CELLCEPT CAPS 250MG; SUSR 200MG/ML; TABS 500MG	4	MT
cyclosporine caps 25mg, 100mg	2	MT
cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml	2	MT
ENSPRYNG SOSY 120MG/ML	6	PA; LD
everolimus (immunosuppressant) tabs .25mg, .5mg, .75mg, 1mg	5	
gengraf caps 25mg, 100mg; soln 100mg/ml	2	MT
LUPKYNIS CAPS 7.9MG	6	PA; LD
mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg	2	MT
mycophenolate sodium tbec 180mg, 360mg	2	MT
MYFORTIC TBEC 180MG, 360MG	4	MT
NEORAL CAPS 25MG, 100MG; SOLN 100MG/ML	4	MT
PROGRAF CAPS .5MG, 1MG, 5MG; PACK .2MG, 1MG	4	MT
RAPAMUNE TABS .5MG, 1MG	4	MT
SANDIMMUNE CAPS 25MG, 100MG; SOLN 100MG/ML	4	MT
sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg	2	MT
tacrolimus caps .5mg, 1mg, 5mg	1	MT
ZORTRESS TABS .25MG, .5MG, .75MG, 1MG	6	

Drug Name	Drug Tier	Requirements/Limits
POTASSIUM REMOVING AGENTS - DRUGS TO LOWER POTASSIUM		
kionex susp 15gm/60ml	2	
sodium polystyrene sulfonate powd 100%; susp 15gm/60ml	2	
sodium polystyrene sulfonate powder	2	
sps susp 15gm/60ml	2	
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS - DRUGS TO TREAT LUPUS		
BENLYSTA SOAJ 200MG/ML; SOSY 200MG/ML	6	PA; LD
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT		
ANESTHETICS TOPICAL ORAL		
lidocaine hcl (mouth-throat) soln 2%	2	
ANTI-INFECTIVES - THROAT		
clotrimazole troc 10mg	2	
nystatin (mouth-throat) susp 100000unit/ml	2	
ORAVIG TABS 50MG	4	
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate (mouth-throat) soln .12%	1	
periogard soln .12%	1	
STEROIDS - MOUTH/THROAT/DENTAL		
kourzeq pste .1%	2	QL (20 gm every 30 days)
oralone dental paste pste .1%	2	QL (20 gm every 30 days)
triamcinolone acetonide (mouth) pste .1%	2	QL (20 gm every 30 days)
THROAT PRODUCTS - MISC.		
cevimeline hcl caps 30mg	2	MT
ORAMAGICRX SUS	4	
pilocarpine hcl (oral) tabs 5mg, 7.5mg	2	MT
MULTIVITAMINS - DRUGS FOR NUTRITION		
PED MULTI VITAMINS W/FL & FE		
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml	1	
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml	1	OTC
PED MV W/ FLUORIDE		
MULTI VIT/FL DRO 0.5MG/ML	1	OTC
MULTIVIT/FL DRO 0.25MG	1	OTC
pediatric multiple vitamin w/ fluoride susp 0.25 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
pediatric multiple vitamins w/ fluoride chew tab 0.5 mg	1	
pediatric multiple vitamins w/ fluoride chew tab 0.25 mg	1	
pediatric multiple vitamins w/ fluoride chew tab 1 mg	1	
pediatric multiple vitamins w/ fluoride susp 0.5 mg/ml	1	
tri-vit/fluo dro 0.5mg	1	
tri-vit/fluo dro 0.25mg	1	
VIT A/C/D/FL DRO 0.5MG	1	OTC
VIT A/C/D/FL DRO 0.25MG	1	OTC
PRENATAL VITAMINS		
C-NATE DHA CAP 28-1-200	3	
CO-NATAL FA TAB 29-1MG	3	
COMPLETENATE CHW	3	
CONCEPT DHA CAP	3	
elite-ob tab	1	
JENLIVA CAP	3	
M-NATAL PLUS TAB	3	
MATRONEX TAB	3	
NATALCHEW CHW	3	
NEONATAL PLS TAB 27-1MG	3	
NEONATAL TAB COMPLETE	3	
NEONATAL TAB COMPLTE	3	
NEONATAL TAB PLUS	3	
NIVA-PLUS TAB	3	
ONE VITE TAB 1MG PLUS	3	
pnv-dha cap	1	
PNV-OMEGA CAP	3	
pnv-select tab	1	
PRENA1 PEARL CAP	3	
PRENATAL 19 CHW 29-1MG	3	
PRENATAL 19 TAB 29-1MG	3	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
PRENATAL-U CAP 106.5-1	3	
PRENATRIX TAB	3	
PRENATRYL TAB	3	
RELEVIA TAB 27-1MG	3	

Drug Name	Drug Tier	Requirements/Limits
RELNATE DHA CAP	3	
SE-NATAL 19 CHW	3	
SE-NATAL 19 TAB	3	
TARON-C DHA CAP	3	
THRIVITE RX TAB 29-1MG	3	
TRICARE TAB PRENATAL	3	
trinate tab	1	
VITAFOL-OB TAB 65-1MG	3	
VITAPEARL CAP	3	
VITATHELY TAB	3	
WESCAP-C DHA CAP	3	
WESNATE DHA CAP	3	
WESTAB PLUS TAB 27-1MG	3	
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
CENTRAL MUSCLE RELAXANTS		
baclofen tabs 10mg, 20mg	1	
carisoprodol tabs 250mg, 350mg	2	QL (120 tabs every 30 days)
chlorzoxazone tabs 500mg	2	QL (180 tabs every 30 days)
cyclobenzaprine hcl tabs 5mg, 10mg	2	QL (90 tabs every 30 days)
metaxalone tabs 800mg	2	QL (90 tabs every 30 days)
methocarbamol tabs 500mg	2	QL (240 tabs every 30 days)
methocarbamol tabs 750mg	2	QL (160 tabs every 30 days)
orphenadrine citrate tb12 100mg	2	QL (60 tabs every 30 days)
tizanidine hcl caps 2mg, 4mg, 6mg; tabs 2mg, 4mg	2	
DIRECT MUSCLE RELAXANTS		
dantrolene sodium caps 25mg, 50mg, 100mg	2	
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE		
NASAL ANTIALLERGY		
azelastine hcl soln .1%, .15%, 137mcg/spray	2	
olopatadine hcl (nasal) soln .6%	2	
NASAL ANTICHOLINERGICS		
ipratropium bromide (nasal) soln .03%, .06%	1	MT

Drug Name	Drug Tier	Requirements/Limits
NASAL STEROIDS		
flunisolide (nasal) soln .025%	1	
fluticasone propionate (nasal) susp 50mcg/act	2	
mometasone furoate (nasal) susp 50mcg/act	2	
SYMPATHOMIMETIC DECONGESTANTS		
epinephrine hcl (nasal) soln .1%	2	
NEUROMUSCULAR AGENTS - DRUGS FOR THE NERVES AND MUSCLES		
ALS AGENTS		
EXSERVAN FILM 50MG	6	
RADICAVA ORS SUSP 105MG/5ML	6	PA; LD
RADICAVA ORS STARTER KIT SUSP 105MG/5ML	6	PA; LD
riluzole tabs 50mg	5	
TEGLUTIK SUSP 50MG/10ML	6	
TIGLUTIK SUSP 50MG/10ML	6	
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOLR .75MG/ML	6	PA; LD
EVRYSDI TABS 5MG	6	PA, QL (30 tabs every 30 days); LD
NUTRIENTS - DRUGS FOR NUTRITION		
CARBOHYDRATES		
cvs glucose liq shot	2	OTC
gluco shot liq	2	OTC
glucose oral liquid	2	OTC
LIPIDS		
DOJOLVI LIQD 100%	6	PA; LD
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS		
BETA-BLOCKERS - OPHTHALMIC		
betaxolol hcl (ophth) soln .5%	2	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	2	
carteolol hcl (ophth) soln 1%	1	
COMBIGAN SOL 0.2/0.5%	4	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	2	
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%	2	
levobunolol hcl soln .5%	1	

Drug Name	Drug Tier	Requirements/Limits
timolol maleate soln .5%	2	
timolol maleate (ophth) solg .25%, .5%; soln .5%	2	
timolol maleate (ophth) soln .25%, .5%	1	
timolol maleate in ocudos soln .5%	2	
timolol maleate preservative free (ophth) soln .25%	2	
CYCLOPLEGIC MYDRIATICS		
ATROPINE SULFATE SOLN 1%	4	
atropine sulfate (ophthalmic) soln 1%	2	
CYCLOGYL SOLN .5%, 2%	4	
CYCLOMYDRIL SOL OP	4	
cyclopentolate hcl soln 1%	2	
phenylephrine hcl (mydriatic) soln 2.5%, 10%	2	
tropicamide soln .5%, 1%	2	
MIOTICS		
MIOCHOL-E SOLR 20MG	4	
PHOSPHOLINE IODIDE SOLR .125%	4	
pilocarpine hcl soln 1%, 2%, 4%	2	QL (30 mL every 30 days)
OPHTHALMIC ADRENERGIC AGENTS		
apraclonidine hcl soln .5%	2	
brimonidine tartrate soln .1%, .15%, .2%	2	
IOPIDINE SOLN 1%	4	
OPHTHALMIC ANTI-INFECTIVES		
AZASITE SOLN 1%	4	
bacitracin (ophthalmic) oint 500unit/gm	2	
bacitracin-polymyxin b ophth oint	1	
BESIVANCE SUSP .6%	3	
BETADINE OPHTHALMIC PREP SOLN 5%	4	
ciprofloxacin hcl (ophth) soln .3%	1	QL (30 mL every 30 days)
erythromycin (ophth) oint 5mg/gm	1	
gatifloxacin (ophth) soln .5%	2	
gentamicin sulfate (ophth) soln .3%	1	QL (30 mL every 30 days)
KLARITY-A SOLN 1%	4	
levofloxacin (ophth) soln .5%	2	QL (30 mL every 30 days)
MITOSOL KIT .2MG	4	
moxifloxacin hcl (ophth) soln .5%	2	QL (30 mL every 30 days)
NATACYN SUSP 5%	4	
neo-polycin oin op	1	

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of the table.

Drug Name	Drug Tier	Requirements/Limits
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	2	
ofloxacin (ophth) soln .3%	2	QL (30 mL every 30 days)
polycin oin op	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
POVIDONE IODINE SOLN 5%	4	
sulfacetamide sodium (ophth) oint 10%; soln 10%	2	
tobramycin (ophth) soln .3%	1	QL (30 mL every 30 days)
TOBREX OINT .3%	4	QL (18 gm every 30 days)
trifluridine soln 1%	2	
ZIRGAN GEL .15%	4	
OPHTHALMIC IMMUNOMODULATORS		
CEQUA SOLN .09%	3	QL (60 vials every 30 days)
VEVYE SOLN .1%	3	QL (1 bottle every 30 days)
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN GEL 3.5%	4	
proparacaine hcl soln .5%	2	
tetracaine hcl (ophth) soln .5%	2	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE SOLN .002%	6	PA; LD
OPHTHALMIC STEROIDS		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	2	
dexamethasone sodium phosphate (ophth) soln .1%	2	QL (30 mL every 30 days)
difluprednate emul .05%	2	
FLAREX SUSP .1%	4	
fluorometholone (ophth) susp .1%	2	
FML FORTE SUSP .25%	4	
LOTEMAX OINT .5%	3	
LOTEMAX SM GEL .38%	3	
loteprednol etabonate gel .5%; susp .5%	2	
MAXIDEX SUSP .1%	4	
neo-polycin oin hc 1%op	2	

Drug Name	Drug Tier	Requirements/Limits
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	
neomycin-polymyxin-hc ophth susp	2	QL (30 mL every 30 days)
PRED MILD SUSP .12%	4	
prednisolone acetate (ophth) susp 1%	2	
PREDNISOLONE SODIUM PHOSP SOLN 1%	4	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2	
tobramycin-dexamethasone ophth susp 0.3-0.1%	2	QL (30 mL every 30 days)
OPHTHALMICS - MISC.		
azelastine hcl (ophth) soln .05%	2	
bromfenac sodium (ophth) soln .07%, .09%	2	
cromolyn sodium (ophth) soln 4%	1	
CYSTARAN SOLN .44%	6	LD
diclofenac sodium (ophth) soln .1%	2	QL (30 mL every 30 days)
dorzolamide hcl soln 2%	2	
epinastine hcl (ophth) soln .05%	2	
flurbiprofen sodium soln .03%	1	
ketorolac tromethamine (ophth) soln .4%, .5%	2	
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost soln .03%	2	
latanoprost soln .005%	2	
LUMIGAN SOLN .01%	3	
tafluprost soln .015mg/ml	2	
travoprost soln .004%	2	
OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR		
OTIC AGENTS - MISCELLANEOUS		
acetic acid (otic) soln 2%	1	
OTIC ANTI-INFECTIVES		
ciprofloxacin hcl (otic) soln .2%	2	QL (56 ea every 30 days)
ofloxacin (otic) soln .3%	2	QL (30 mL every 30 days)
OTIC COMBINATIONS		
CIPRO HC SUS 0.2-1%OT	4	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	2	

Drug Name	Drug Tier	Requirements/Limits
ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%	2	
ciprofloxacin-hydrocortisone otic susp 0.2-1%	2	
CORTISPORIN SUS -TC OTIC	4	
neomycin-polymyxin-hc otic soln 1%	2	QL (30 mL every 30 days)
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	2	QL (30 mL every 30 days)
OTOVEL DRO	4	
OTIC STEROIDS		
hydrocortisone w/ acetic acid otic soln 1-2%	2	QL (30 mL every 30 days)
PASSIVE IMMUNIZING AND TREATMENT AGENTS - DRUGS FOR IMMUNE SYSTEM CONDITIONS		
IMMUNE SERUMS		
CUTAQUIG SOLN 1GM/6ML, 1.65GM/10ML, 2GM/12ML, 3.3GM/20ML, 4GM/24ML, 8GM/48ML	6	PA; LD
CUVITRU SOLN 1GM/5ML, 2GM/10ML, 4GM/20ML, 8GM/40ML, 10GM/50ML	6	PA; LD
GAMMAGARD LIQUID SOLN 1GM/10ML, 2.5GM/25ML, 5GM/50ML, 10GM/100ML, 20GM/200ML, 30GM/300ML	6	PA; LD
GAMMAGARD LIQUID ERC SOLN 5GM/50ML, 10GM/100ML	6	PA; LD
GAMMAKED SOLN 1GM/10ML, 5GM/50ML, 10GM/100ML, 20GM/200ML	6	PA; LD
GAMUNEX-C SOLN 1GM/10ML, 2.5GM/25ML, 5GM/50ML, 10GM/100ML, 20GM/200ML, 40GM/400ML	6	PA; LD
HIZENTRA SOLN 1GM/5ML, 2GM/10ML, 4GM/20ML, 10GM/50ML; SOSY 1GM/5ML, 2GM/10ML, 4GM/20ML, 10GM/50ML	6	PA; LD
XEMBIFY SOLN 1GM/5ML, 2GM/10ML, 4GM/20ML, 10GM/50ML	6	PA; LD
MONOCLONAL ANTIBODIES		
BEYFORTUS SOSY 50MG/0.5ML, 100MG/ML	4	ACA
ENFLONSIA SOSY 105MG/0.7ML	4	ACA
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA INJ 2.5-200	6	PA; LD
HYQVIA INJ 5-400	6	PA; LD
HYQVIA INJ 10-800	6	PA; LD

Drug Name	Drug Tier	Requirements/Limits
HYQVIA INJ 20-1600	6	PA; LD
HYQVIA INJ 30-2400	6	PA; LD
PENICILLINS - DRUGS TO TREAT INFECTIONS		
AMINOPENICILLINS		
amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg	1	
ampicillin caps 500mg	1	
NATURAL PENICILLINS		
penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	1	
PENICILLIN COMBINATIONS		
amoxicillin & k clavulanate chew tab 200-28.5 mg	1	
amoxicillin & k clavulanate chew tab 400-57 mg	1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1	
amoxicillin & k clavulanate tab 250-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1	
AUGMENTIN SUS 125/5ML	4	
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium caps 250mg, 500mg	1	
PHARMACEUTICAL ADJUVANTS - PRODUCTS FOR DRUG COMPOUNDING		
LIQUID VEHICLES		
glycine diluent for injection	6	
PH 12 STERIL SOL FLOLAN	6	
STERILE DILU SOL REMODULI	6	
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
gallifrey tabs 5mg	2	MT

Drug Name	Drug Tier	Requirements/Limits
medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg	2	MT
megestrol acetate (appetite) susp 625mg/5ml	2	MT
norethindrone acetate tabs 5mg	2	MT
progesterone caps 100mg, 200mg	2	MT
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium tbec 333mg	2	
disulfiram tabs 250mg, 500mg	2	
lofexidine hcl tabs .18mg	2	
ANTIDEMENTIA AGENTS - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
donepezil hydrochloride tabs 5mg, 10mg	1	
donepezil hydrochloride tabs 23mg; tbdp 5mg, 10mg	2	
galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg	2	
LEQEMBI IQLIK SOAJ 360MG/1.8ML	6	PA, QL (4 pens every 28 days); LD
memantine hcl cp24 7mg, 14mg, 21mg, 28mg; soln 2mg/ml, 10mg/5ml; tabs 5mg, 10mg	2	
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	2	
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	2	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg	2	
memantine hcl-donepezil hcl cap er 24hr 28-10 mg	2	
NAMZARIC CAP	3	
NAMZARIC CAP 7-10MG	3	
rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	2	
rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg	2	
COMBINATION PSYCHOTHERAPEUTICS		
chlordiazepoxide-amitriptyline tab 5-12.5 mg	1	
chlordiazepoxide-amitriptyline tab 10-25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
olanzapine-fluoxetine hcl cap 3-25 mg	1	PA
olanzapine-fluoxetine hcl cap 6-25 mg	1	PA
olanzapine-fluoxetine hcl cap 6-50 mg	1	PA
olanzapine-fluoxetine hcl cap 12-25 mg	1	PA
olanzapine-fluoxetine hcl cap 12-50 mg	1	PA
perphenazine-amitriptyline tab 2-10 mg	1	
perphenazine-amitriptyline tab 2-25 mg	1	
perphenazine-amitriptyline tab 4-10 mg	1	
perphenazine-amitriptyline tab 4-25 mg	1	
perphenazine-amitriptyline tab 4-50 mg	1	
FIBROMYALGIA AGENTS		
SAVELLA TABS 12.5MG, 25MG, 50MG, 100MG	3	
SAVELLA MIS TITR PAK	3	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TABS 6MG, 9MG, 12MG	6	PA
AUSTEDO XR TB24 6MG, 12MG, 18MG, 24MG, 30MG, 36MG, 42MG, 48MG	6	PA
AUSTEDO XR TAB TITR KIT	6	PA
INGREZZA CAPS 40MG, 60MG, 80MG; CPSP 40MG, 60MG, 80MG	6	PA; LD
INGREZZA CAP 40-80MG	6	PA; LD
tetrabenazine tabs 12.5mg, 25mg	5	PA
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
AVONEX PSKT 30MCG/0.5ML	5	PA, QL (1 pack every 28 days)
AVONEX PEN AJKT 30MCG/0.5ML	5	PA, QL (1 pack every 28 days)
BETASERON KIT .3MG	5	PA, QL (14 injections every 28 days)
COPAXONE SOSY 20MG/ML	5	PA, QL (30 injections every 30 days)
dalfampridine tb12 10mg	5	PA, QL (60 tabs every 30 days)
dimethyl fumarate cpdr 120mg	5	PA, QL (56 caps every 28 days)
dimethyl fumarate cpdr 240mg	5	PA, QL (60 caps every 30 days)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	5	PA, QL (1 kit every 180 days)

Drug Name	Drug Tier	Requirements/Limits
fingolimod hcl caps .5mg	5	PA, QL (30 caps every 30 days)
glatiramer acetate sosy 20mg/ml	5	PA, QL (30 injections every 30 days)
glatiramer acetate sosy 40mg/ml	5	PA, QL (12 injections every 28 days)
glatopa sosy 20mg/ml	5	PA, QL (30 injections every 30 days)
glatopa sosy 40mg/ml	5	PA, QL (12 injections every 28 days)
KESIMPTA SOAJ 20MG/0.4ML	5	PA, QL (1 pen every 28 days); LD
MAYZENT TABS 1MG, 2MG	5	PA, QL (30 tabs every 30 days); LD
MAYZENT TABS .25MG	5	PA, QL (120 tabs every 30 days); LD
MAYZENT PAK STARTER 1 MG/DOSE TBPK .25MG	5	PA, QL (7 tabs every 4 days); LD
MAYZENT PAK STARTER 2 MG/DOSE TBPK .25MG	5	PA, QL (12 tabs every 5 days); LD
PLEGRIDY SOAJ 125MCG/0.5ML; SOSY 125MCG/0.5ML	5	PA, QL (2 injections every 28 days); LD
PLEGRIDY INJ STARTER	5	PA, QL (1 mL every 28 days); LD
PLEGRIDY PEN INJ STARTER	5	PA, QL (1 pen every 28 days); LD
REBIF SOSY 22MCG/0.5ML, 44MCG/0.5ML	5	PA, QL (12 injections every 28 days)
REBIF REBIDO INJ TITRATN	5	PA, QL (12 injections every 28 days)
REBIF REBIDOSE SOAJ 22MCG/0.5ML, 44MCG/0.5ML	5	PA, QL (12 injections every 28 days)
REBIF TITRTN INJ PACK	5	PA, QL (12 injections every 28 days)
teriflunomide tabs 7mg, 14mg	5	PA, QL (30 tabs every 30 days)
VUMERITY CPDR 231MG	5	PA, QL (120 caps every 30 days); LD
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
pregabalin (once-daily) tb24 82.5mg, 165mg	2	PA, QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
pregabalin (once-daily) tb24 330mg	2	PA, QL (60 tabs every 30 days)
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP 20-10MG	4	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
AQNEURSA PACK 1GM	6	PA, QL (112 packets every 28 days); LD
ergoloid mesylates tabs 1mg	2	
pimozide tabs 1mg, 2mg	1	
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TBCR 300MG, 600MG	4	
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent) tb12 150mg	1	QL (168 day supply every 365 days); ACA
CHANTIX TABS .5MG, 1MG	4	QL (168 day supply every 365 days); ACA
CHANTIX CONTINUING MONTH TABS 1MG	4	QL (168 day supply every 365 days); ACA
CHANTIX TAB 0.5& 1MG	4	QL (168 day supply every 365 days); ACA
nicotine pt24 7mg/24hr, 14mg/24hr, 21mg/24hr	1	QL (168 day supply every 365 days), OTC; ACA
nicotine polacrilex gum 2mg, 4mg; lozg 2mg, 4mg	1	QL (168 day supply every 365 days), OTC; ACA
NICOTINE SYS KIT TRANSDER	4	QL (168 day supply every 365 days), OTC; ACA
NICOTROL NS SOLN 10MG/ML	4	QL (168 day supply every 365 days); ACA
varenicline tartrate tabs .5mg, 1mg	2	QL (168 day supply every 365 days); ACA
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	2	QL (168 day supply every 365 days); ACA
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI SOSY 284MG/1.5ML	6	PA; LD
RESPIRATORY AGENTS - MISC. - DRUGS TO TREAT BREATHING DISORDERS		
CYSTIC FIBROSIS AGENTS		
ALYFTREK TAB	6	PA, QL (56 tabs every 28 days); LD

Drug Name	Drug Tier	Requirements/Limits
ALYFTREK TAB 4-20-50	6	PA, QL (84 tabs every 28 days); LD
KALYDECO PACK 5.8MG, 13.4MG, 25MG, 50MG, 75MG	6	PA, QL (56 packets every 28 days); LD
KALYDECO TABS 150MG	6	PA, QL (60 tabs every 30 days); LD
ORKAMBI GRA 75-94MG	6	PA, QL (60 packs every 30 days); LD
ORKAMBI GRA 100-125	6	PA, QL (60 packs every 30 days); LD
ORKAMBI GRA 150-188	6	PA, QL (60 packs every 30 days); LD
ORKAMBI TAB 100-125	6	PA, QL (120 tabs every 30 days); LD
ORKAMBI TAB 200-125	6	PA, QL (120 tabs every 30 days); LD
PULMOZYME SOLN 2.5MG/2.5ML	6	PA; LD
SYMDEKO TAB 50-75MG	6	PA, QL (60 tabs every 30 days); LD
SYMDEKO TAB 100-150	6	PA, QL (60 tabs every 30 days); LD
TRIKAFTA PAK 59.5MG	6	PA, QL (56 packets every 28 days); LD
TRIKAFTA PAK 75MG	6	PA, QL (56 packets every 28 days); LD
TRIKAFTA TAB	6	PA, QL (90 tabs every 30 days); LD
PULMONARY FIBROSIS AGENTS		
OFEV CAPS 100MG, 150MG	6	PA; LD
pirfenidone caps 267mg; tabs 267mg, 801mg	5	PA
SULFONAMIDES - DRUGS TO TREAT INFECTIONS		
SULFONAMIDES - DRUGS TO TREAT INFECTIONS		
sulfadiazine tabs 500mg	2	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
AMINOMETHYLCYCLINES		
NUZYRA TABS 150MG	4	PA, QL (30 tabs every 14 days)
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
avidoxy tabs 100mg	1	
demeclocycline hcl tabs 150mg, 300mg	2	

Drug Name	Drug Tier	Requirements/Limits
doxycycline (monohydrate) caps 50mg, 100mg; tabs 50mg, 75mg, 100mg, 150mg	1	
doxycycline (monohydrate) susr 25mg/5ml	2	
doxycycline hyclate caps 50mg, 100mg; tabs 20mg	2	
minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg	1	
mondoxyne nl caps 100mg	1	
tetracycline hcl caps 250mg, 500mg	1	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
ANTITHYROID AGENTS		
methimazole tabs 5mg, 10mg	1	MT
propylthiouracil tabs 50mg	1	MT
THYROID HORMONES		
ADTHYZA TABS 15MG, 16.25MG, 30MG, 32.5MG, 60MG, 65MG, 90MG, 97.5MG, 120MG, 130MG	3	MT
ARMOUR THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG, 180MG, 240MG, 300MG	3	MT
euthyrox tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	MT
EVEXITHROID TABS 15MG, 30MG, 45MG, 60MG, 75MG, 90MG, 120MG, 180MG	3	MT
levo-t tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	MT
levothyroxine sodium caps 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	MT
levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	MT
levoxyl tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	MT
liomny tabs 5mcg, 25mcg, 50mcg	1	MT
liothyronine sodium tabs 5mcg, 25mcg, 50mcg	1	MT

Drug Name	Drug Tier	Requirements/Limits
NIVA THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG	3	MT
NP THYROID 15 TABS 15MG	3	MT
NP THYROID 30 TABS 30MG	3	MT
NP THYROID 60 TABS 60MG	3	MT
NP THYROID 90 TABS 90MG	3	MT
NP THYROID 120 TABS 120MG	3	MT
RENTHYROID TABS 15MG, 30MG, 45MG, 60MG, 75MG, 90MG, 120MG	3	MT
SYNTHROID TABS 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG	4	MT
THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG	3	MT
TIROSINT CAPS 13MCG, 25MCG, 37.5MCG, 44MCG, 50MCG, 62.5MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG	4	MT
TIROSINT-SOL SOLN 13MCG/ML, 25MCG/ML, 37.5MCG/ML, 44MCG/ML, 50MCG/ML, 62.5MCG/ML, 75MCG/ML, 88MCG/ML, 100MCG/ML, 112MCG/ML, 125MCG/ML, 137MCG/ML, 150MCG/ML, 175MCG/ML, 200MCG/ML	4	MT
unithroid tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	MT
TOXOIDS - DRUGS TO PREVENT INFECTIONS		
TOXOID COMBINATIONS		
ADACEL INJ	4	ACA
BOOSTRIX INJ	4	ACA
DAPTACEL INJ	4	ACA
INFANRIX INJ	4	ACA
KINRIX INJ	4	ACA
PEDIARIX INJ 0.5ML	4	ACA
PENTACEL INJ	4	ACA
QUADRACEL INJ	4	ACA
QUADRACEL INJ 0.5ML	4	ACA
TDVAX INJ 2-2 LF	4	ACA
TENIVAC INJ 5-2LF	4	ACA

Drug Name	Drug Tier	Requirements/Limits
TET/DIP TOX INJ 2-2 LF	4	ACA
VAXELIS INJ	4	ACA
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR ULCERS AND STOMACH ACID		
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg	2	
dicyclomine hcl caps 10mg; soln 10mg/5ml; tabs 20mg	2	
glycopyrrolate soln 1mg/5ml	2	MT
glycopyrrolate tabs 1mg, 2mg	2	
hyoscyamine sulfate elix .125mg/5ml; soln .125mg/ml; subl .125mg; tabs .125mg; tbdp .125mg	1	MT
hyosyne elix .125mg/5ml; soln .125mg/ml	1	MT
methscopolamine bromide tabs 2.5mg, 5mg	1	
pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml	1	
H-2 ANTAGONISTS		
cimetidine tabs 300mg, 400mg, 800mg	2	MT
cimetidine hcl soln 300mg/5ml	2	MT
famotidine susr 40mg/5ml	1	
famotidine tabs 40mg	1	MT
nizatidine caps 150mg, 300mg	1	MT
MISC. ANTI-ULCER		
sucralfate tabs 1gm	1	MT
PROTON PUMP INHIBITORS		
dexlansoprazole cpdr 30mg, 60mg	2	QL (30 caps every 30 days); MT
esomeprazole magnesium cpdr 20mg, 40mg	2	QL (30 caps every 30 days); MT
esomeprazole magnesium pack 2.5mg, 5mg	2	MT
esomeprazole magnesium pack 10mg, 20mg, 40mg	2	QL (30 packs every 30 days); MT
lansoprazole cpdr 30mg	2	QL (30 caps every 30 days); MT
omeprazole cpdr 10mg, 20mg, 40mg	2	QL (30 caps every 30 days); MT
pantoprazole sodium pack 40mg	2	QL (30 packs every 30 days); MT

Drug Name	Drug Tier	Requirements/Limits
pantoprazole sodium tbec 20mg, 40mg	2	QL (30 tabs every 30 days); MT
PRILOSEC PACK 2.5MG, 10MG	4	MT
rabeprazole sodium tbec 20mg	2	QL (30 tabs every 30 days); MT
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tabs 100mcg, 200mcg	2	MT
ULCER THERAPY COMBINATIONS		
amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg	2	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
darifenacin hydrobromide tb24 7.5mg, 15mg	2	MT
oxybutynin chloride soln 5mg/5ml; tabs 5mg; tb24 5mg, 10mg, 15mg	2	MT
solifenacin succinate tabs 5mg, 10mg	2	MT
tolterodine tartrate cp24 2mg, 4mg; tabs 1mg, 2mg	2	MT
trospium chloride cp24 60mg; tabs 20mg	2	MT
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ SRER 8MG/ML; TB24 25MG, 50MG	3	MT
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg	2	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl tabs 100mg	2	MT
VACCINES - DRUGS TO PREVENT INFECTIONS		
BACTERIAL VACCINES		
ACTHIB INJ	4	ACA
BCG VACCINE SOLR 50MG	4	
BEXSERO SUSY .5ML	4	ACA
BIOTHRAX INJ	4	
CAPVAXIVE SOSY .5ML	4	ACA
HIBERIX SOLR 10MCG	4	ACA
MENQUADFI SOLN .5ML	4	ACA
MENVEO INJ	4	ACA
MENVEO SOL	4	ACA
PEDVAX HIB SUSP 7.5MCG/0.5ML	4	ACA

Drug Name	Drug Tier	Requirements/Limits
PENBRAYA INJ	4	ACA
PENMENVY INJ	4	ACA
PNEUMOVAX 23 SOSY 25MCG/0.5ML	4	ACA
PNEUMOVAX 23/1 DOSE SOLN 25MCG/0.5ML	4	ACA
PREVNAR 20 INJ	4	ACA
TRUMENBA SUSY .5ML	4	ACA
TYPHIM VI SOLN 25MCG/0.5ML; SOSY 25MCG/0.5ML	4	
VAXNEUVANCE INJ	4	ACA
VIRAL VACCINES		
ABRYSVO SOLR 120MCG/0.5ML	4	ACA
AREXVY SUSR 120MCG/0.5ML	4	ACA
COMIRNATY 2025-26 SUSY 30MCG/0.3ML	3	ACA
COMIRNATY/5-11Y/2025-26 SUSP 10MCG/0.3ML	3	ACA
DENGVAXIA SUS	4	ACA
ENGERIX-B SUSP 20MCG/ML; SUSY 10MCG/0.5ML, 20MCG/ML	4	ACA
GARDASIL 9 SUSP .5ML; SUSY .5ML	4	ACA
HAVRIX SUSP 720ELU/0.5ML; SUSY 720ELU/0.5ML, 1440UNIT/ML	4	ACA
HEPLISAV-B SOSY 20MCG/0.5ML	4	ACA
IMOVAX RABIES (H.D.C.V.) SUSR 2.5UNIT/ML	4	
INFLUENZA VIRUS VACCINE	3	ACA
IPOL INJ INACTIVE	4	ACA
IXIARO INJ	4	
JYNNEOS SUSP .5ML	4	ACA
M-M-R II INJ	4	ACA
MNEXSPIKE COVID-19 VACCIN SUSY 10MCG/0.2ML	3	ACA
MRESVIA SUSY 50MCG/0.5ML	4	ACA
NUVAXOVID COVID-19 VACCIN SUSY 5MCG/0.5ML	3	ACA
PREHEVBRIO SUSP 10MCG/ML	4	ACA
PRIORIX INJ	4	ACA
PROQUAD INJ	4	ACA
RABAVERT INJ	4	

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB SUSP 5MCG/0.5ML, 10MCG/ML, 40MCG/ML; SUSY 5MCG/0.5ML, 10MCG/ML	4	ACA
ROTARIX SUS	4	ACA
ROTATEQ SOL	4	ACA
SHINGRIX SUSR 50MCG/0.5ML; SUSY 50MCG/0.5ML	4	ACA
SPIKEVAX COVID-19 VACCINE SUSY 25MCG/0.25ML, 50MCG/0.5ML	3	ACA
STAMARIL INJ	4	
TICOVAC SUSY 1.2MCG/0.25ML, 2.4MCG/0.5ML	4	
TWINRIX INJ	4	ACA
VAQTA SUSP 25UNIT/0.5ML, 50UNIT/ML; SUSY 25UNIT/0.5ML, 50UNIT/ML	4	ACA
VARIVAX SUSR 1350PFU/0.5ML	4	ACA
VIMKUNYA SUSY 40MCG/0.8ML	4	
YF-VAX INJ	4	
VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS		
SPERMICIDES		
ENCARE SUPP 100MG	4	OTC; ACA
OPTIONS GYNOL II VAGINAL GEL 3%	4	OTC; ACA
TODAY SPONGE MISC 1000MG	4	OTC; ACA
VCF VAGINAL CONTRACEPTIVE FILM 28%; GEL 4%	4	OTC; ACA
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUPP 100MG	4	
clindamycin phosphate vaginal crea 2%	2	
CLINDESSE CREA 2%	4	
GYNAZOLE-1 CREA 2%	4	
metronidazole vaginal gel .75%	2	
miconazole 3 supp 200mg	2	
NUVESSA GEL 1.3%	4	
terconazole vaginal crea .4%, .8%; supp 80mg	2	
VANDAZOLE GEL .75%	2	
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXX GEL	4	ACA
PHEXXI GEL	4	ACA

Drug Name	Drug Tier	Requirements/Limits
VAGINAL ESTROGENS		
estradiol vaginal crea .01%, .1mg/gm; tabs 10mcg	2	MT
PREMARIN CREA .625MG/GM	3	MT
yuvafem tabs 10mcg	2	MT
VAGINAL PROGESTINS		
CRINONE GEL 4%	4	
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ANAPHYLAXIS THERAPY AGENTS - DRUGS FOR ACUTE ALLERGIC REACTION		
EPINEPHRINE SOSY .3MG/0.3ML	3	
epinephrine (anaphylaxis) soaj .15mg/0.3ml, .3mg/0.3ml	2	QL (4 pens every 30 days)
epinephrine (anaphylaxis) soaj .15mg/0.15ml	2	QL (2 pens every 30 days)
EPIPEN 2-PAK SOAJ .3MG/0.3ML	4	QL (4 pens every 30 days)
EPIPEN-JR 2-PAK SOAJ .15MG/0.3ML	4	QL (4 pens every 30 days)
NEFFY SOLN 1MG/0.1ML, 2MG/0.1ML	4	QL (4 sprays every 30 days)
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa caps 100mg, 200mg, 300mg	5	PA
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ADRENALIN SOLN 1MG/ML	4	
epinephrine soln 1mg/ml	2	
EPINEPHRINE SOLN 1MG/ML, 10MG/10ML	4	
midodrine hcl tabs 2.5mg, 5mg, 10mg	2	
VITAMINS - DRUGS FOR NUTRITION		
OIL SOLUBLE VITAMINS		
ergocalciferol caps 1.25mg, 50000unit	1	MT
phytonadione tabs 5mg	2	

Index

A

abacavir sulfate 66
abacavir sulfate-lamivudine tab 600-300 mg 66
abigale lo tab 0.5-0.1 97
abigale tab 1-0.5mg 97
ABILIFY ASIMTUFII 65
ABILIFY MAINTENA 65
abiraterone acetate 54
abirtega 54
ABRYSVO 130
acamprosate calcium 121
acarbose 36
ACCU-CHEK KIT AVIVA PL 107
ACCU-CHEK KIT GUIDE 107
ACCU-CHEK KIT GUIDE ME 107
ACCU-CHEK TES AVIVA PL 91
ACCU-CHEK TES GUIDE 91
ACCU-CHEK TES SMART 91
accutane 85
acebutolol hcl 71
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg 22
acetaminophen w/ codeine soln 120-12 mg/5ml 22
acetaminophen w/ codeine tab 300-15 mg 22
acetaminophen w/ codeine tab 300-30 mg 22
acetaminophen w/ codeine tab 300-60 mg 22
acetazolamide 94
acetic acid 101
acetic acid (otic) 118
acetylcysteine 85
acitretin 87
ACTHIB INJ 129
ACTIMMUNE 61
acyclovir 71
acyclovir topical 88
ADACEL INJ 127
ADALIMUMAB-ADAZ 17, 18
adapalene 85
adapalene-benzoyl peroxide gel 0.1-2.5% 85
adapalene-benzoyl peroxide gel 0.3-2.5% 85
adefovir dipivoxil 70
ADEMPAS 75
ADRENALIN 132
ADTHYZA 126
ADVATE 102
AEMCOLO 24
afirmelle tab 0.1-0.02 76
aftera 82
afterpill 82
AGAMREE 83
AJOVY 109
AKEEGA TAB 100/500 54
AKEEGA TAB 50/500MG 54
AKTEN 117
ala-cort 88
albendazole 24
albuterol sulfate 29
alclometasone dipropionate 89
ALCOHOL SWABS 108
ALECENSA 56
alendronate sodium 95
alfuzosin hcl 101
ALINIA 25
aliskiren fumarate 50
allopurinol 102
almotriptan malate 109
alosetron hcl 100
ALPHANATE 102
alprazolam 26, 27
ALPRAZOLAM INTENSOL 27

alprazolam xr 27
ALPROLIX 102
alprostadil 74
altavera tab 76
ALUNBRIG 56
ALUNBRIG PAK 56
alyacen tab 1/35 76
alyacen tab 7/7/7 76
ALYFTREK TAB 124
ALYFTREK TAB 4-20-50 125
alyq 75
amabelz tab 0.5-0.1 97
amantadine hcl 62
ambrisentan 75
amethyst tab 90-20mcg 76
amiloride & hydrochlorothiazide tab 5-50 mg 94
amiloride hcl 95
aminocaproic acid 105
amiodarone hcl 28
amitriptyline hcl 36
amlodipine besylate 72
amlodipine besylate-atorvastatin calcium tab 10-10 mg 74
amlodipine besylate-atorvastatin calcium tab 10-20 mg 74
amlodipine besylate-atorvastatin calcium tab 10-40 mg 74
amlodipine besylate-atorvastatin calcium tab 10-80 mg 74
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg 73
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg 73
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg 73
amlodipine besylate-atorvastatin calcium tab 5-10 mg 73
amlodipine besylate-atorvastatin calcium tab 5-20 mg 74
amlodipine besylate-atorvastatin calcium tab 5-40 mg 74
amlodipine besylate-atorvastatin calcium tab 5-80 mg 74
amlodipine besylate-benazepril hcl cap 10-20 mg 47
amlodipine besylate-benazepril hcl cap 10-40 mg 47
amlodipine besylate-benazepril hcl cap 2.5-10 mg 47
amlodipine besylate-benazepril hcl cap 5-10 mg 47
amlodipine besylate-benazepril hcl cap 5-20 mg 47
amlodipine besylate-benazepril hcl cap 5-40 mg 47
amlodipine besylate-olmesartan medoxomil tab 10-20 mg 48
amlodipine besylate-olmesartan medoxomil tab 10-40 mg 48
amlodipine besylate-olmesartan medoxomil tab 5-20 mg 48
amlodipine besylate-olmesartan medoxomil tab 5-40 mg 48
amlodipine besylate-valsartan tab 10-160 mg 48
amlodipine besylate-valsartan tab 10-320 mg 48
amlodipine besylate-valsartan tab 5-160 mg 48
amlodipine besylate-valsartan tab 5-320 mg 48
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg 48
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg 48
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg 48

amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg.....48
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg.....48
amnesteem.....85
amoxapine.....36
amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg.....129
amoxicillin.....120
amoxicillin & k clavulanate chew tab 200-28.5 mg.....120
amoxicillin & k clavulanate chew tab 400-57 mg.....120
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml.....120
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml.....120
amoxicillin & k clavulanate for susp 400-57 mg/5ml.....120
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml.....120
amoxicillin & k clavulanate tab 250-125 mg.....120
amoxicillin & k clavulanate tab 500-125 mg.....120
amoxicillin & k clavulanate tab 875-125 mg.....120
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg.....120
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg.....14
amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg.....14
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg.....14
amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg.....14
amphetamine-dextroamphetamine cap er 24hr 10 mg.....14
amphetamine-dextroamphetamine cap er 24hr 15 mg.....14
amphetamine-dextroamphetamine cap er 24hr 20 mg.....14
amphetamine-dextroamphetamine cap er 24hr 25 mg.....14
amphetamine-dextroamphetamine cap er 24hr 30 mg.....14
amphetamine-dextroamphetamine cap er 24hr 5 mg.....14
amphetamine-dextroamphetamine tab 10 mg.....14
amphetamine-dextroamphetamine tab 12.5 mg.....14
amphetamine-dextroamphetamine tab 15 mg.....14
amphetamine-dextroamphetamine tab 20 mg.....14
amphetamine-dextroamphetamine tab 30 mg.....14
amphetamine-dextroamphetamine tab 5 mg.....14
amphetamine-dextroamphetamine tab 7.5 mg.....14
ampicillin.....120
anagrelide hcl.....103
anastrozole.....54
ANNOVERA MIS.....81
apomorphine hydrochloride.....62
apraclonidine hcl.....116
aprepitant.....44
aprepitant capsule therapy pack 80 & 125 mg.....44
APRETUDE.....66
apri tab.....76
APTIVUS.....66
AQNEURSA.....124
ARAKODA.....51
aranelle tab.....76
ARAZLO.....85
ARCALYST.....18

AREXVY....130
arformoterol tartrate....29
ARIKAYCE....17
aripiprazole....65
ARISTADA....65
ARISTADA INITIO....65
armodafinil....16
ARMOUR THYROID....126
ascomp/cod cap 30mg....22
asenapine maleate....64
ashlyna tab....76
ASMANEX HFA....28
ASMANEX TWISTHALER 120 ME....29
ASMANEX TWISTHALER 14 MET....29
ASMANEX TWISTHALER 30 MET....29
ASMANEX TWISTHALER 60 MET....29
aspirin....20
aspirin-dipyridamole cap er 12hr 25-200 mg....103
ASTAGRAF XL....111
atazanavir sulfate....66
atenolol....72
atenolol & chlorthalidone tab 100-25 mg....48
atenolol & chlorthalidone tab 50-25 mg....48
atomoxetine hcl....15
atorvastatin calcium....46
atovaquone....25
atovaquone-proguanil hcl tab 250-100 mg....51
atovaquone-proguanil hcl tab 62.5-25 mg....51
ATROPINE SULFATE....116
atropine sulfate (ophthalmic)....116
ATROVENT HFA....28
aubra eq tab 0.1-0.02....76
AUGMENTIN SUS 125/5ML....120
AUGTYRO....56
AURANOFIN....18
aurovela 24 tab fe 1/20....76
aurovela fe tab 1/20....76
aurovela fe tab 1.5/30....76
aurovela tab 1/20....76
aurovela tab 1.5/30....76
AURYXIA....100
AUSTEDO....122
AUSTEDO XR....122
AUSTEDO XR TAB TITR KIT....122
AVERI TAB....76
aviane tab....76
avidoxy....125
AVMAPKI PAK FAKZYNJA....55
AVONEX....122
AVONEX PEN....122
ayuna tab....76
AYVAKIT....55
azasan....111
AZASITE....116
azathioprine....111
azelaic acid....91
azelastine hcl....114
azelastine hcl (ophth)....118
AZELEX....85
azithromycin....106
azurette tab....76

B

bacitracin (ophthalmic)....116
bacitracin-polymyxin b ophth oint....116
bacitracin-polymyxin-neomycin-hc ophth oint 1%....117
baclofen....114
bac tab....20
balsalazide disodium....99
BALVERSA....56
balziva tab....76
BAQSIMI ONE PACK....39
BAQSIMI TWO PACK....39
BCG VACCINE....129
BD HEPARIN POSIFLUSH....31
BD MICROTAIN MIS LANCETS....107
BELBUCA....23

benazepril & hydrochlorothiazide tab 10-12.5 mg 48
benazepril & hydrochlorothiazide tab 20-12.5 mg 48
benazepril & hydrochlorothiazide tab 20-25 mg 48
benazepril & hydrochlorothiazide tab 5-6.25 mg 48
benazepril hcl 46
BENEFIX 102
BENLYSTA 112
benzonatate 84
benzoyl peroxide-erythromycin gel 5-3% 85
benztropine mesylate 62
BERINERT 102
BESIVANCE 116
BESREMI 61
BETADINE OPHTHALMIC PREP 116
betaine powder for oral solution 96
betamethasone dipropionate (topical) 89
betamethasone dipropionate augmented 89
betamethasone valerate 89
BETASERON 122
betaxolol hcl 72
betaxolol hcl (ophth) 115
bethanechol chloride 129
bexarotene 61
bexarotene (topical) 87
BEXSERO 129
BEYFORTUS 119
bicalutamide 54
BIKTARVY TAB 66
bimatoprost 118
BINOSTO 95
BIOTHRAX INJ 129
bisoprolol & hydrochlorothiazide tab 10-6.25 mg 48
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg 48
bisoprolol & hydrochlorothiazide tab 5-6.25 mg 48
bisoprolol fumarate 72
blisovi 24 tab fe 1/20 76
blisovi fe tab 1/20 76
blisovi fe tab 1.5/30 76
BOOSTRIX INJ 127
bosentan 75
BOSULIF 56
BRAFTOVI 56
BREO ELLIPTA INH 100-25 29
BREO ELLIPTA INH 200-25 29
BREO ELLIPTA INH 50-25MCG 29
breyna aer 160/4.5 29
breyna aer 80/4.5 29
BREZTRI AERO AER SPHERE 29
briellyn tab 76
brimonidine tartrate 116
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% 115
brivaracetam 32
BRIVIACT 32
bromfed dm sol 2-30-10 84
bromfenac sodium (ophth) 118
bromocriptine mesylate 62
BRUKINSA 56, 57
budesonide 83
budesonide (inhalation) 29
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act 29
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act 29
bumetanide 95
bupap tab 50-300mg 20
buprenorphine 23
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) 23
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) 23
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) 23

buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv).....23
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv).....23
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) 23
bupropion hcl.....35
bupropion hcl (smoking deterrent) 124
buspirone hcl 26
butalbital-acetaminophen-caffeine cap 50-300-40 mg 20
butalbital-acetaminophen-caffeine cap 50-325-40 mg.....20
butalbital-acetaminophen-caffeine tab 50-325-40 mg.....20
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg.....22
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg 22
butalbital-acetaminophen tab 50-300 mg.....20
butalbital-acetaminophen tab 50-325 mg.....20
butalbital-aspirin-caffeine cap 50-325-40 mg 20
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg.....22
butorphanol tartrate.....23
BYLVAY 99
BYLVAY (PELLETS).....99

C

CABENUVA SUS 400-600 66
CABENUVA SUS 600-900 66
cabergoline 97
CABLIVI.....103
CABOMETYX 57
caffeine citrate 15
calcipotriene 87
calcipotriene-betamethasone dipropionate oint 0.005-0.064% 89
calcitonin (salmon).....95
calcitrene.....87
calcitriol 96
calcitriol (topical).....87
calcium acetate (phosphate binder)..100
CALQUENCE 57
camila 83
CAM PRO COMP BAR GLYTACTI.....93
camrese lo tab 76
camrese tab 76
CAMZYOS 73
candesartan cilexetil.....47
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg.48
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg 49
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg...49
CAPCOF SYP 5-2-10MG 84
capecitabine 52
CAPLYTA.....63
CAPRELSA 57
captopril 46
captopril & hydrochlorothiazide tab 25-15 mg 49
captopril & hydrochlorothiazide tab 25-25 mg 49
captopril & hydrochlorothiazide tab 50-15 mg 49
captopril & hydrochlorothiazide tab 50-25 mg 49
CAPVAXIVE 129
carbamazepine.....32
carbidopa 62
carbidopa & levodopa orally disintegrating tab 10-100 mg 62
carbidopa & levodopa orally disintegrating tab 25-100 mg.....62
carbidopa & levodopa orally disintegrating tab 25-250 mg 62
carbidopa & levodopa tab 10-100 mg .62
carbidopa & levodopa tab 25-100 mg.62

carbidopa & levodopa tab 25-250 mg 62
carbidopa & levodopa tab er 25-100 mg 62
carbidopa & levodopa tab er 50-200 mg 63
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg 63
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg 63
carbidopa-levodopa-entacapone tabs 25-100-200 mg 63
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg 63
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg 63
carbidopa-levodopa-entacapone tabs 50-200-200 mg 63
carbinoxamine maleate 45
carbzah 45
CARDURA XL 101
carglumic acid 96
carisoprodol 114
carteolol hcl (ophth) 115
cartia xt 72
carvedilol 71
carvedilol phosphate 71
CAYA DPR 107
CAYSTON 25
cefaclor 75
CEFACLOR ER 75
cefadroxil 75
cefdinir 76
cefixime 76
cefpodoxime proxetil 76
cefprozil 76
cefuroxime axetil 76
celecoxib 18
CELLCEPT 111
cephalexin 75
CEQUA 117
CERDELGA 103
cevimeline hcl 112
CHANTIX 124
CHANTIX CONTINUING MONTH 124
CHANTIX TAB 0.5& 1MG 124
charlotte 24 chw fe 1/20 76
chateal eq tab 0.15/30 76
CHEMET 43
CHEMSTRIP 10 TES MD 92
CHEMSTRIP 2 TES GP 91
CHEMSTRIP 5 TES OB 92
CHEMSTRIP 7 TES 92
CHEMSTRIP 9 TES STRIPS 92
CHEMSTRIP K TES 92
CHEMSTRIP TES -10 SG 92
CHEMSTRIP TES UGK 92
chenodal 99
chlordiazepoxide-amitriptyline tab 10-25 mg 121
chlordiazepoxide-amitriptyline tab 5-12.5 mg 121
chlordiazepoxide hcl 27
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg 128
chlorhexidine gluconate (mouth-throat) 112
chloroquine phosphate 51
chlorpromazine hcl 65
chlorthalidone 95
chlorzoxazone 114
cholestyramine 45
cholestyramine light 45
ciclodan 86
ciclopirox 86
ciclopirox olamine 86
cilostazol 103
CIMDUO TAB 300-300 66
cimetidine 128
cimetidine hcl 128
cinacalcet hcl 96
CINRYZE 102
CIPRO 99

ciprofloxacin-dexamethasone otic susp 0.3-0.1% 118
ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025% 119
ciprofloxacin hcl 99
ciprofloxacin hcl (ophth) 116
ciprofloxacin hcl (otic) 118
ciprofloxacin-hydrocortisone otic susp 0.2-1% 119
CIPRO HC SUS 0.2-1%OT 118
citalopram hydrobromide 35
claravis 85
CLARINEX-D TAB 2.5-120 84
clarithromycin 106
clemastine fumarate 45
CLENPIQ SOL 106
CLEOCIN 131
CLIMARA PRO DIS WEEKLY 98
clindacin 85
clindacin etz pledgets 85
clindacin-p 85
clindamycin hcl 25
clindamycin palmitate hydrochloride ..25
clindamycin phosphate (topical) 85
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% 85
clindamycin phosphate-benzoyl peroxide gel 1-5% 85
clindamycin phosphate vaginal 131
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% 85
CLINDESSE 131
clobazam 32
clobetasol propionate 89
clodan 89
clomipramine hcl 36
clonazepam 32
clonidine 47
clonidine hcl 47
clonidine hcl (adhd) 15
clopidogrel bisulfate 103
clorazepate dipotassium 27
clotrimazole 112
clotrimazole (topical) 86
clotrimazole w/ betamethasone cream 1-0.05% 86
clozapine 64
C-NATE DHA CAP 28-1-200 113
COARTEM TAB 20-120MG 51
codeine sulfate 21
CODEINE SULFATE 21
colchicine 102
colchicine w/ probenecid tab 0.5-500 mg 102
colesevelam hcl 45
colestipol hcl 45
COMBIGAN SOL 0.2/0.5% 115
COMBIPATCH DIS 98
COMBIVENT AER 20-100 30
COMETRIQ 57
COMETRIQ KIT 100MG 57
COMETRIQ KIT 140MG 57
COMIRNATY/5-11Y/2025-26 130
COMIRNATY 2025-26 130
COMPLETENATE CHW 113
compro 65
CO-NATAL FA TAB 29-1MG 113
CONCEPT DHA CAP 113
CONDOMS (MALE) 107
constulose 106
COPAXONE 122
COPIKTRA 57
CORDRAN 89
CORLANOR 75
CORTIFOAM 24
CORTISPORIN SUS -TC OTIC 119
COSENTYX 87
COSENTYX 300 MG DOSE 87
COSENTYX SENSOREADY PEN 87
COSENTYX SENSOREADY PEN 300 MG DOSE 87
COSENTYX UNOREADY 87

COTELLIC 57
CREON CAP 12000UNT 94
CREON CAP 24000UNT 94
CREON CAP 3000UNIT.....94
CREON CAP 36000UNT 94
CREON CAP 6000UNIT 94
CRESEMBA 44
CRINONE 132
cromolyn sodium.....28
cromolyn sodium (mastocytosis) 99
cromolyn sodium (ophth) 118
cryselle-28 tab 28 tabs 77
cryselle tab.....76
curae 82
CUTAQUIG.....119
CUVITRU 119
cvs folic acid.....104
cvs glucose liq shot 115
CVS KETONE TES CARE.....92
cyanocobalamin 104
cyclobenzaprine hcl 114
CYCLOGYL.....116
CYCLOMYDRIL SOL OP 116
cyclopentolate hcl 116
cyclophosphamide.....52
CYCLOPHOSPHAMIDE 52
cycloserine.....51
CYCLOSET 39
cyclosporine.....111
cyclosporine modified (for microemulsion) 111
cyproheptadine hcl 45
cyred eq tab 77
CYSTAGON 101
CYSTARAN.....118

D

dalfampridine 122
danazol 23
dantrolene sodium 114
dapsone.....25
DAPTACEL INJ.....127
darifenacin hydrobromide.....129
darunavir 66
dasatinib 57
dasetta tab 1/35.....77
dasetta tab 7/7/7.....77
DAURISMO 53, 54
daysee tab.....77
deblitane.....83
deferasirox 43
deferiprone 43
deflazacort 83
DELSTRIGO TAB 66
delyla tab 0.1-0.02.....77
demeclocycline hcl.....125
DENGVAXIA SUS 130
DEPO-ESTRADIOL 98
DEPO-SUBQ PROVERA 104.....82
depo-testosterone 23
DESCOVY TAB 120-15MG.....66
DESCOVY TAB 200/25MG 66
desipramine hcl 36
desloratadine.....45
desmopressin acetate 97
desmopressin acetate spray 97
desmopressin acetate spray refrigerated.....97
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) 77
desonide.....89
desoximetasone.....89
desvenlafaxine succinate.....36
dexamethasone.....83
DEXAMETHASONE INTENSOL 83
dexamethasone sodium phosphate (ophth) 117
DEXCOM G6 MIS RECEIVER.....107
DEXCOM G6 MIS SENSOR.....107
DEXCOM G6 MIS TRANSMIT.....107
DEXCOM G7 MIS RECEIVER 107
DEXCOM G7 MIS SENSOR.....108
DEXCOM G7 MIS SNSR 15D.....108

dexlansoprazole 128
dexmethylphenidate hcl 16
dextroamphetamine sulfate 14, 15
DIACOMIT 32
DIASTIX TES REAGENT 92
DIASTIX TES STRIPS 92
diazepam 27
diazepam (anticonvulsant) 32
diazepam intensol 27
diazoxide 39
dichlorphenamide 94
diclofenac potassium 18
diclofenac sodium 19
diclofenac sodium (actinic keratoses) 87
diclofenac sodium (ophth) 118
diclofenac w/ misoprostol tab delayed release 50-0.2 mg 19
diclofenac w/ misoprostol tab delayed release 75-0.2 mg 19
dicloxacillin sodium 120
dicyclomine hcl 128
DIFICID 107
diflunisal 20
difluprednate 117
digoxin 73
dihydroergotamine mesylate 109
DILANTIN 34
diltiazem hcl 72
diltiazem hcl coated beads 72
diltiazem hcl extended release beads .72
dilt-xr 72
dimethyl fumarate 122
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg 122
diphenhydramine hcl 45
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml 42
diphenoxylate w/ atropine tab 2.5-0.025 mg 42
dipyridamole 103
disopyramide phosphate 27
disulfiram 121
DIURIL 95
divalproex sodium 35
dodex 104
dofetilide 28
DOJOLVI 115
dolishale tab 90-20mcg 77
donepezil hydrochloride 121
DOPTELET 104
DOPTELET SPRINKLE 104
DORAL 105
dorzolamide hcl 118
dorzolamide hcl-timolol maleate ophth soln 2-0.5% 115
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% 115
dotti 98
DOVATO TAB 50-300MG 66
doxazosin mesylate 47
doxepin hcl 36
doxercalciferol 96
doxycycline (monohydrate) 126
doxycycline hyclate 126
dronabinol 44
drospirenone-ethinyl estradiol tab 3-0.02 mg 77
drospirenone-ethinyl estradiol tab 3-0.03 mg 77
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg ...77
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg ...77
DROXIA 103
droxidopa 132
DUAVEE TAB 0.45-20 98
duloxetine hcl 36
DUOPA SUS 4.63-20 63
DUPIXENT 90
dutasteride 101
dutasteride-tamsulosin hcl cap 0.5-0.4 mg 101

DY-O-DERM VITILIGO STAIN.....91
E
e.e.s. 400 107
ec-naproxen 19
econazole nitrate.....86
econtra one-step 82
EDARBI 47
EDARBYCLOR TAB 40-12.5.....49
EDARBYCLOR TAB 40-25MG.....49
EDURANT 66
EDURANT PED.....66
efavirenz 67
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg.....67
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg.....67
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg.....67
EFFER-K.....110
EFFER-K TAB 10MEQ.....110
EFFER-K TAB 20MEQ 110
ELESTRIN 98
eletriptan hydrobromide.....109
elinest tab 77
ELIQUIS.....31
ELIQUIS STARTER PACK 31
elite-ob tab 113
elixophyllin 31
ELLA.....82
ELMIRON.....101
eltrombopag olamine.....104
eluryng mis 81
EMCYT.....54
EMGALITY 109
EMPAVELI.....102
EMSAM.....35
emtricitabine.....67
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg 67
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg 67
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg.....67
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg.....67
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg.....67
EMTRIVA 67
emzahh 83
enalapril maleate.....46
enalapril maleate & hydrochlorothiazide tab 10-25 mg 49
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg 49
ENBREL 20
ENBREL MINI 20
ENBREL SURECLICK 20
ENCARE 131
endocet tab 10-325mg 22
endocet tab 2.5-325.....22
endocet tab 5-325mg 22
endocet tab 7.5-325.....22
ENFLONSIA 119
ENGERIX-B 130
enilloring mis 81
enoxaparin sodium 31
enpresse-28 tab 77
enskyce tab 77
ENSPRYNG 111
ENSTILAR AER.....89
entacapone 62
entecavir.....70
ENTRESTO CAP 15-16MG 74
ENTRESTO CAP 6-6MG 74
enulose 100
EPCLUSA PAK 150-37.5.....70
EPCLUSA PAK 200-50MG.....70
EPCLUSA TAB 200-50MG.....70
EPCLUSA TAB 400-100 70
EPIDIOLEX.....32
epinastine hcl (ophth) 118
epinephrine.....132

EPINEPHRINE.....132
epinephrine (anaphylaxis) 132
epinephrine hcl (nasal) 115
EPIPEN 2-PAK.....132
EPIPEN-JR 2-PAK.....132
epitol 32
eplerenone.....51
epoprostenol sodium.....74
EQUETRO 63
ergocalciferol 132
ergoloid mesylates 124
ERGOMAR 109
*ergotamine w/ caffeine tab 1-100 mg*109
ERIVEDGE.....54
ERLEADA.....54
erlotinib hcl.....53
errin 83
ERTACZO 86
ery 85
ery-tab.....107
erythrocin stearate 107
erythromycin (acne aid) 85
erythromycin (ophth) 116
erythromycin base.....107
erythromycin ethylsuccinate 107
escitalopram oxalate 35
esgic cap 20
eslicarbazepine acetate 32
esomeprazole magnesium 128
estarylla tab 0.25-35 77
estazolam 105
estradiol.....98
estradiol & norethindrone acetate tab 0.5-0.1 mg.....98
estradiol & norethindrone acetate tab 1-0.5 mg 98
estradiol vaginal 132
estradiol valerate.....98
eszopiclone 105
ethacrynic acid 95
ethambutol hcl 51
ethosuximide 34
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg 77
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg 77
etodolac 19
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr.....81
etoposide.....62
etravirine.....67
EUCRISA.....91
euthyrox 126
EVAMIST 98
everolimus.....57
everolimus (immunosuppressant) 111
EVEXITHROID.....126
EVOTAZ TAB 300-150 67
EVRYSDI 115
EXELDERM.....86
exemestane 54
EXODERM LOT 25-1%.....86
EXSERVAN 115
ezetimibe.....46
ezetimibe-simvastatin tab 10-10 mg....45
ezetimibe-simvastatin tab 10-20 mg...45
ezetimibe-simvastatin tab 10-40 mg...45
ezetimibe-simvastatin tab 10-80 mg...45

F

fa-8 104
FABIOR 85
falmina tab.....77
famciclovir.....71
famotidine.....128
FANAPT 64
FANAPT PAK PACK A 64
FANAPT PAK PACK B.....64
FANAPT PAK PACK C 64
FARXIGA.....42
FC2 FEMALE MIS CONDOM 107
febuxostat.....102
feirza tab 1/20 77

feirza tab 1.5/30 77
felbamate 34
felodipine 72
FEMCAP MIS 22MM 107
FEMCAP MIS 26MM 107
FEMCAP MIS 30MM 107
FEMLYV TAB 1/0.02MG 77
fenofibrate 45
fenofibrate micronized 45
fenofibric acid 45
fenoprofen calcium 19
fentanyl 21
fentanyl citrate 21
FENTORA 21
ferric citrate 100
FERRIPROX TWICE-A-DAY 43
FIASP 40
FIASP FLEXTOUCH 40
FIASP PENFILL 40
FIASP PUMPCART 40
FIBRICOR 46
fidaxomicin 107
FILSPARI 101
finasteride 101
fingolimod hcl 123
FINTEPLA 33
finzala chw fe 1/20 77
FIRDAPSE 51
FLAREX 117
flavoxate hcl 129
flecainide acetate 27
fluconazole 44
fludrocortisone acetate 84
flunisolide (nasal) 115
fluocinolone acetonide 89
fluocinonide 89
fluocinonide emulsified base 89
fluorometholone (ophth) 117
fluorouracil (topical) 87
fluoxetine hcl 35
fluphenazine hcl 65
flurandrenolide 89
flurazepam hcl 105
flurbiprofen 19
flurbiprofen sodium 118
fluticasone propionate 89
fluticasone propionate (nasal) 115
fluticasone-salmeterol aer powder ba 100-50 mcg/act 30
fluticasone-salmeterol aer powder ba 250-50 mcg/act 30
fluticasone-salmeterol aer powder ba 500-50 mcg/act 30
fluvastatin sodium 46
fluvoxamine maleate 35
FML FORTE 117
folate 104
folic acid 104
fondaparinux sodium 31
FORA GTEL TES KETONE 92
FORA TEST GO TES ADV VOIC 92
formoterol fumarate 30
FOSAMAX + D TAB 70-2800 95
FOSAMAX + D TAB 70-5600 95
fosamprenavir calcium 67
fosfomycin tromethamine 25
fosinopril sodium 46
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg 49
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg 49
FOSRENOL 100
FOTIVDA 57
FRAGMIN 31
frovatriptan succinate 109
FRUZAQLA 52
ft folic acid 104
ft naloxone hydrochloride 43
furosemide 95
FUZEON 67
fyavolv tab 0.5-2.5 98
fyavolv tab 1-5 98

FYCOMPA 32
G
gabapentin 33
GALAFOLD.....96
galantamine hydrobromide.....121
galbriela chw.....77
gallifrey 120
GALZIN 110
GAMMAGARD LIQUID 119
GAMMAGARD LIQUID ERC.....119
GAMMAKED.....119
GAMUNEX-C.....119
GARDASIL 9 130
gatifloxacin (ophth) 116
GATTEX 100
gavilyte-c sol 106
gavilyte-g sol.....106
gavilyte-n sol flav pk.....106
GAVRETO 57
gefitinib.....53
gemfibrozil 46
gemmily cap 1/20.....77
generlac.....100
gengraf 111
GENOTROPIN 96
GENOTROPIN MINIQUICK.....96
gentamicin sulfate (ophth) 116
gentamicin sulfate (topical) 86
GENVOYA TAB 67
GILOTRIF 53
glatiramer acetate 123
glatopa 123
GLEOSTINE 52
glimepiride 42
glipizide 42
glipizide-metformin hcl tab 2.5-250 mg 37
glipizide-metformin hcl tab 2.5-500 mg 37
glipizide-metformin hcl tab 5-500 mg 37
glipizide xl.....42
GLUCAGEN DIAGNOSTIC 91
GLUCAGEN HYPOKIT.....39
glucagon.....39
GLUCAGON EMERGENCY KIT FO 39
glucose oral liquid 115
gluco shot liq.....115
glyburide 42
glyburide-metformin tab 1.25-250 mg 37
glyburide-metformin tab 2.5-500 mg .37
glyburide-metformin tab 5-500 mg.....37
glyburide micronized.....42
glycerol phenylbutyrate 96
glycine diluent for injection 120
glycopyrrolate 128
glydo 90
GLYTAC COMPL BAR 10PE 93
GLYTACTIN PAK BTMK/DLT 93
GLYTACTIN PAK SWIRL 15.....93
GLYTACTIN POW APPLE.....93
GLYTACTIN POW BD 20/20 93
GLYTACTIN POW BETMLK15.....93
GLYTACTIN POW BLD 10PE.....93
GLYTACTIN POW BLD PKU.....93
GLYTACTIN POW PUNCH 93
GLYTACTIN POW RESTOR 5.....93
GLYTACTIN POW RST LT10 93
GLYTACTIN POW TROPICAL.....93
GLYXAMBI TAB 10-5 MG 37
GLYXAMBI TAB 25-5 MG.....37
gnp folic acid.....104
gnp naloxone hydrochlorid.....43
GOJJI BLOOD TES KETONE 92
granisetron hcl.....43
GRASTEK 17
griseofulvin microsize.....44
griseofulvin ultramicrosize.....44
g tussin ac liq 100-10/5.....84
guaifenesin-codeine soln 100-10 mg/5ml 84
guanfacine hcl 47
guanfacine hcl (adhd) 16

GVOKE HYPOPEN 1-PACK 39
GVOKE HYPOPEN 2-PACK.....39
GVOKE KIT 39
GVOKE PFS 39
GYNAZOLE-1 131

H

HADLIMA 18
HADLIMA PUSHTOUCH.....18
HAEGARDA 102
hailey 24 tab fe.....77
hailey fe tab 1/20 77
hailey fe tab 1.5/30 77
hailey tab 1.5/30 77
halobetasol propionate.....89
haloette mis.....82
HALOG 90
haloperidol 64
haloperidol lactate 64
HARVONI PAK 70
HARVONI PAK 45-200MG.....70
HARVONI TAB 45-200MG.....71
HARVONI TAB 90-400MG 71
HAVRIX 130
HCU EASY TAB 93
HCU EXPRESS PAK 15+ UNFL.....93
HCU EXPRESS PAK 20+ UNFL 93
heather.....83
HEMLIBRA 102
HEPARIN LOCK FLUSH 31
HEPARIN SODIUM 31
heparin sodium (porcine) 32
heparin sodium (porcine) lock flush 32
HEPARIN SODIUM LOCK FLUSH 32
HEPLISAV-B 130
HERNEXEOS 53
her style 82
HIBERIX.....129
HIZENTRA.....119
HOMACTIN AA POW PLUS 93
HORIZANT 124
HUMATE-P SOL 2400UNIT 102
HUMATE-P SOL 250-600 102
HUMATE-P SOL 500-1200.....102
HUMULIN R U-500 (CONCENTR.....40
HUMULIN R U-500 KWIKPEN.....40
HYCAMTIN.....62
hydralazine hcl 51
hydrochlorothiazide.....95
hydrocodone-acetaminophen soln 10-300 mg/15ml 22
hydrocodone-acetaminophen soln 10-325 mg/15ml.....22
hydrocodone-acetaminophen soln 7.5-325 mg/15ml.....22
hydrocodone-acetaminophen tab 10-300 mg 22
hydrocodone-acetaminophen tab 10-325 mg 22
hydrocodone-acetaminophen tab 2.5-325 mg 22
hydrocodone-acetaminophen tab 5-300 mg 22
hydrocodone-acetaminophen tab 5-325 mg 22
hydrocodone-acetaminophen tab 7.5-300 mg 22
hydrocodone-acetaminophen tab 7.5-325 mg 22
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg.....84
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml 84
hydrocodone-ibuprofen tab 10-200 mg 22
hydrocodone-ibuprofen tab 5-200 mg 22
hydrocodone-ibuprofen tab 7.5-200 mg 22
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml.....84
hydrocortisone 83
hydrocortisone (intrarectal).....24

hydrocortisone (rectal) 24
hydrocortisone (topical) 90
hydrocortisone acetate w/ pramoxine perianal cream 1-1% 24
hydrocortisone butyrate 90
hydrocortisone valerate 90
hydrocortisone w/ acetic acid otic soln 1-2% 119
hydromet syp 5-1.5/5 84
hydromorphone hcl 21
hydroxychloroquine sulfate 51
hydroxyurea 61
hydroxyzine hcl 26
hydroxyzine pamoate 26
hyoscyamine sulfate 128
hyosyne 128
HYQVIA INJ 10-800 119
HYQVIA INJ 2.5-200 119
HYQVIA INJ 20-1600 120
HYQVIA INJ 30-2400 120
HYQVIA INJ 5-400 119

I

ibandronate sodium 95
IBRANCE 57
IBTROZI 57
ibu 19
ibuprofen 19
icatibant acetate 102
iclevia tab 77
ICLUSIG 57
IDHIFA 57
ILARIS 18
imatinib mesylate 58
IMBRUVICA 58
imipramine hcl 36
imipramine pamoate 36
imiquimod 90
IMITREX STATDOSE REFILL 109
IMKELDI 58
IMOVAX RABIES (H.D.C.V.) 130
IMULDOSA 88
incassia 83
indapamide 95
INDERAL XL 72
indomethacin 19
INFANRIX INJ 127
INFLUENZA VIRUS VACCINE 130
INGREZZA 122
INGREZZA CAP 40-80MG 122
INLURIYO 54
INLYTA 52
INNOPRAN XL 72
INQOVI TAB 35-100MG 55
INREBIC 58
INSULIN GLARGINE-YFGN 40
INSULIN PEN NEEDLE 108
INSULIN SYRINGE/NEEDLE 108
INTELENCE 67
introvale tab 77
INVEGA HAFYERA 64
INVEGA SUSTENNA 64
INVEGA TRINZA 64
iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9% 86
IOPIDINE 116
IPOL INJ INACTIVE 130
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml 30
ipratropium bromide 28
ipratropium bromide (nasal) 114
irbesartan 47
irbesartan-hydrochlorothiazide tab 150-12.5 mg 49
irbesartan-hydrochlorothiazide tab 300-12.5 mg 49
ISENTRESS 68
ISENTRESS HD 68
isibloom tab 77
isoniazid 51
isosorbide dinitrate 26
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg 74

isosorbide mononitrate 26
ISOSORBIDE MONONITRATE 26
isotretinoin 86
ISOVACTIN AA POW PLUS.....93
isradipine 73
ISTURISA 95
ITOVEBI 58
itraconazole 44
ivabradine hcl.....75
ivermectin 24
IWILFIN 62
IXIARO INJ.....130

J

jaimiess tab 77
JAKAFI.....58
jantoven.....31
JANUMET TAB 50-1000 37
JANUMET TAB 50-500MG.....37
JANUMET XR TAB 100-1000.....37
JANUMET XR TAB 50-1000.....37
JANUMET XR TAB 50-500MG.....37
JANUVIA.....39
JARDIANCE 42
jasmiel tab 3-0.02mg.....77
javygtor.....96
JAYPIRCA 58
jaythari 83
jencycla.....83
JENLIVA CAP 113
jinteli tab 1mg-5mcg 98
JIVI.....102
jolessa tab.....77
joyeaux tab 0.1-20 78
juleber tab 78
JULUCA TAB 50-25MG.....68
junel 1/20 tab 78
junel 1.5/30 tab 78
junel fe 24 tab 1/20.....78
junel fe tab 1/20 78
junel fe tab 1.5/30.....78
JYNNEOS.....130

K

kaitlib fe chw 78
KALETRA SOL.....68
kalliga tab 78
KALYDECO 125
kariva tab 28 day 78
kelnor 1/50 tab.....78
kelnor tab 1/35 78
KERENDIA 97
KESIMPTA.....123
ketoconazole 44
ketoconazole (topical) 86
KETO-DIASTIX TES 92
KETONE TES 92
KETONE TEST TES 92
ketorolac tromethamine 19
ketorolac tromethamine (ophth) 118
KETOSTIX TES STRIP 92
KINRIX INJ 127
kionex.....112
KISQALI 200 MG DAILY DOSE.....58
KISQALI 200 PAK FEMARA 56
KISQALI 400 MG DAILY DOSE.....58
KISQALI 400 PAK FEMARA 56
KISQALI 600 MG DAILY DOSE.....58
KISQALI 600 PAK FEMARA 56
KLARITY-A 116
klayesta 86
klor-con.....110
klor-con/ef 110
klor-con 10.....110
KLOR-CON 10 110
KLOR-CON 8.....110
klor-con m10 110
klor-con m15 110
klor-con m20.....110
KLOXXADO 43
KOMZIFTI 55
KOSELUGO 58
kourzeq 112
KOVALTRY 102

kp folic acid 104
K-PHOS TAB NO 2 101
k-prime 110
KRAZATI 58
KRINTAFEL 51
kristalose 106
kurvelo tab 0.15/30 78
KYLEENA 82
kymbee 83

L

labetalol hcl 71
lacosamide 33
lacosamide tab 50 mg 33
lactulose 106
lactulose (encephalopathy) 100
LAGEVRIO 71
lamivudine 68
lamivudine (hbv) 71
lamivudine-zidovudine tab 150-300 mg 68
lamotrigine 33
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit 33
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit 33
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit 33
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit 33
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit 33
LANCETS 108
lansoprazole 128
LANTUS 40
LANTUS SOLOSTAR 40
lapatinib ditosylate 58
larin 24 tab fe 1/20 78
larin fe tab 1/20 78
larin fe tab 1.5/30 78
larin tab 1/20 78
larin tab 1.5/30 78
latanoprost 118
layolis fe chw 78
LAZCLUZE 53
lederle leucovorin 62
leena tab 78
leflunomide 19
lenalidomide 111
LENVIMA 10 MG DAILY DOSE 52
LENVIMA 12MG DAILY DOSE 53
LENVIMA 20 MG DAILY DOSE 53
LENVIMA 4 MG DAILY DOSE 52
LENVIMA 8 MG DAILY DOSE 52
LENVIMA CAP 14 MG 53
LENVIMA CAP 18 MG 53
LENVIMA CAP 24 MG 53
LEQEMBI IQLIK 121
lessina tab 78
letrozole 54
leucovorin calcium 62
LEUKERAN 52
leuprolide acetate 54
levalbuterol hcl 30
levalbuterol tartrate 30
levetiracetam 33
levobunolol hcl 115
levocarnitine (metabolic modifiers) 96
levofloxacin 99
levofloxacin (ophth) 116
levonest tab 78
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg 78
levonorgestrel (emergency oc) 82
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg 78
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg 78
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg 78
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg 78

levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg 78
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) 78
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) 78
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) 78
levora-28 tab 0.15/30 79
levo-t 126
levothyroxine sodium 126
levoxyl 126
lidocaine 91
lidocaine hcl 91
lidocaine hcl (mouth-throat) 112
lidocaine-prilocaine cream 2.5-2.5% 91
lidocan 91
LILETTA 82
linezolid 25
LINZESS 100
liomny 126
liothyronine sodium 126
LIPOFEN 46
lisdexamfetamine dimesylate 15
lisinopril 46
lisinopril & hydrochlorothiazide tab 10-12.5 mg 49
lisinopril & hydrochlorothiazide tab 20-12.5 mg 49
lisinopril & hydrochlorothiazide tab 20-25 mg 49
lithium 63
lithium carbonate 63
LITHOSTAT 101
LIVDELZI 100
LIVMARLI 99
LOCOID LIPOCREAM 90
loestrin 21 tab 1.5/30 79
loestrin fe tab 1/20 79
loestrin fe tab 1.5/30 79
loestrin tab 1/20-21 79
lofexidine hcl 121
lojaimiess tab 79
LO LOESTRIN TAB 1-10-10 79
lomustine 52
LONSURF TAB 15-6.14 56
LONSURF TAB 20-8.19 56
lopinavir-ritonavir tab 100-25 mg 68
lopinavir-ritonavir tab 200-50 mg 68
lorazepam 27
lorazepam intensol 27
LORBRENA 58
loryna tab 3-0.02mg 79
losartan potassium 47
losartan potassium & hydrochlorothiazide tab 100-12.5 mg 49
losartan potassium & hydrochlorothiazide tab 100-25 mg 49
losartan potassium & hydrochlorothiazide tab 50-12.5 mg 49
LOTEMAX 117
LOTEMAX SM 117
loteprednol etabonate 117
lovastatin 46
low-ogestrel tab 79
loxapine succinate 64
lo-zumandimi tab 3-0.02mg 79
lubiprostone 99
luizza 1/20 tab 79
luizza tab 1.5/30 79
LUMAKRAS 59
LUMIGAN 118
LUPKYNIS 111
lurasidone hcl 63
lutera tab 79
lyleq 83
lyllana 98
LYNPARZA 59
LYSODREN 54
lyza 83

M

mafenide acetate 88
malathion 91
maraviroc 68
MAR-COF CG LIQ 225-7.5 84
marlissa tab 0.15/30 79
MARPLAN 35
MATRONEX TAB 113
MATULANE 61
matzim la 73
MAXIDEX 117
maxi-tuss ac sol 84
MAYZENT 123
MAYZENT PAK STARTER 1 MG/DOSE 123
MAYZENT PAK STARTER 2 MG/DOSE 123
meclizine hcl 44
meclofenamate sodium 19
MEDROL 83
medroxyprogesterone acetate 121
medroxyprogesterone acetate (contraceptive) 82
mefenamic acid 19
mefloquine hcl 51
megestrol acetate 54
megestrol acetate (appetite) 121
MEKINIST 59
MEKTOVI 59
meleya 83
meloxicam 19
melphalan 52
memantine hcl 121
memantine hcl-donepezil hcl cap er 24hr 14-10 mg 121
memantine hcl-donepezil hcl cap er 24hr 21-10 mg 121
memantine hcl-donepezil hcl cap er 24hr 28-10 mg 121
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack 121
MENOSTAR 98
MENQUADFI 129
MENVEO INJ 129
MENVEO SOL 129
meperidine hcl 21
meprobamate 26
mercaptopurine 52
merzee cap 1/20 79
mesalamine 99, 100
mesalamine w/ cleanser 100
mesna 62
metaxalone 114
metformin hcl 38, 39
methadone hcl 21
methadone hydrochloride i 21
methadose 21
methamphetamine hcl 15
methazolamide 94
methenamine hippurate 25
methenamine mandelate 25
methimazole 126
methitest 24
methocarbamol 114
methotrexate sodium 52
methoxsalen rapid 88
methscopolamine bromide 128
methsuximide 35
methyldopa 47
methylphenidate 16
methylphenidate hcl 16
methylprednisolone 83
methyltestosterone 24
metoclopramide hcl 99
metolazone 95
metoprolol & hydrochlorothiazide tab 100-25 mg 49
metoprolol & hydrochlorothiazide tab 100-50 mg 49
metoprolol & hydrochlorothiazide tab 50-25 mg 49
metoprolol succinate 72

metoprolol tartrate 72
metronidazole 24
metronidazole (topical) 91
metronidazole vaginal 131
mexiletine hcl 27
mibelas 24 chw fe 79
miconazole 3 131
miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35% 86
microgestin tab 1/20 79
microgestin tab 1.5/30 79
microgestin tab fe 1/20 79
microgestin tab fe1.5/30 79
midazolam hcl 105
MIDAZOLAM HYDROCHLORIDE 32
midodrine hcl 132
mifepristone (hyperglycemia) 39
migergot sup 2/100 109
miglitol 36, 37
miglustat 103
mili tab 0.25/35 79
mimvey tab 1-0.5mg 98
minocycline hcl 126
minoxidil 51
minzoya tab 0.1-20 79
MIOCHOL-E 116
MIRENA 82
mirtazapine 35
misoprostol 129
MITOSOL 116
MIUDELLA IUD COPPER 82
M-M-R II INJ 130
M-NATAL PLUS TAB 113
MNEXSPIKE COVID-19 VACCIN 130
modafinil 16
MODEYSO 55
moexipril hcl 46
molindone hcl 65
mometasone furoate 90
mometasone furoate (nasal) 115
mondoxyne nl 126
mono-linyah tab 0.25-35 79
montelukast sodium 28
morphine sulfate 21
morphine sulfate beads 21
MOTOFEN TAB 1-0.025 42
MOUNJARO 39
MOVANTIK 100
moxifloxacin hcl 99
moxifloxacin hcl (ophth) 116
MRESVIA 130
MSUD EASY TAB 93
MULPLETA 104
MULTAQ 28
MULTISTIX 10 TES SG 92
MULTIVIT/FL DRO 0.25MG 112
MULTI VIT/FL DRO 0.5MG/ML 112
mupirocin 86
mupirocin calcium (topical) 86
MYALEPT 96
MYCAPSSA 97
my choice 82
mycophenolate mofetil 111
mycophenolate sodium 111
MYFORTIC 111
MYLERAN 52
MYRBETRIQ 129
MYTESI 42
my way 82

N

nabumetone 19
nadolol 72
naftifine hcl 86
naloxone hcl 43
naltrexone hcl 43
NAMZARIC CAP 121
NAMZARIC CAP 7-10MG 121
naproxen 19
naproxen sodium 19
naratriptan hcl 109
narcan 43
NARDIL 35

NATACYN....116
NATALCHEW CHW....113
NATAZIA TAB....79
nateglinide....41
NATROBA....91
nebivolol hcl....72
necon tab 0.5/35....79
nefazodone hcl....35
NEFFY....132
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin....117
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml....117
neomycin-polymyxin b gu irrigation soln....101
neomycin-polymyxin-dexamethasone ophth oint 0.1%....118
neomycin-polymyxin-dexamethasone ophth susp 0.1%....118
neomycin-polymyxin-hc ophth susp....118
neomycin-polymyxin-hc otic soln 1%....119
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%....119
neomycin sulfate....17
NEONATAL PLS TAB 27-1MG....113
NEONATAL TAB COMPLETE....113
NEONATAL TAB COMPLTE....113
NEONATAL TAB PLUS....113
neo-polycin oin hc 1%op....117
neo-polycin oin op....116
NEORAL....111
NERLYNX....59
neuac gel 1.2-5%....86
NEUPRO....63
nevirapine....68
new day....82
NEXPLANON....82
NEXTSTELLIS TAB 3-14.2MG....79
niacin (antihyperlipidemic)....46
niacor....46
nicardipine hcl....73
nicotine....124
nicotine polacrilex....124
NICOTINE SYS KIT TRANSDER....124
NICOTROL NS....124
nifedipine....73
nikki tab 3-0.02mg....79
nilotinib hcl....59
nilutamide....54
nimodipine....73
NINLARO....59
nisoldipine....73
nitazoxanide....25
nitisinone....96
NITRO-BID....26
NITRO-DUR....26
nitrofurantoin....26
nitrofurantoin macrocrystal....26
nitrofurantoin monohyd macro....26
nitroglycerin....26
NITROLINGUAL....26
NITROSTAT....26
NITYR....96
NIVA-PLUS TAB....113
NIVA THYROID....127
nizatidine....128
nora-be....83
NORDITROPIN FLEXPRO....96
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr....81
norethindrone (contraceptive)....83
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg....79
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg....79
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg....80
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg....79
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg....79

norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg 79
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) 80
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) 80
norethindrone acetate 121
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg 98
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg 98
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg 79
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg 80
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg 80
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg 80
norlyroc 83
NORPACE CR 27
nortrel tab 0.5/35 80
nortrel tab 1/35 80
nortrel tab 7/7/7 80
nortriptyline hcl 36
NORVIR 68
NOURIANZ 62
NOVA MAX PLS TES KETONE 92
NOVOLIN70/30 INJ RELION 40
NOVOLIN INJ 70/30 40
NOVOLIN INJ 70/30 FP 40
NOVOLIN N 40
NOVOLIN N FLEXPEN 40
NOVOLIN N FLEXPEN RELION 40
NOVOLIN N RELION 40
NOVOLIN R 40
NOVOLIN R FLEXPEN 40
NOVOLIN R FLEXPEN RELION 41
NOVOLIN R RELION 41
NOVOLOG 41
NOVOLOG FLEXPEN 41
NOVOLOG FLEXPEN RELION 41
NOVOLOG MIX INJ 70/30 41
NOVOLOG MIX INJ FLEXPEN 41
NOVOLOG MIX INJ FLEX REL 41
NOVOLOG PENFILL 41
NOVOLOG RELI INJ 70/30 41
NOVOLOG RELION 41
NP THYROID 120 127
NP THYROID 15 127
NP THYROID 30 127
NP THYROID 60 127
NP THYROID 90 127
NUBEQA 54
NUCALA 28
NUCYNTA 21
NUCYNTA ER 21
NUEDEXTA CAP 20-10MG 124
NUPLAZID 63
NURTEC 109
NUVAXOVID COVID-19 VACCIN 130
NUVESSA 131
NUZYRA 125
nyamyc 86
nylia tab 1/35 80
nylia tab 7/7/7 80
nystatin 44
nystatin (mouth-throat) 112
nystatin (topical) 87
nystatin-triamcinolone oint 100000-0.1 unit/gm-% 87
nystop 87

O

ocella tab 3-0.03mg 80
octreotide acetate 97
ODACTRA SUB 17
ODEFSEY TAB 68
ODOMZO 54
OFEV 125
ofloxacin 99
ofloxacin (ophth) 117
ofloxacin (otic) 118

OGSIVEO 59
OJEMDA 59
OJJAARA 59
olanzapine 65
olanzapine-fluoxetine hcl cap 12-25 mg 122
olanzapine-fluoxetine hcl cap 12-50 mg 122
olanzapine-fluoxetine hcl cap 3-25 mg 122
olanzapine-fluoxetine hcl cap 6-25 mg 122
olanzapine-fluoxetine hcl cap 6-50 mg 122
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg 50
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg 50
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg 50
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg 50
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg 50
olmesartan medoxomil 47
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg 49
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg 50
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg ..50
olopatadine hcl (nasal) 114
omega-3-acid ethyl esters 45
omeprazole 128
OMNIFLEX DPR 107
OMNIPOD 5 DX KIT INT G7G6 108
OMNIPOD 5 DX MIS POD G7G6 108
OMNIPOD 5 G7 KIT INTRO 108
OMNIPOD 5 G7 MIS PODS 108
OMNIPOD 5 L2 KIT INTRO G6 108
OMNIPOD 5 L2 MIS PODS G6 108
OMNIPOD DASH KIT INTRO 108
OMNIPOD DASH KIT PDM 108
OMNIPOD DASH MIS PODS 108
OMNIPOD GO KIT 10UNT/DY 108
OMNIPOD GO KIT 15UNT/DY 108
OMNIPOD GO KIT 20UNT/DY 108
OMNIPOD GO KIT 25UNT/DY 108
OMNIPOD GO KIT 30UNT/DY 108
OMNIPOD GO KIT 35UNT/DY 108
OMNIPOD GO KIT 40UNT/DY 108
OMNIPOD MIS CLASSIC 108
ondansetron 43
ondansetron hcl 44
ONE VITE TAB 1MG PLUS 113
ONUREG 52
opcicon one-step 82
OPFOLDA 96
OPILL 83
OPSUMIT 75
option 2 82
OPTIONS GYNOL II VAGINAL 131
ORALAIR SUB 300 IR 17
oralone dental paste 112
ORAMAGICRX SUS 112
ORAPRED ODT 83
ORAVIG 112
ORENITRAM 74
ORENITRAM TAB MONTH 1 74
ORENITRAM TAB MONTH 2 74
ORENITRAM TAB MONTH 3 74
ORGOVYX 54
ORIAHNN CAP 98
ORILISSA 95
ORKAMBI GRA 100-125 125
ORKAMBI GRA 150-188 125
ORKAMBI GRA 75-94MG 125

ORKAMBI TAB 100-125.....125
ORKAMBI TAB 200-125.....125
ormalvi.....94
orphenadrine citrate.....114
orquidea.....83
ORSERDU.....54, 55
oseltamivir phosphate.....71
OSPHENA.....96
OTEZLA.....19
OTEZLA/XR TAB 28 DAY.....19
OTEZLA TAB 10/20.....19
OTEZLA TAB 10/20/30.....19
OTEZLA XR.....19
OTOVEL DRO.....119
oxaprozin.....19
oxazepam.....27
oxcarbazepine.....33
OXERVATE.....117
oxiconazole nitrate.....87
OXISTAT.....87
oxybutynin chloride.....129
oxycodone hcl.....21
oxycodone w/ acetaminophen tab 10-325 mg.....23
oxycodone w/ acetaminophen tab 2.5-325 mg.....22
oxycodone w/ acetaminophen tab 5-325 mg.....22
oxycodone w/ acetaminophen tab 7.5-325 mg.....22
oxymorphone hcl.....21
OZEMPIC.....39
OZEMPIC 2 MG/DOSE.....39

P

pacerone.....28
PALFORZIA CAP 1-3YRS.....17
PALFORZIA CAP 4-17YRS.....17
PALFORZIA CAP ESCALAT.....17
PALFORZIA CAP LEVEL 10.....17
PALFORZIA CAP LEVEL 3.....17
PALFORZIA CAP LEVEL 7.....17
PALFORZIA CAP LEVEL 8.....17
PALFORZIA LEVEL 0.....17
PALFORZIA LEVEL 1.....17
PALFORZIA LEVEL 11 (MAINT.....17
PALFORZIA LEVEL 11 (TITRA.....17
PALFORZIA LEVEL 2.....17
PALFORZIA LEVEL 4.....17
PALFORZIA LEVEL 5.....17
PALFORZIA LEVEL 6.....17
PALFORZIA LEVEL 9.....17
paliperidone.....64
PALYNZIQ.....96
PANDEL.....90
PANRETIN.....87
pantoprazole sodium.....128, 129
PARAGARD IUD T380A.....82
paricalcitol.....96
paroxetine hcl.....35
PAXLOVID PAK.....70
PAXLOVID TAB 150-100.....70
PAXLOVID TAB 300-100.....70
pazopanib hcl.....59
pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml.....128
PEDIARIX INJ 0.5ML.....127
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml.....112
pediatric multiple vitamins w/ fluoride chew tab 0.25 mg.....113
pediatric multiple vitamins w/ fluoride chew tab 0.5 mg.....113
pediatric multiple vitamins w/ fluoride chew tab 1 mg.....113
pediatric multiple vitamins w/ fluoride susp 0.5 mg/ml.....113
pediatric multiple vitamin w/ fluoride susp 0.25 mg/ml.....112
PEDVAX HIB.....129
peg/nasul/c/ sol nacl/pot.....106
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm.....106

peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm.....106
peg 3350-kcl-sod bicarb-nacl for soln 420 gm.....106
PEGASYS.....71
PEG-PREP KIT.....106
PEMAZYRE.....59
PENBRAYA INJ.....130
penciclovir.....88
penicillamine.....110
penicillin v potassium.....120
PENMENVY INJ.....130
PENTACEL INJ.....127
pentamidine isethionate.....24
PENTASA.....100
pentazocine w/ naloxone hcl tab 50-0.5 mg.....23
pentoxifylline.....103
perampanel.....32
perindopril erbumine.....47
periogard.....112
permethrin.....91
perphenazine.....65
perphenazine-amitriptyline tab 2-10 mg.....122
perphenazine-amitriptyline tab 2-25 mg.....122
perphenazine-amitriptyline tab 4-10 mg.....122
perphenazine-amitriptyline tab 4-25 mg.....122
perphenazine-amitriptyline tab 4-50 mg.....122
PERSERIS.....64
PH 12 STERIL SOL FLOLAN.....120
phenazo.....101
phenazopyridine hcl.....101
phenelzine sulfate.....35
phenobarbital.....105
phenoxybenzamine hcl.....47
phenylephrine hcl (mydriatic).....116
phenytek.....34
phenytoin.....34
phenytoin infatabs.....34
phenytoin sodium extended.....34
PHEXX GEL.....131
PHEXXI GEL.....131
philith tab 0.4-35.....80
PHOSPHOLINE IODIDE.....116
phospho-trin k500.....110
phytonadione.....132
PIFELTRO.....68
pilocarpine hcl.....116
pilocarpine hcl (oral).....112
pimecrolimus.....90
pimozide.....124
pimtrea tab.....80
pindolol.....72
pioglitazone hcl.....41
pioglitazone hcl-glimepiride tab 30-2 mg.....37
pioglitazone hcl-glimepiride tab 30-4 mg.....37
pioglitazone hcl-metformin hcl tab 15-500 mg.....37
pioglitazone hcl-metformin hcl tab 15-850 mg.....38
PIQRAY 200MG DAILY DOSE.....59
PIQRAY 250MG TAB DOSE.....59
PIQRAY 300MG DAILY DOSE.....60
pirfenidone.....125
piroxicam.....19
pitavastatin calcium.....46
PKU EASY TAB.....93
PKU EASY TAB MICROTAB.....93
PKU EASY TAB PLUS.....93
PKU EXPRESS PAK 15+ LEMO.....93
PKU EXPRESS PAK 15+ ORAN.....93
PKU EXPRESS PAK 15+ TROP.....93
PKU EXPRESS PAK 15+ UNFL.....93
PKU EXPRESS PAK 20+LEMON.....93
PKU EXPRESS PAK 20+ORANG.....93

PKU EXPRESS PAK 20+ RASP 93
PKU EXPRESS PAK 20+ TROP 93
PKU EXPRESS PAK 20+ UNFL.....93
plan b one-step.....82
PLEGRIDY 123
PLEGRIDY INJ STARTER 123
PLEGRIDY PEN INJ STARTER.....123
PLENVU SOL 106
plerixafor.....105
PNEUMOVAX 23.....130
PNEUMOVAX 23/1 DOSE 130
pnv-dha cap 113
PNV-OMEGA CAP 113
pnv-select tab 113
podofilox 90
polycin oin op 117
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%.....117
pomalidomide.....55
POMALYST 55
portia-28 tab 80
posaconazole.....44
potassium chloride.....110
potassium chloride microencapsulated crystals er 110
potassium citrate (alkalinizer) 101
potassium iodide (expectorant) 85
POVIDONE IODINE.....117
pramipexole dihydrochloride 63
pramoxine-hc cream 1-2.5% 90
prasugrel hcl.....103
pravastatin sodium 46
praziquantel 24
prazosin hcl 47
PRECISN XTRA TES KETONE 92
PRED MILD 118
prednisolone 84
prednisolone acetate (ophth) 118
PREDNISOLONE SODIUM PHOSP84, 118
prednisolone sodium phosphate 84
prednisone 84
PREDNISONE INTENSOL.....84
pregabalin 33
pregabalin (once-daily) 123, 124
PREHEVBRIO.....130
PREMARIN 99, 132
PREMPHASE TAB 98
PREMPRO TAB 98
PREMPRO TAB 0.3-1.5 98
PREMPRO TAB 0.45-1.5.....98
PREMPRO TAB 0.625-5 98
PRENA1 PEARL CAP 113
PRENATAL 19 CHW 29-1MG.....113
PRENATAL 19 TAB 29-1MG.....113
PRENATAL TAB 27-1MG 113
PRENATAL TAB PLUS.....113
PRENATAL-U CAP 106.5-1 113
PRENATRIX TAB.....113
PRENATRYL TAB.....113
PRETOMANID.....51
prevalite.....45
PREVNAR 20 INJ 130
PREZCOBIX TAB 675/150.....69
PREZCOBIX TAB 800-150.....69
PREZISTA 69
PRIFTIN 51
PRILOSEC 129
primaquine phosphate 51
PRIMAQUINE PHOSPHATE.....51
primidone 33
PRIORIX INJ 130
PROAIR RESPICLICK 30
probenecid 102
procentra.....15
prochlorperazine 65
prochlorperazine maleate.....65
proctocort 24
procto-med hc.....24
proctosol hc 24
proctozone-hc 24
PROCYSBI 101

progesterone.....121
PROGRAF.....111
promethazine & phenylephrine syrup 6.25-5 mg/5ml.....84
promethazine-dm syrup 6.25-15 mg/5ml.....85
promethazine hcl.....45
promethazine w/ codeine syrup 6.25-10 mg/5ml.....85
promethegan.....45
prometh vc syp 6.25-5/5.....84
propafenone hcl.....28
proparacaine hcl.....117
propranolol hcl.....72
propylthiouracil.....126
PROQUAD INJ.....130
protriptyline hcl.....36
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml.....85
PULMOZYME.....125
pyquvi.....84
pyrazinamide.....51
pyridostigmine bromide.....51
pyrimethamine.....51
PYRUKYND.....103
PYRUKYND TAB 20MGX5MG.....103
PYRUKYND TAB 50MGX20M.....103
PYRUKYND TAPER PACK.....103

Q

qc folic acid.....104
QINLOCK.....60
QUADRACEL INJ.....127
QUADRACEL INJ 0.5ML.....127
quazepam.....105
quetiapine fumarate.....65
QUILLICHEW ER.....16
QUILLIVANT XR.....16
quinapril hcl.....47
quinapril-hydrochlorothiazide tab 10-12.5 mg.....50
quinapril-hydrochlorothiazide tab 20-12.5 mg.....50
quinapril-hydrochlorothiazide tab 20-25 mg.....50
quinidine gluconate.....27
quinidine sulfate.....27
quinine sulfate.....51
QVAR REDIHALER.....29

R

RABAVERT INJ.....130
rabeprazole sodium.....129
RADICAVA ORS.....115
RADICAVA ORS STARTER KIT.....115
RADIOGARDASE.....43
ra folic acid.....104
RAGWITEK.....17
raloxifene hcl.....96
ramelteon.....106
ramipril.....47
ranolazine.....26
RAPAMUNE.....111
rasagiline mesylate.....63
RAVICTI.....96
react.....82
REBIF.....123
REBIF REBIDO INJ TITRATN.....123
REBIF REBIDOSE.....123
REBIF TITRTN INJ PACK.....123
reclipsen tab.....80
RECOMBIVAX HB.....131
RECORLEV.....95
REGRANEX.....91
RELENZA DISKHALER.....71
RELEVIA TAB 27-1MG.....113
RELION TES KETONE.....93
RELISTOR.....100
RELNATE DHA CAP.....114
RENTHYROID.....127
repaglinide.....41, 42
REPATHA.....46
REPATHA PUSHTRONEX SYSTEM.....46

REPATHA SURECLICK 46
RETEVMO.....60
REVUFORJ 55
REXULTI.....65
REYATAZ.....69
REZENOPY 43
REZLIDHIA 60
REZUROCK.....111
ribavirin (hepatitis c) 71
RIDAURA 18
rifabutin 51
rifampin 51
rilpivirine hcl.....69
riluzole.....115
rimantadine hydrochloride 71
RINVOQ 18
RINVOQ LQ 18
risedronate sodium.....95
risperidone.....64
risperidone microspheres.....64
ritonavir.....69
rivaroxaban 31
rivastigmine.....121
rivastigmine tartrate.....121
rivelsa tab.....80
rizatriptan benzoate 109
roflumilast.....28
ropinirole hydrochloride.....63
rosuvastatin calcium.....46
rosyrah tab.....80
ROTARIX SUS.....131
ROTATEQ SOL 131
roweepra 34
ROZLYTREK.....60
RUBRACA.....60
RUCONEST.....102
rufinamide 34
RUKOBIA 69
RYBELSUS.....39
RYDAPT.....60
RYKINDO.....64

S

sacubitril-valsartan tab 24-26 mg.....74
sacubitril-valsartan tab 49-51 mg 74
sacubitril-valsartan tab 97-103 mg 74
SAFYRAL TAB.....80
sajazir 102
salsalate.....20
SANDIMMUNE.....111
SANTYL 90
sapropterin dihydrochloride 96
SAVELLA 122
SAVELLA MIS TITR PAK.....122
scopolamine 44
SELARSDI 88
selegiline hcl 63
selenium sulfide 88
SELZENTRY.....69
SE-NATAL 19 CHW 114
SE-NATAL 19 TAB 114
SEREVENT DISKUS 30
sertraline hcl 35
setlakin tab.....80
sevelamer carbonate 100
sevelamer hcl.....100
sharobel.....83
shewise.....82
SHINGRIX 131
SIGNIFOR 97
SIKLOS 103
sildenafil citrate (pulmonary hypertension) 75
silodosin.....101
silver sulfadiazine.....88
SIMLANDI 18
SIMLANDI 1-PEN KIT 18
SIMLANDI 2-PEN KIT 18
simliya tab 28 day 80
simpesse tab.....80
simvastatin.....46
sirolimus 111
SIRTURO.....52

SKYLA 83
SKYRIZI....88, 100
SKYRIZI PEN 88
SLYND....83
sodium chloride....110
sodium chloride (gu irrigant) 101
sodium fluoride....110
sodium phenylbutyrate 96
sodium polystyrene sulfonate....112
sodium polystyrene sulfonate powder 112
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml....106
SOLESTA INJ 50-15ML....110
solifenacin succinate....129
SOLIQUA INJ 100/33....38
SOLOSEC 17
SOLTAMOX....55
SOMAVERT 96
sorafenib tosylate....60
SORBITOL 101
SORBITOL-MAN SOL....101
sotalol hcl....72
sotalol hcl (afib/afl) 72
SOTYLIZE....72
SPIKEVAX COVID-19 VACCINE....131
spinosad....91
SPIRIVA RESPIMAT....28
spironolactone....95
spironolactone & hydrochlorothiazide tab 25-25 mg....94
sprintec 28 tab 28 day....80
sps 112
sronyx tab 80
ssd....88
STAMARIL INJ 131
STERILE DILU SOL REMODULI 120
STIOLTO AER 2.5-2.5 30
STIVARGA 60
STRENSIQ....97
STRIBILD TAB....69
STRIVERDI RESPIMAT....30
subvenite....34
subvenite kit start 49 34
subvenite kit start 98 34
subvenite starter kit/blu 34
SUCRAID 94
sucralfate 128
SUFLAVE SOL 106
sulconazole nitrate....87
sulfacetamide sodium (acne)....86
sulfacetamide sodium (ophth)....117
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%....118
sulfadiazine....125
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml 25
sulfamethoxazole-trimethoprim tab 400-80 mg....25
sulfamethoxazole-trimethoprim tab 800-160 mg 25
SULFAMYLON 88
sulfasalazine....100
sulfatrim pd sus 200-40/5 25
sulindac 19
sumatriptan 109
sumatriptan succinate 109
sunitinib malate 60
SUNLENCA 69
SUNLENCA TAB THERAPY PACK 4 X 300 MG 69
SUNLENCA TAB THERAPY PACK 5 X 300 MG 69
SUTAB TAB....106
syeda tab 3-0.03mg 80
SYMDEKO TAB 100-150 125
SYMDEKO TAB 50-75MG....125
SYMLINPEN 120 37
SYMLINPEN 60....37
SYMTUZA TAB....69
SYNAREL....96
SYNDROS....44

SYNJARDY TAB....38
SYNJARDY TAB 12.5-500....38
SYNJARDY TAB 5-1000MG....38
SYNJARDY TAB 5-500MG....38
SYNJARDY XR TAB....38
SYNJARDY XR TAB 10-1000....38
SYNJARDY XR TAB 25-1000....38
SYNJARDY XR TAB 5-1000MG....38
SYNTHROID....127

T

TABLOID....52
TABRECTA....60
tacrolimus....111
tacrolimus (topical)....90
tadalafil (pulmonary hypertension)....75
TAFINLAR....60
tafluprost....118
TAGRISSO....53
take action....82
TAKHZYRO....103
TALZENNA....60
tamoxifen citrate....55
tamsulosin hcl....101
tapentadol hcl....21
TAPENTADOL HYDROCHLORIDE....21
tarina 24 fe tab....80
tarina fe tab 1/20 eq....80
TARON-C DHA CAP....114
TARPEYO....84
TAVALISSE....103
TAVNEOS....103
taysofy cap 1/20....80
tazarotene....88
TAZAROTENE....86
taztia xt....73
TDVAX INJ 2-2 LF....127
TEGLUTIK....115
TEGSEDI....124
telmisartan....47
telmisartan-amlodipine tab 40-10 mg....50
telmisartan-amlodipine tab 40-5 mg....50
telmisartan-amlodipine tab 80-10 mg....50
telmisartan-amlodipine tab 80-5 mg....50
telmisartan-hydrochlorothiazide tab 40-12.5 mg....50
telmisartan-hydrochlorothiazide tab 80-12.5 mg....50
telmisartan-hydrochlorothiazide tab 80-25 mg....50
temazepam....105
temozolomide....52
tencon tab 50-325mg....20
TENIVAC INJ 5-2LF....127
tenofovir disoproxil fumarate....69
TEPMETKO....60
terazosin hcl....47
terbinafine hcl....44
terbutaline sulfate....30
terconazole vaginal....131
teriflunomide....123
teriparatide....95
testosterone....24
testosterone cypionate....24
TET/DIP TOX INJ 2-2 LF....128
tetrabenazine....122
tetracaine hcl (ophth)....117
tetracycline hcl....126
texacort....90
THALOMID....111
THEO-24....31
theophylline....31
thioridazine hcl....65
thiothixene....65
THRIVITE RX TAB 29-1MG....114
THYROID....127
tiadylt er....73
tiagabine hcl....34
TIBSOVO....60
ticagrelor....103
TICE BCG....61
TICOVAC....131
TIGLUTIK....115

tilia fe tab 80
timolol maleate 72, 116
timolol maleate (ophth) 116
timolol maleate in ocudos 116
timolol maleate preservative free (ophth) 116
tinidazole 24
tiopronin 101
tiotropium bromide 28
TIROSINT 127
TIROSINT-SOL 127
TIVICAY 69
TIVICAY PD 69
tizanidine hcl 114
tobramycin 17
tobramycin (ophth) 117
tobramycin-dexamethasone ophth susp 0.3-0.1% 118
TOBREX 117
TODAY SPONGE 131
tolcapone 62
tolterodine tartrate 129
tolvaptan 97
tolvaptan (hyponatremia) 97
tolvaptan tab therapy pack 30 & 15 mg 97
tolvaptan tab therapy pack 45 & 15 mg 97
tolvaptan tab therapy pack 60 & 30 mg 97
tolvaptan tab therapy pack 90 & 30 mg 97
topiramate 34
toremifene citrate 55
torpenz 60
torsemide 95
TOUJEO MAX SOLOSTAR 41
TOUJEO SOLOSTAR 41
TRACLEER 75
tramadol-acetaminophen tab 37.5-325 mg 23
tramadol hcl 21
trandolapril 47
trandolapril-verapamil hcl tab er 1-240 mg 50
trandolapril-verapamil hcl tab er 2-180 mg 50
trandolapril-verapamil hcl tab er 2-240 mg 50
trandolapril-verapamil hcl tab er 4-240 mg 50
tranexamic acid 105
tranylcypromine sulfate 35
travoprost 118
trazodone hcl 36
TRECATOR 52
TRELEGY AER 100MCG 30
TRELEGY AER 200MCG 30
TREMFYA 88, 100
TREMFYA INDUCTION PACK FO 100
TREMFYA PEN 88
treprostinil 74
TRESIBA 41
TRESIBA FLEXTOUCH 41
tretinoin 86
tretinoin (chemotherapy) 61
TREXALL 52
trezix cap 23
triamcinolone acetonide (mouth) 112
triamcinolone acetonide (topical) 90
triamterene 95
triamterene & hydrochlorothiazide cap 37.5-25 mg 94
triamterene & hydrochlorothiazide tab 37.5-25 mg 94
triamterene & hydrochlorothiazide tab 75-50 mg 94
triazolam 105
TRICARE TAB PRENATAL 114
tridacaine ii 91
tridacaine iii 91
triderm 90

tri-estaryll tab 80
trifluoperazine hcl 65
trifluridine 117
trihexyphenidyl hcl 62
TRIJARDY XR TAB 10-5-1000 MG 38
TRIJARDY XR TAB 12.5-2.5-1000 MG .38
TRIJARDY XR TAB 25-5-1000 MG 38
TRIJARDY XR TAB 5-2.5-1000 MG 38
TRIKAFTA PAK 59.5MG 125
TRIKAFTA PAK 75MG 125
TRIKAFTA TAB 125
tri-legest tab fe 80
tri-linyah tab 80
tri-lo-mili tab 81
tri-lo tab estaryll 80
tri-lo- tab marzia 80
tri-lo- tab sprintec 81
trimethobenzamide hcl 44
trimethoprim 25
tri-mili tab 81
trimipramine maleate 36
trinate tab 114
TRINTELLIX 36
tri-sprintec tab 81
TRIUMEQ PD TAB 69
TRIUMEQ TAB 69
tri-vit/fluo dro 0.25mg 113
tri-vit/fluo dro 0.5mg 113
trivora-28 tab 81
tri-vylibra tab 81
tri-vylibra tab lo 81
tropicamide 116
trospium chloride 129
true folic acid 104
TRULICITY 40
TRUMENBA 130
TRUQAP 60
TUKYSA 53
TURALIO 60
turqoz tab 81
TWINRIX INJ 131
TWIRLA DIS 120-30 81
TYBLUME CHW 0.1-0.02 81
TYBOST 70
tydemy tab 81
TYLACTIN COM BAR 15 PE 93
TYLACTIN POW BLD 20PE 93
TYLACTIN POW RESTOR5 93
TYMLOS 95
TYPHIM VI 130
TYR EASY TAB 93
TYR EXPRESS PAK 15+ UNFL 94
TYR EXPRESS PAK 20+ UNFL 94
TYVASO 74
TYVASO DPI INSTITUTIONAL 74
TYVASO DPI MAINTENANCE KI 74
TYVASO DPI POW 16-32-48 74
TYVASO DPI POW MAIN KIT 74
TYVASO REFILL KIT 74
TYVASO STARTER KIT 74

U

umecta mousse 90
unithroid 127
urea nail 90
ursodiol 99
UZEDY 64

V

valacyclovir hcl 71
VALCHLOR 87
valganciclovir hcl 70
valproate sodium 35
valproic acid 35
valsartan 47
valsartan-hydrochlorothiazide tab 160-12.5 mg 50
valsartan-hydrochlorothiazide tab 160-25 mg 50
valsartan-hydrochlorothiazide tab 320-12.5 mg 50
valsartan-hydrochlorothiazide tab 320-25 mg 50

valsartan-hydrochlorothiazide tab 80-12.5 mg 50
VALTOCO 10 MG DOSE 32
VALTOCO 15 MG DOSE 32
VALTOCO 20 MG DOSE 32
VALTOCO 5 MG DOSE 32
valtya 1/35 tab 81
valtya 1/50 tab 81
vancomycin hcl 25
VANDAZOLE 131
VANFLYTA 60
VAQTA 131
varenicline tartrate 124
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack 124
VARIVAX 131
VASCEPA 45
VAXELIS INJ 128
VAXNEUVANCE INJ 130
VCF VAGINAL CONTRACEPTIVE 131
velivet pak 81
VEMLIDY 71
VENCLEXTA 53
VENCLEXTA TAB START PK 53
venlafaxine hcl 36
VENTAVIS 75
VENTOLIN HFA 30
venxxiva 101
verapamil hcl 73
VERAPAMIL HYDROCHLORIDE E 73
VEREGEN 86
VERELAN 73
VERELAN PM 73
VERQUVO 75
VERZENIO 61
vestura tab 3-0.02mg 81
VEVYE 117
V-GO 20 KIT 108
V-GO 30 KIT 108
V-GO 40 KIT 108
VIBERZI 100
vienva tab 0.1-20 81
vigabatrin 34
vigadrone 34
VIGAFYDE 34
vigpoder 34
VILACTIN AA POW PLUS 94
vilazodone hcl 36
VIMKUNYA 131
VIOKACE TAB 10440 94
VIOKACE TAB 20880 94
viorele tab 81
VIRACEPT 70
VIREAD 70
VIT A/C/D/FL DRO 0.25MG 113
VIT A/C/D/FL DRO 0.5MG 113
VITAFOL-OB TAB 65-1MG 114
VITAPEARL CAP 114
VITATHELY TAB 114
VITRAKVI 61
volnea tab 81
VONJO 61
VORANIGO 61
voriconazole 44
VOSEVI TAB 71
VRAYLAR 64
VUMERITY 123
VUSION OIN 87
vyfemla tab 0.4-35 81
VYKAT XR 97
vylibra tab 0.25-35 81
VYNDAMAX 75
VYNDAQEL 75

W

warfarin sodium 31
WELIREG 55
wera tab 0.5/35 81
WESCAP-C DHA CAP 114
WESNATE DHA CAP 114
WESTAB PLUS TAB 27-1MG 114
WIDE-SEAL SILICONE DIAPHR 107
wixela inhub aer 100/50 30

wixela inhub aer 250/50 30
wixela inhub aer 500/50 30
wymzya fe chw 0.4mg-35 81
X
XALKORI 61
xarah fe tab 81
XARELTO.....31
XARELTO STAR TAB 15/20MG 31
XELJANZ 18
XELJANZ XR 18
xelria fe chw 0.4mg-35 81
XEMBIFY 119
XERMELO 101
XIFAXAN.....25
XIGDUO XR TAB 10-1000 38
XIGDUO XR TAB 10-500MG 38
XIGDUO XR TAB 2.5-1000 38
XIGDUO XR TAB 5-1000MG 38
XIGDUO XR TAB 5-500MG.....38
XOFLUZA.....71
XOPENEX HFA.....30
XOSPATA 61
XROMI 103
XTAMPZA ER 21
XTANDI 55
xulane dis 150-35 81
Y
yargesa 103
YESINTEK 88
YEZTUGO 70
YF-VAX INJ.....131
yl folic acid.....104
YUPELRI.....28
yuvafem.....132
Z
zafemy dis 150/35.....81
zafirlukast 28
zaleplon.....106
ZARXIO.....105
ZEJULA.....61
ZELAPAR 63
ZELBORAF 61
zelvysia 97
zenatane.....86
ZENPEP CAP 10000UNT.....94
ZENPEP CAP 15000UNT.....94
ZENPEP CAP 20000UNT 94
ZENPEP CAP 25000UNT 94
ZENPEP CAP 3000UNIT 94
ZENPEP CAP 40000UNT.....94
ZENPEP CAP 5000UNIT 94
ZENPEP CAP 60000UNT.....94
zenzedi 15
zidovudine.....70
ZIMHI 43
ziprasidone hcl 64
ZIRGAN 117
ZITHROMAX.....106
ZOLINZA.....61
zolmitriptan 109
zolpidem tartrate 106
zomig 110
ZOMIG.....110
ZONISADE 34
zonisamide.....34
ZONTIVITY.....103
ZORTRESS.....111
zovia 1/35 tab.....81
ZTALMY.....34
ZUBSOLV SUB 0.7-0.18 23
ZUBSOLV SUB 1.4-0.36 23
ZUBSOLV SUB 11.4-2.9 23
ZUBSOLV SUB 2.9-0.71 23
ZUBSOLV SUB 5.7-1.4.....23
ZUBSOLV SUB 8.6-2.1.....23
zumandimine tab 3-0.03mg.....81
ZYDELIG 61
ZYKADIA 61
ZYPREXA RELPREVV.....65

BlueCross BlueShield of Tennessee (BlueCross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex[1]. BlueCross does not exclude people or treat them less favorably because of race, color, national origin, age, disability or sex.

BlueCross:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as: (1) qualified sign language interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
- Provides free language assistance services to people whose primary language is not English, such as: (1) qualified interpreters and (2) information written in other languages.

If you need these reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711).

If you believe that BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance ("Nondiscrimination Grievance"). For help with preparing and submitting your Nondiscrimination Grievance, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711). They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Grievance; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); Nondiscrimination_OfficeGM@bcbst.com (email).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

You can contact BlueCross's Nondiscrimination Coordinator at 423-535-1010 (TTY: 1-800848-0298 or 711); Nondiscrimination_ CoordinatorGM@bcbst.com (email); or Corporate Compliance, 1 Cameron Hill Circle, 1.4, Chattanooga, TN 37402.

This notice is available at BlueCross's website: bcbst.com.

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BlueCross BlueShield of Tennessee is a Qualified Health Plan Issuer in the Health Insurance Marketplace.

[1] Consistent with the scope of sex discrimination described at 45 CFR 92.101(a)(2))

ATTENTION: If you speak English, free language assistance services and appropriate auxiliary aids and services are available to you. Please call the Member Service number on the back of your Member ID card or 1-800-565-9140 (TTY: 1-800-848-0298).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma, así como ayudas y servicios auxiliares adecuados. Llame al número de Servicio de atención a miembros que figura en el reverso de su tarjeta de identificación de miembro o al 1-800-565-9140 (TTY: 1-800-848-0298).

انتباه: إذا كنت تتحدث العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية والخدمات والأدوات المساعدة المناسبة. يُرجى الاتصال برقم خدمة الأعضاء الموجود على ظهر بطاقة هوية العضو الخاصة بك أو بالرقم (الهاتف النصي: 1-800-565-9140 (1-800-848-0298).

注意：如果您說中文，我們提供免費的語言協助服務，以及適當的輔助協助和服務。請撥打會員 ID 卡背面的會員服務部號碼或 1-800-565-9140 (聽障專線 (TTY)：1-800-848-0298) 。

LƯU Ý: Nếu quý vị nói tiếng Việt, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các dịch vụ và công cụ hỗ trợ phù hợp. Vui lòng gọi đến số của bộ phận Dịch vụ Hội viên ở mặt sau Thẻ ID Thành viên của quý vị hoặc số 1-800-565-9140 (TTY: 1-800-848-0298).

주의: [한국어]를 사용하시는 경우, 무료 언어 지원 서비스 및 적절한 보조 기구와 서비스가 제공됩니다. 가입자 ID 카드 뒷면의 가입자 서비스 전화번호 또는 1-800-565-9140(TTY: 1-800-848-0298)번으로 전화하시기 바랍니다.

ATTENTION : Si vous parlez français, des services gratuits d'assistance linguistique et des aides et services auxiliaires appropriés sont à votre disposition. Veuillez appeler le numéro du Service adhérents indiqué au dos de votre carte d'assuré adhérent ou le 1-800-565-9140 (TTY/ ATS : 1-800-848-0298).

ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການທີ່ເໝາະສົມໃຫ້ທ່ານ. ກະລຸນາໂທຫາເບີຂອງຝ່າຍບໍລິການສະມາຊິກທີ່ມີຢູ່ດ້ານຫຼັງ ID ສະມາຊິກຂອງທ່ານ ຫຼື 1-800-565-9140 (TTY: 1-800-848-0298).

ማስገንዘቢያ:- ኦማርኛ የሚናገሩ ከሆነ፣ ነጻ የቋንቋ እርዳታ አገልግሎቶች እና ተገቢ ረዳት መርጃዎች እና አገልግሎቶች ለእርስዎ ይገኛሉ። በአባልነት መታወቂያዎ ጀርባ ላይ በሚገኘው የአባላት አገልግሎት ቁጥር ወይም በ 1-800-565-9140 (TTY: 1-800-848-0298) ይደውሉ።

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste und geeignete Hilfsmittel und Dienstleistungen zur Verfügung. Bitte rufen Sie die Nummer des Mitgliederdienstes auf der Rückseite Ihrer Mitglieds-ID-Karte oder 1-800-565-9140 (TTY: 1-800-848-0298) an.

ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો તમારા માટે નિ:શુલ્ક ભાષા સહાય સેવાઓ અને યોગ્ય સહાયક સાધનો અને સેવાઓ ઉપલબ્ધ છે. કૃપા કરીને તમારા સદસ્ય ID કાર્ડની પાછળના સદસ્ય સર્વિસ નંબર ઉપર અથવા 1-800-565-9140 (TTY: 1-800-848-0298) પર કોલ કરો.

お知らせ：日本語をお話しになる場合は、無料の支援サービスと適切な補助器具・サービスがご利用いただけます。会員IDカードの裏面に記載の会員サービス番号あるいは1-800-565-9140 (TTY: 1-800-848-0298)まで、お電話にてご連絡ください。

PANSININ: Kung kayo ay nagsasalita ng Tagalog, magagamit para sa inyo ang libreng mga serbisyong tulong sa wika at kaukulang mga karagdagang tulong at mga serbisyo. Mangyaring tawagan ang numero ng Serbisyo sa Miyembro na nasa likod ng inyong Kard ng ID ng Miyembro o sa 1-800-565-9140 (TTY: 1-800-848-0298).

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए नि:शुल्क भाषा सहायता सेवाएँ और उपयुक्त सहायक साधन और सेवाएँ उपलब्ध हैं। कृपया अपने सदस्य ID कार्ड के पीछे दिए गए सदस्य सेवा नंबर या 1-800-565-9140 (TTY: 1-800-848-0298) पर कॉल करें।

ВНИМАНИЕ! Если Вы говорите по-русски, Вам будут предоставлены услуги языковой поддержки и соответствующие вспомогательные средства и сервисы на бесплатной основе. Позвоните в отдел обслуживания участников по номеру, указанному на обратной стороне Вашей идентификационной карты участника, или по номеру 1-800-565-9140 (TTY: 1-800-848-0298).

توجه: اگر به زبان فارسی صحبت می‌کنید، خدمات کمک زبانی رایگان و مساعدت‌ها و خدمات کمکی مناسب در دسترس شما هستند. درصورتی‌که عضو هستید، با شماره خدمات اعضا در پشت کارت عضویت خود یا 1-800-565-9140 (YTT: 1-800-848-0298) تماس بگیرید.

ATANSYON: Si w pale Kreyòl Ayisyen, genyen sèvis asistans gratis pou lang ansanm ak èd pou sèvis oksilyè apwopriye k ap disponib pou ou. Tanpri rele nimewo Sèvis Manm ki sou do kat ID Manm ou an oswa 1-800-565-9140 (TTY: 1-800-848-0298).

UWAGA: Osoby posługujące się językiem polskim mogą bezpłatnie skorzystać z pomocy językowej oraz rozwiązań i usług pomocniczych. Prosimy zadzwonić pod numer działu obsługi ubezpieczonych podany na odwrocie karty identyfikacyjnej członka lub numer 1-800-565-9140 (TTY: 1-800-848-0298).

ATENÇÃO: Se você fala Português, serviços gratuitos de assistência linguística e recursos e serviços auxiliares apropriados estão disponíveis para você. Ligue para o número de telefone do serviço de Atendimento ao Membro informado no verso de seu cartão de identificação de membro ou para 1-800-565-9140 (TTY: 1-800-848-0298).

ATTENZIONE: se parla italiano, sono disponibili per Lei servizi gratuiti di assistenza linguistica nonché aiuti e servizi ausiliari adeguati. Chiami il numero del Servizio per i membri riportato sul retro della Sua scheda identificativa del membro oppure il numero 1-800-565-9140 (TTY: 1-800-848-0298).

BAA'áKOHWIINIDZIN: Diné bizaad bee yáníłti'go, t'áá jiik'eh saad bee áka'aná'awoo' bee áka'anída'awoo'í dóó t'áadoole'é binahjį' bee adahodooníłígíí diné bich'į' anídahazt'íí' bee bika'anída'awoo'í ná dahólǫ́. T'áá shóódí Bił Ha'dít'éhí Bika'aná'awoo' Bił Ha'dít'éhí ID naaltsoos nit'íízi bine'dęę' binámbóó bee hodíilnih doodago 1-800-565-9140 (TTY: 1-800-848-0298).

WICHDICH: Wann du Deitsch schwetzscht un brauchscht Hilf fer communicat-e kenne mer dich helfe unni as es dich ennich eppes koschde zellt. Mir kenne differnti Sadde Schprooch-Hilf beigriege aa fer nix. Ruf der Member Service Number uff die hinnerscht Seit vun dei Member ID Card uff odder 1-800-565-9140 (TTY: 1-800-848-0298).

FAASILASILAGA: Afai e te tautala i le faa-Samoa, o loo avanoa mo oe auaunaga fesoasoani mo gagana e aunoa ma se totogi faapea ma fesoasoani fa'aopo'opo ma auaunaga talafeagai. Faamolemole vala'au le numera o le Member Service (Auaunaga mo Tagata Auai(o lo'o i tua o lau pepa ID o le Member (Tagata Auai) po o le 1-800-565-9140 (TTY: 1-800-848-0298).

GAKIULA: Gare iga go kapetal Faluwasch, ye toore paliuwal yamem bwe tepangug rel gamatefal lane kapetal Faluwasch. Fale peshem kol yegili nampal Member Service ila yelog liugul tagurul Member ID kard la yam gare 1-800-565-9140 (TTY: 1-800-848-0298).

ATENSION: Guaha setbisio siha para hågu yanggen fifino' CHamoru hao, dibåtde na setbision inayudon fumino' CHamoru yan propriu na inasisten tråstes yan setbisio siha. Put fabot ågang i numiron Setbision Membro gi santatten i kattå-mu Member ID pat 1-800-565-9140 (TTY: 1-800-848-0298).