



2026 Formulary (List of Covered Drugs)

Univera Medicare DualSM (HMO D-SNP)

Please Read: This document contains information about the drugs we cover in this plan.

This formulary was updated on 10/1/2025. For more recent information or other questions, please contact Univera Healthcare at 1-866-862-7087 (TTY users should call 711). From October 1 - March 31, you can call us seven days a week from 8:00 a.m. to 8:00 p.m. From April 1 - September 30, you can call us Monday to Friday from 8:00 a.m. to 8:00 p.m., or visit UniveraHealthcare.com/MedicareRx

Univera Healthcare is an HMO plan with a Medicare contract and a contract with the New York State Medicaid program. Enrollment in Univera Healthcare depends on contract renewal.

H7524_8585c_C

10/1/2025

A11y_082825_CRG

Formulary ID 26063

21349-25DSNP

D-SNP UN-3215Y26-FEW

Note to existing members:

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

When this Drug List (formulary) refers to “we,” “us,” or “our,” it means Univera Healthcare. When it refers to “plan” or “our plan,” it means Univera Healthcare.

This document includes a Drug List (formulary) for our plan which is current as of 10/1/2025.

For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

What is the Univera Medicare DualSM (HMO D-SNP) formulary?

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

Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: UniveraHealthcare.com/MedicareRx

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a

drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/1/2025. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 85. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list

What are generic drugs?

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

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

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

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 60 tablets per prescription for sacubitril/valsartan (generic for Entresto). This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

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

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Univera Medicare DualSM formulary?” on page IV for information about how to request an exception.

What if my drug is not on the formulary?

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

If you learn that our plan does not cover your drug, you have two options:

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

How do I request an exception to the Univera Medicare DualSM (HMO D-SNP) formulary?

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

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

Generally, our plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

Any member experiencing a level of care change, such as a change in their treatment setting, the plan will not utilize any early refill edits that limit appropriate and necessary access to their Part D benefit. Enrollees are allowed access to a refill upon admission or discharge.

For more information

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

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

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

EXPLANATION OF TIERS	
TIER 1	Preferred Generic: Select generic drugs that are used for maintenance of health for chronic conditions and offer clinical and cost savings advantages.
TIER 2	Generic: Most other generic drugs on our formulary.
TIER 3	Preferred Brand: Preferred brand-name drugs that have unique significant clinical advantages and offer overall greater value over the other products in the same drug class. Certain generic drugs may appear in Tier 3 due to the high cost of the drug or the potential safety concerns for our Part D members.
TIER 4	Non-Preferred Drug: All other brand-name drugs on our formulary. Certain generic drugs may appear in Tier 4 due to the high cost of the drug or the potential safety concerns for our Part D members.
TIER 5	Specialty: High-cost specialty generic and brand-name drugs that exceed \$950 per month.

Univera Healthcare formulary

If you receive “Extra Help,” your share of the cost for a one-month supply of a covered Part D prescription drug depends on the level of “Extra Help” you receive. For more information about your drug costs, look at the separate insert we mailed to you, called the “LIS Rider”.

The chart below provides a range for the copays by tier for both 30-day and 90-day supplies at an in-network retail or mail order pharmacy.

TIER LEVEL	RETAIL COST SHARING (IN-NETWORK) (up to 30-day supply)	MAIL ORDER COST SHARING (IN-NETWORK) (up to 30-day supply)	LONG-TERM CARE (LTC) COST SHARING (up to 31-day supply)	RETAIL OR MAIL ORDER COST SHARING (up to a 90-day supply)
TIER 1 Preferred Generic*			\$0 copay	
TIER 2 Generic*			\$0 or \$1.60 or \$5.10	
TIER 3 Preferred Brand*			Cost Sharing for Generics \$0 or \$1.60 or \$5.10	
TIER 4 Non-Preferred Drugs*			Cost Sharing for Brands \$0 or \$4.90 or \$12.65	
TIER 5 Specialty*			Cost Sharing for Specialty Generics \$0 or \$1.60 or \$5.10 Cost Sharing for Specialty Brands \$0 or \$4.90 or \$12.65	

*A deductible may apply. Please refer to your Evidence of Coverage for your plan's specific deductible requirements.

The formulary that begins on the next page provides coverage information about the drugs covered by the plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 85.

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

B/D PA	PART B VS D DETERMINATION. This prescription drug requires review by our clinical team to determine if the drug is covered under Part D (drug benefit) or Part B (medical benefit)
PA	PRIOR AUTHORIZATION. Some medications require prior authorization, which means you must get approval for coverage from the plan before filling your prescription. Without this approval, the medication may not be covered.
QL	QUANTITY LIMITS. For certain drugs, we limit the amount of the drug that we will cover. For example, we provide 60 tablets per 30-day prescription for sacubitril/valsartan (generic for Entresto).
RV	RECOMMENDED VACCINE. Our plan covers all Part D adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) at no member cost, regardless of tier.

TABLE OF CONTENTS

ANALGESICS	3
ANESTHETICS	5
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS	5
ANTIBACTERIALS	6
ANTICONVULSANTS	10
ANTIDEMENTIA AGENTS	13
ANTIDEPRESSANTS	13
ANTIEMETICS	15
ANTIFUNGALS	16
ANTIGOUT AGENTS	16
ANTIMIGRAINE AGENTS	17
ANTIMYASTHENIC AGENTS	18
ANTIMYCOPATHIC AGENTS	18
ANTINEOPLASTICS	18
ANTIPARASITICS	24
ANTIPARKINSON AGENTS	25
ANTIPSYCHOTICS	26
ANTISPASTICITY AGENTS	27
ANTIVIRALS	28
ANXIOLYTICS	31
BIPOLAR AGENTS	31
BLOOD GLUCOSE REGULATORS	33
BLOOD PRODUCTS AND MODIFIERS	36
CARDIOVASCULAR AGENTS	37
CENTRAL NERVOUS SYSTEM AGENTS	43
DENTAL AND ORAL AGENTS	46
DERMATOLOGICAL AGENTS	46
ELECTROLYTES/MINERALS/METALS/VITAMINS	50
GASTROINTESTINAL AGENTS	52
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	55
GENITOURINARY AGENTS	56
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)	57
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)	57
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PROSTAGLANDINS)	58
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)	58
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)	65
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)	65
HORMONAL AGENTS, SUPPRESSANT (THYROID)	66
IMMUNOLOGICAL AGENTS	66
INFLAMMATORY BOWEL DISEASE AGENTS	71
METABOLIC BONE DISEASE AGENTS	72
NON-FRF	72
OPHTHALMIC AGENTS	78
OTIC AGENTS	80
RESPIRATORY TRACT/ PULMONARY AGENTS	80
SKELETAL MUSCLE RELAXANTS	83
SLEEP DISORDER AGENTS	83

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANALGESICS		
Analgesics		
ASCOMP WITH CODEINE	4	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	4	
<i>butalbital-acetaminophen-caffeine oral capsule 50-325-40 mg</i>	4	
<i>butalbital-acetaminophen-caffeine oral tablet</i>	4	
<i>butalbital-acetaminophen-caffeine-codeine oral capsule 50-325-40-30 mg</i>	4	
<i>butalbital-aspirin-caffeine oral capsule</i>	4	
<i>codeine-butalbital-aspirin-caffeine</i>	4	
ENDOCET	4	
JOURNAVX	4	PA; QL (29 EA per 30 days)
Nonsteroidal Anti-Inflammatory Drugs		
celecoxib	4	QL (60 EA per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	4	
<i>diclofenac sodium oral tablet extended release 24 hr</i>	4	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	4	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg, 75 mg</i>	2	
<i>diclofenac sodium topical drops</i>	4	
<i>diclofenac-misoprostol</i>	4	
<i>diflunisal</i>	4	
<i>etodolac</i>	4	
<i>flurbiprofen oral tablet 100 mg</i>	4	
IBU ORAL TABLET 600 MG, 800 MG	2	
<i>ibuprofen oral suspension</i>	3	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	
<i>indomethacin oral capsule</i>	2	
<i>indomethacin oral capsule, extended release</i>	2	
<i>ketoprofen oral capsule 50 mg</i>	4	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	4	QL (30 EA per 30 days)
<i>ketorolac oral</i>	3	QL (20 EA per 30 days)
<i>meloxicam oral tablet 15 mg</i>	2	QL (30 EA per 30 days)
<i>meloxicam oral tablet 7.5 mg</i>	2	QL (60 EA per 30 days)
<i>nabumetone</i>	4	
<i>naproxen oral tablet</i>	2	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	4	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	4	
<i>oxaprozin oral tablet</i>	4	
<i>piroxicam</i>	4	
<i>sulindac</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm)	5	PA; QL (120 EA per 30 days)
tolvaptan (polycys kidney dis) oral tablets, sequential 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)	5	PA; QL (56 EA per 28 days)
Opioid Analgesics, Long-Acting		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 75 MCG	4	QL (60 EA per 30 days)
BELBUCA BUCCAL FILM 600 MCG, 750 MCG	4	
BELBUCA BUCCAL FILM 900 MCG	5	
buprenorphine	3	
buprenorphine hcl sublingual	2	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	
fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour	4	
hydrocodone bitartrate oral capsule, oral only, er 12hr	4	
hydromorphone oral tablet extended release 24 hr	4	
methadone oral solution	2	
methadone oral tablet	2	
morphine concentrate oral solution	4	
morphine oral capsule, er multiphase 24 hr	4	
morphine oral capsule, extend.release pellets	4	
morphine oral solution 10 mg/5 ml	4	
morphine oral tablet 15 mg	4	
morphine oral tablet extended release 100 mg, 200 mg	4	
morphine oral tablet extended release 15 mg, 30 mg, 60 mg	2	
oxymorphone oral tablet extended release 12 hr	4	
tramadol oral capsule,er biphase 24 hr 17-83	3	
tramadol oral capsule,er biphase 24 hr 25-75 100 mg, 200 mg	3	
tramadol oral tablet extended release 24 hr	3	
Opioid Analgesics, Short-Acting		
acetaminophen-codeine oral solution 120-12 mg/5 ml	4	
acetaminophen-codeine oral tablet	4	
ASCOMP WITH CODEINE	4	
butalbital-acetaminophen oral tablet 50-325 mg	4	
butalbital-acetaminophen-caffeine oral tablet	4	
butalbital-acetaminophen-caffeine-codeine oral capsule 50-325-40-30 mg	4	
butalbital-aspirin-caffeine oral capsule	4	
butorphanol nasal	4	
codeine sulfate	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
codeine-butalbital-aspirin-caffeine	4	
ENDOCET	4	
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 7.5-325 mg/15 ml	4	
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	4	
hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg	4	
hydromorphone oral liquid	4	
hydromorphone oral tablet	4	
morphine concentrate oral solution	4	
morphine oral solution	4	
morphine oral tablet	4	
oxycodone oral capsule	4	
oxycodone oral solution	4	
oxycodone oral tablet	4	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	4	
oxymorphone oral tablet	4	
pentazocine-naloxone	4	
tramadol oral tablet 100 mg	3	
tramadol oral tablet 50 mg	2	
tramadol-acetaminophen	2	

ANESTHETICS

Local Anesthetics

lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	2	
lidocaine topical adhesive patch,medicated 5 %	4	PA; QL (90 EA per 30 days)
lidocaine topical ointment	4	
LIDOCAINE VISCOUS	2	
lidocaine-prilocaine topical cream	2	

ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS

Alcohol Deterrents/Anti-Craving

acamprosate	3	
disulfiram	3	
naltrexone	2	
VIVITROL	5	

Opioid Dependence

buprenorphine hcl sublingual	2	
buprenorphine-naloxone	2	
lofexidine	5	
LUCEMYRA	5	
naltrexone	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VIVITROL	5	
Opioid Reversal Agents		
KLOXXADO	3	QL (2 EA per 30 days)
<i>naloxone injection solution</i>	4	
<i>naloxone injection syringe</i>	2	
OPVEE	3	
Smoking Cessation Agents		
<i>bupropion (smoking deterrent)</i>	3	
NICOTROL NS	4	
<i>varenicline tartrate</i>	3	QL (336 EA per 365 days)
ANTIBACTERIALS		
Aminoglycosides		
<i>amikacin injection solution 500 mg/2 ml</i>	4	
ARIKAYCE	5	PA; QL (236 ML per 28 days)
<i>gentamicin in nacl (iso-osmotic) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	2	
<i>gentamicin injection</i>	2	
<i>gentamicin topical</i>	2	
<i>neomycin</i>	2	
<i>streptomycin</i>	4	
<i>tobramycin 300 mg/4 ml inhalation solution</i>	5	B/D PA
<i>tobramycin sulfate injection solution</i>	3	
Antibacterials, Other		
<i>acetic acid otic (ear)</i>	2	
<i>aztreonam</i>	4	
CLEOCIN VAGINAL SUPPOSITORY	4	
CLINDACIN ETZ TOPICAL SWAB	4	
<i>clindamycin hcl</i>	2	
<i>clindamycin in 5 % dextrose</i>	2	
CLINDAMYCIN PEDIATRIC	2	
<i>clindamycin phosphate injection</i>	2	
<i>clindamycin phosphate topical swab</i>	2	
<i>clindamycin phosphate vaginal</i>	2	
<i>colistin (colistimethate sodium)</i>	4	
<i>daptomycin intravenous recon soln 350 mg</i>	5	
<i>daptomycin intravenous recon soln 500 mg</i>	4	
<i>fosfomycin tromethamine</i>	3	
<i>linezolid in dextrose 5%</i>	4	
<i>linezolid oral suspension for reconstitution</i>	5	
<i>linezolid oral tablet</i>	4	QL (60 EA per 30 days)
<i>methenamine hippurate</i>	3	
<i>metronidazole in nacl (iso-os)</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>metronidazole oral capsule</i>	4	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	
<i>metronidazole topical cream</i>	1	
<i>metronidazole topical gel 0.75 %</i>	1	
<i>metronidazole topical gel 1 %</i>	4	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	3	
<i>nitrofurantoin monohydrate/macrocrysals oral</i>	2	
SIVEXTRO	5	PA; QL (6 EA per 6 days)
SOLOSEC	4	
<i>tigecycline</i>	4	
<i>tinidazole</i>	2	
<i>trimethoprim</i>	2	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg</i>	3	
<i>vancomycin oral capsule</i>	4	
<i>vancomycin oral recon soln 25 mg/ml</i>	4	
XIFAXAN ORAL TABLET 200 MG	4	
XIFAXAN ORAL TABLET 550 MG	5	
Beta-Lactam, Cephalosporins		
<i>cefaclor oral capsule</i>	4	
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	4	
<i>cefaclor oral tablet extended release 12 hr</i>	4	
<i>cefadroxil oral capsule</i>	3	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	3	
<i>cefadroxil oral tablet</i>	3	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	4	
<i>cefdinir</i>	4	
<i>cefepime injection</i>	4	
<i>cefixime</i>	4	
<i>cefoxitin</i>	4	
<i>cefpodoxime</i>	4	
<i>cefprozil</i>	4	
<i>ceftazidime</i>	4	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	4	
<i>cefuroxime oral tablet</i>	4	
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	4	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
cephalexin oral capsule 750 mg	4	
cephalexin oral suspension for reconstitution	2	
cephalexin oral tablet	2	
TEFLARO	5	
Beta-Lactam, Penicillins		
amoxicillin oral capsule	2	
amoxicillin oral suspension for reconstitution	2	
amoxicillin oral tablet	2	
amoxicillin oral tablet, chewable 125 mg, 250 mg	2	
amoxicillin-clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	3	
amoxicillin-clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	2	
amoxicillin-clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	3	
ampicillin oral capsule 500 mg	2	
ampicillin sodium injection recon soln 1 gram, 10 gram	3	
ampicillin-sulbactam injection	3	
BICILLIN C-R	4	
BICILLIN L-A	4	
dicloxacillin	2	
nafcillin injection	4	
oxacillin	4	
oxacillin in dextrose (iso-osmotic) intravenous piggyback 2 gram/50 ml	4	
penicillin g potassium in dextrose intravenous piggyback 2 million unit/50 ml, 3 million unit/50 ml	4	
penicillin g sodium	4	
penicillin v potassium	2	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	3	
Carbapenems		
ertapenem	4	
imipenem-cilastatin intravenous recon soln 500 mg	4	
meropenem intravenous recon soln 1 gram	4	
meropenem intravenous recon soln 500 mg	3	
VABOMERE	4	
Macrolides		
azithromycin intravenous	2	
azithromycin oral suspension for reconstitution	2	
azithromycin oral tablet	2	
clarithromycin oral suspension for reconstitution	4	
clarithromycin oral tablet	2	
clarithromycin oral tablet extended release 24 hr	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DIFICID	5	
E.E.S. 400 ORAL TABLET	3	
erythromycin ethylsuccinate oral tablet	3	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	4	
erythromycin oral tablet 250 mg, 500 mg	4	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg	4	
erythromycin oral tablet,delayed release (dr/ec) 500 mg	3	
Quinolones		
BESIVANCE	4	
ciprofloxacin hcl ophthalmic (eye)	2	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	2	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml	3	
levofloxacin in d5w intravenous piggyback 500 mg/100 ml	3	
levofloxacin ophthalmic (eye) drops 0.5 %	2	
levofloxacin oral solution	4	
levofloxacin oral tablet	2	
moxifloxacin in nacl (iso-osmotic)	4	
moxifloxacin oral	3	
ofloxacin oral tablet 300 mg, 400 mg	3	
Sulfonamides		
sulfacetamide sodium (acne)	2	
sulfadiazine	2	
sulfamethoxazole-trimethoprim oral	2	
Tetracyclines		
DOXY-100	4	
doxycycline hyclate oral capsule	3	
doxycycline hyclate oral tablet 100 mg	3	
doxycycline hyclate oral tablet 20 mg	2	
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 75 mg	4	
doxycycline monohydrate oral capsule 100 mg, 50 mg	3	
doxycycline monohydrate oral suspension for reconstitution	4	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	3	
doxycycline monohydrate oral tablet 150 mg	4	
minocycline oral capsule	2	
minocycline oral tablet 100 mg, 50 mg	4	
tetracycline oral capsule	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTICONVULSANTS		
<i>Anticonvulsants, Other</i>		
BRIVIACT ORAL SOLUTION	5	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET	5	QL (60 EA per 30 days)
DIACOMIT	5	
<i>divalproex oral capsule, delayed rel sprinkle</i>	3	
<i>divalproex oral tablet extended release 24 hr</i>	2	
<i>divalproex oral tablet,delayed release (dr/ec)</i>	2	
EPIDIOLEX	5	PA
<i>felbamate</i>	4	
FINTEPLA	5	PA
FYCOMPA ORAL SUSPENSION	5	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	
FYCOMPA ORAL TABLET 2 MG	4	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	QL (30 EA per 30 days)
<i>lamotrigine oral tablet</i>	2	
<i>lamotrigine oral tablet disintegrating, dose pk</i>	4	
<i>lamotrigine oral tablet extended release 24hr</i>	4	
<i>lamotrigine oral tablet, chewable dispersible</i>	4	
<i>lamotrigine oral tablet,disintegrating</i>	4	
<i>lamotrigine oral tablets,dose pack 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	4	
<i>levetiracetam oral solution 100 mg/ml</i>	4	
<i>levetiracetam oral tablet</i>	4	
<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	4	QL (180 EA per 30 days)
<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	4	QL (120 EA per 30 days)
<i>levetiracetam oral tablet for suspension</i>	4	
<i>perampanel oral tablet 10 mg, 12 mg, 4 mg, 6 mg, 8 mg</i>	5	
<i>perampanel oral tablet 2 mg</i>	4	
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG	4	QL (60 EA per 30 days)
SUBVENITE	2	
SUBVENITE STARTER (BLUE) KIT	4	
SUBVENITE STARTER (GREEN) KIT	4	
SUBVENITE STARTER (ORANGE) KIT	4	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	4	
<i>topiramate oral capsule,extended release 24hr 100 mg, 25 mg, 50 mg</i>	4	QL (30 EA per 30 days)
<i>topiramate oral capsule,extended release 24hr 200 mg</i>	4	QL (90 EA per 30 days)
<i>topiramate oral capsule,sprinkle,er 24hr 100 mg, 25 mg, 50 mg</i>	4	QL (30 EA per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg	4	
topiramate oral solution	4	
topiramate oral tablet	2	
valproic acid oral capsule 250 mg	4	
valproic acid oral solution 250 mg/5 ml	4	
XCOPRI MAINTENANCE PACK	5	QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5	QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	QL (60 EA per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	3	QL (28 EA per 28 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	5	QL (28 EA per 28 days)
ZTALMY	5	PA
Calcium Channel Modifying Agents		
ethosuximide oral capsule	2	
ethosuximide oral solution	4	
methsuximide	4	
pregabalin oral capsule 100 mg	3	QL (180 EA per 30 days)
pregabalin oral capsule 150 mg, 25 mg, 50 mg, 75 mg	3	QL (120 EA per 30 days)
pregabalin oral capsule 200 mg, 225 mg	3	QL (90 EA per 30 days)
pregabalin oral capsule 300 mg	3	QL (60 EA per 30 days)
pregabalin oral solution	3	
ZONISADE	4	
Gamma-Aminobutyric Acid (Gaba) Modulating Agents		
clobazam oral suspension	3	
clobazam oral tablet	3	
clonazepam oral tablet	3	
clonazepam oral tablet,disintegrating	4	
clorazepate dipotassium	3	
DIAZEPAM INTENSOL	4	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	4	
diazepam oral tablet	2	
diazepam rectal	4	
gabapentin oral capsule	3	
gabapentin oral solution 250 mg/5 ml	3	
gabapentin oral tablet 600 mg, 800 mg	3	
gabapentin oral tablet extended release 24 hr 300 mg	4	PA; QL (60 EA per 30 days)
gabapentin oral tablet extended release 24 hr 600 mg	4	PA; QL (90 EA per 30 days)
lorazepam oral tablet	2	
NAYZILAM	4	
phenobarbital	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pregabalin oral capsule 200 mg</i>	3	QL (90 EA per 30 days)
<i>pregabalin oral capsule 300 mg</i>	3	QL (60 EA per 30 days)
<i>pregabalin oral solution</i>	3	
<i>primidone</i>	4	
SYMPAZAN ORAL FILM 10 MG, 5 MG	5	QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 20 MG	5	
<i>tiagabine</i>	4	
VALTOCO	5	
<i>vigabatrin</i>	5	
VIGADRONE	5	
VIGAFYDE	5	
VIGPODER	5	
ZTALMY	5	PA
Sodium Channel Agents		
APTIOM ORAL TABLET 200 MG	4	QL (30 EA per 30 days)
APTIOM ORAL TABLET 400 MG	5	QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	QL (60 EA per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	4	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	4	
<i>carbamazepine oral tablet</i>	4	
<i>carbamazepine oral tablet extended release 12 hr</i>	4	
<i>carbamazepine oral tablet, chewable 100 mg</i>	4	
DILANTIN	4	
DILANTIN EXTENDED	4	
DILANTIN INFATABS	4	
EQUETRO	4	
<i>eslicarbazepine oral tablet 200 mg, 400 mg</i>	5	QL (30 EA per 30 days)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i>	5	QL (60 EA per 30 days)
<i>lacosamide oral solution</i>	4	
<i>lacosamide oral tablet</i>	3	QL (60 EA per 30 days)
MOTPOLY XR ORAL CAPSULE 100 MG	4	PA; QL (30 EA per 30 days)
MOTPOLY XR ORAL CAPSULE 150 MG	4	PA; QL (60 EA per 30 days)
MOTPOLY XR ORAL CAPSULE 200 MG	4	PA
<i>oxcarbazepine oral suspension</i>	4	
<i>oxcarbazepine oral tablet</i>	4	
<i>phenytoin oral suspension 125 mg/5 ml</i>	4	
<i>phenytoin oral tablet, chewable</i>	4	
<i>phenytoin sodium extended oral capsule 100 mg</i>	4	
<i>rufinamide oral suspension</i>	5	QL (2400 ML per 30 days)
<i>rufinamide oral tablet 200 mg</i>	4	QL (480 EA per 30 days)
<i>rufinamide oral tablet 400 mg</i>	5	QL (240 EA per 30 days)
ZONISADE	4	
<i>zonisamide</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIDEMENTIA AGENTS		
<i>Antidementia Agents, Other</i>		
donepezil oral tablet 10 mg, 5 mg	1	
donepezil oral tablet,disintegrating	2	
memantine-donepezil	4	PA; QL (30 EA per 30 days)
Cholinesterase Inhibitors		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR	4	ST
ADLARITY TRANSDERMAL PATCH WEEKLY 5 MG/24 HOUR	4	ST; QL (4 EA per 28 days)
donepezil oral tablet 10 mg, 5 mg	1	
donepezil oral tablet 23 mg	3	QL (30 EA per 30 days)
donepezil oral tablet,disintegrating	2	
galantamine oral capsule,ext rel. pellets 24 hr	4	QL (30 EA per 30 days)
galantamine oral solution	4	
galantamine oral tablet	4	QL (60 EA per 30 days)
rivastigmine tartrate	4	QL (60 EA per 30 days)
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 9.5 mg/24 hour	4	
rivastigmine transdermal patch 24 hour 4.6 mg/24 hour	4	QL (30 EA per 30 days)
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
memantine oral capsule,sprinkle,er 24hr	3	QL (30 EA per 30 days)
memantine oral solution	3	QL (300 ML per 30 days)
memantine oral tablet	2	QL (60 EA per 30 days)
memantine oral tablets,dose pack	4	QL (49 EA per 28 days)
ANTIDEPRESSANTS		
<i>Antidepressants, Other</i>		
ABILIFY MAINTENA	5	
amitriptyline-chlordiazepoxide	4	
ariPIPRAZOLE oral solution	3	
ariPIPRAZOLE oral tablet 10 mg, 15 mg, 5 mg	3	QL (30 EA per 30 days)
ariPIPRAZOLE oral tablet 2 mg, 20 mg, 30 mg	3	
ariPIPRAZOLE oral tablet,disintegrating	4	
AUVELITY	5	PA; QL (60 EA per 30 days)
bupropion hcl oral tablet	3	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	3	
bupropion hcl oral tablet extended release 24 hr 450 mg	4	
bupropion hcl oral tablet sustained-release 12 hr	3	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	2	
mirtazapine oral tablet 7.5 mg	3	QL (30 EA per 30 days)
mirtazapine oral tablet,disintegrating	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>olanzapine-fluoxetine</i>	4	
OPIPZA ORAL FILM 10 MG, 5 MG	5	PA; QL (90 EA per 30 days)
OPIPZA ORAL FILM 2 MG	5	PA; QL (60 EA per 30 days)
<i>perphenazine-amitriptyline</i>	3	
<i>quetiapine oral tablet</i>	2	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 50 mg</i>	3	QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg</i>	3	QL (60 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA; QL (28 EA per 365 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA; QL (14 EA per 365 days)
Monoamine Oxidase Inhibitors		
EMSAM	5	QL (30 EA per 30 days)
MARPLAN	4	
<i>phenelzine</i>	2	
<i>tranylcypromine</i>	4	
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitors)		
<i>citalopram oral solution</i>	4	
<i>citalopram oral tablet</i>	1	
<i>desvenlafaxine</i>	4	QL (30 EA per 30 days)
<i>desvenlafaxine succinate</i>	4	QL (30 EA per 30 days)
DRIZALMA SPRINKLE	4	QL (60 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg</i>	3	QL (120 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	3	QL (90 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i>	3	QL (60 EA per 30 days)
<i>escitalopram oxalate oral solution</i>	4	
<i>escitalopram oxalate oral tablet</i>	1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	QL (28 EA per 28 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	4	QL (30 EA per 30 days)
<i>fluoxetine oral capsule</i>	1	
<i>fluoxetine oral solution</i>	4	
<i>fluvoxamine oral capsule,extended release 24hr</i>	4	
<i>fluvoxamine oral tablet</i>	3	
<i>nefazodone</i>	4	
<i>paroxetine hcl oral suspension</i>	4	
<i>paroxetine hcl oral tablet</i>	2	
RALDESY	4	
<i>sertraline oral concentrate</i>	4	
<i>sertraline oral tablet</i>	1	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>trazodone oral tablet 300 mg</i>	3	
TRINTELLIX	4	QL (30 EA per 30 days)
<i>venlafaxine oral capsule,extended release 24hr</i>	2	QL (90 EA per 30 days)
<i>venlafaxine oral tablet</i>	3	
<i>vilazodone</i>	4	QL (30 EA per 30 days)
Tricyclics		
<i>amitriptyline</i>	3	
<i>amoxapine</i>	3	
<i>clomipramine</i>	4	
<i>desipramine</i>	3	
<i>doxepin oral capsule</i>	2	
<i>doxepin oral concentrate</i>	2	
<i>doxepin oral tablet</i>	3	QL (30 EA per 30 days)
<i>imipramine hcl</i>	3	
<i>imipramine pamoate</i>	4	
<i>nortriptyline</i>	3	
<i>protriptyline</i>	4	
<i>trimipramine</i>	4	
ANTIEMETICS		
Antiemetics, Other		
<i>chlorpromazine oral</i>	4	
COMPRO	4	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	
<i>metoclopramide hcl oral solution</i>	2	
<i>metoclopramide hcl oral tablet</i>	2	
<i>perphenazine</i>	3	
<i>prochlorperazine</i>	4	
<i>prochlorperazine maleate</i>	3	
<i>promethazine oral</i>	4	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	4	
PROMETHEGAN RECTAL SUPPOSITORY 25 MG, 50 MG	4	
<i>scopolamine base</i>	4	
<i>trimethobenzamide oral</i>	3	B/D PA
Emetogenic Therapy Adjuncts		
<i>aprepitant</i>	4	B/D PA
<i>dronabinol</i>	4	PA
<i>gransetron hcl oral</i>	2	B/D PA
<i>ondansetron hcl oral solution</i>	4	B/D PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	2	B/D PA
VARUBI	4	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIFUNGALS		
Antifungals		
<i>amphotericin b</i>	2	B/D PA
<i>amphotericin b liposome</i>	4	B/D PA
<i>caspofungin</i>	4	
<i>ciclopirox</i>	2	
<i>clotrimazole mucous membrane</i>	2	
<i>clotrimazole topical</i>	2	
CRESEMBA ORAL	5	
<i>econazole nitrate topical cream</i>	2	
ERAXIS	4	
<i>fluconazole</i>	2	
<i>fluconazole in nacl (iso-osmotic) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	4	
<i>flucytosine oral capsule 250 mg</i>	4	
<i>flucytosine oral capsule 500 mg</i>	5	
<i>griseofulvin microsize</i>	3	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	3	
<i>itraconazole oral capsule</i>	3	
<i>itraconazole oral solution</i>	4	
<i>ketoconazole oral</i>	2	
<i>ketoconazole topical cream</i>	2	
<i>ketoconazole topical foam</i>	4	
<i>ketoconazole topical shampoo</i>	2	
KETODAN	4	
MICONAZOLE-3 VAGINAL SUPPOSITORY	2	
<i>naftifine topical cream</i>	4	
NYAMYC	2	
<i>nystatin</i>	2	
NYSTOP	2	
<i>oxiconazole</i>	4	
<i>posaconazole oral</i>	5	
<i>tavaborole</i>	4	PA
<i>terbinafine hcl oral</i>	2	
<i>terconazole vaginal cream</i>	2	
<i>terconazole vaginal suppository</i>	4	
VIVJOA	5	PA
<i>voriconazole intravenous</i>	5	PA
<i>voriconazole oral suspension for reconstitution</i>	5	
<i>voriconazole oral tablet</i>	4	
ANTIGOUT AGENTS		
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
colchicine oral tablet	2	QL (120 EA per 30 days)
febuxostat oral tablet 40 mg	4	QL (30 EA per 30 days)
febuxostat oral tablet 80 mg	4	
probenecid	2	
probenecid-colchicine	2	
ANTIMIGRAINE AGENTS		
Antimigraine Agents		
NURTEC ODT	5	PA; QL (18 EA per 30 days)
Calcitonin Gene-Related Peptide (Cgrp) Receptor Antagonists		
AIMOVIG AUTOINJECTOR	3	PA; QL (1 ML per 28 days)
NURTEC ODT	5	PA; QL (18 EA per 30 days)
Ergot Alkaloids		
dihydroergotamine nasal	5	PA; QL (8 ML per 28 days)
ERGOMAR	4	QL (20 EA per 28 days)
ergotamine-caffeine	3	QL (40 EA per 30 days)
MIGERGOT	4	QL (20 EA per 28 days)
Prophylactic		
divalproex oral capsule, delayed rel sprinkle	3	
divalproex oral tablet extended release 24 hr	2	
divalproex oral tablet,delayed release (drl/ec)	2	
timolol maleate oral	4	
topiramate oral capsule, sprinkle 15 mg, 25 mg	4	
topiramate oral capsule,extended release 24hr 100 mg, 25 mg, 50 mg	4	QL (30 EA per 30 days)
topiramate oral capsule,extended release 24hr 200 mg	4	QL (90 EA per 30 days)
topiramate oral capsule,sprinkle,er 24hr 100 mg, 25 mg, 50 mg	4	QL (30 EA per 30 days)
topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg	4	
topiramate oral solution	4	
topiramate oral tablet	2	
valproic acid oral capsule 250 mg	4	
valproic acid oral solution 250 mg/5 ml	4	
Serotonin (5-Ht) Receptor Agonist		
naratriptan	3	QL (18 EA per 30 days)
rizatriptan	3	QL (24 EA per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	4	QL (12 EA per 30 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	4	QL (18 EA per 30 days)
sumatriptan succinate oral	2	QL (18 EA per 30 days)
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	4	QL (10 ML per 30 days)
sumatriptan succinate subcutaneous pen injector	4	QL (10 ML per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sumatriptan succinate subcutaneous solution</i>	4	QL (10 ML per 30 days)
<i>sumatriptan-naproxen</i>	4	QL (9 EA per 30 days)
<i>zolmitriptan oral</i>	3	QL (12 EA per 30 days)
ANTIMYASTHENIC AGENTS		
Parasympathomimetics		
<i>pyridostigmine bromide oral tablet 30 mg</i>	4	
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	4	
ANTIMYCOBACTERIALS		
Antimycobacterials, Other		
<i>dapsone oral</i>	2	
<i>PRIFTIN</i>	4	
<i>rifabutin</i>	4	
Antituberculars		
<i>ethambutol</i>	2	
<i>isoniazid oral</i>	2	
<i>PRIFTIN</i>	4	
<i>pyrazinamide</i>	2	
<i>rifampin</i>	2	
<i>SIRTURO</i>	5	
ANTINEOPLASTICS		
Alkylating Agents		
<i>cyclophosphamide oral</i>	3	B/D PA
<i>GLEOSTINE ORAL CAPSULE 10 MG, 40 MG</i>	4	
<i>GLEOSTINE ORAL CAPSULE 100 MG</i>	5	
<i>LEUKERAN</i>	5	
<i>MATULANE</i>	5	
<i>VALCHLOR</i>	5	PA; QL (60 GM per 30 days)
Antiandrogens		
<i>abiraterone oral tablet 250 mg</i>	5	PA
<i>bicalutamide</i>	2	
<i>ERLEADA ORAL TABLET 240 MG</i>	5	PA
<i>ERLEADA ORAL TABLET 60 MG</i>	5	PA; QL (120 EA per 30 days)
<i>EULEXIN</i>	5	QL (180 EA per 30 days)
<i>nilutamide</i>	5	
<i>NUBEQA</i>	5	PA
<i>toremifene</i>	5	
<i>XTANDI ORAL CAPSULE</i>	5	PA; QL (120 EA per 30 days)
<i>XTANDI ORAL TABLET 40 MG</i>	5	PA; QL (120 EA per 30 days)
<i>XTANDI ORAL TABLET 80 MG</i>	5	PA; QL (60 EA per 30 days)
<i>YONSA</i>	5	PA; QL (120 EA per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antiangiogenic Agents		
lenalidomide	5	PA; QL (30 EA per 30 days)
POMALYST	5	PA; QL (21 EA per 28 days)
THALOMID ORAL CAPSULE 100 MG	5	PA; QL (120 EA per 30 days)
THALOMID ORAL CAPSULE 50 MG	5	PA; QL (30 EA per 30 days)
Antiestrogens/Modifiers		
ORSERDU ORAL TABLET 345 MG	5	PA
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 EA per 30 days)
SOLTAMOX	5	
tamoxifen	2	
toremifene	5	
Antimetabolites		
BESREMI	5	PA
fluorouracil topical cream 5 %	2	
fluorouracil topical solution	2	
hydroxyurea	2	
mercaptopurine oral suspension	5	
mercaptopurine oral tablet	2	
ONUREG	5	PA
TABLOID	5	
Antineoplastics, Other		
hydroxyurea	2	
IDHIFA	5	PA; QL (30 EA per 30 days)
INQOVI	5	PA
IWLFIN	5	PA
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA; QL (70 EA per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; QL (91 EA per 28 days)
leucovorin calcium oral tablet 10 mg, 15 mg, 5 mg	2	
leucovorin calcium oral tablet 25 mg	3	
LONSURF ORAL TABLET 15-6.14 MG	5	PA; QL (100 EA per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA; QL (80 EA per 28 days)
LUMAKRAS ORAL TABLET 240 MG	5	PA
LYNPARZA	5	PA; QL (120 EA per 30 days)
LYSODREN	5	
methotrexate sodium (preservative-free) injection solution	2	
methotrexate sodium injection	2	
methotrexate sodium oral	1	
NINLARO	5	PA; QL (3 EA per 28 days)
OJJAARA ORAL TABLET 100 MG	5	PA; QL (30 EA per 30 days)
OJJAARA ORAL TABLET 150 MG, 200 MG	5	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ORGOVYX	5	PA
RETEVMO ORAL TABLET	5	PA; QL (60 EA per 30 days)
VORANIGO ORAL TABLET 10 MG	5	PA; QL (60 EA per 30 days)
VORANIGO ORAL TABLET 40 MG	5	PA
XATMEP	4	
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80MG TWICE WEEK (160 MG/WEEK)	5	PA
XPOVIO ORAL TABLET 40 MG TWICE WEEKLY, 80 MG ONCE WEEKLY	5	PA; QL (16 EA per 28 days)
ZOLINZA	5	PA; QL (120 EA per 30 days)
Aromatase Inhibitors, 3Rd Generation		
anastrozole	2	
exemestane	3	
letrozole	2	
Enzyme Inhibitors		
IBRANCE ORAL TABLET	5	PA; QL (21 EA per 28 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; QL (60 EA per 30 days)
OGSIVEO ORAL TABLET 50 MG	5	PA; QL (180 EA per 30 days)
TIBSOVO	5	PA; QL (60 EA per 30 days)
Molecular Target Inhibitors		
AKEEGA	5	PA
ALECENSA	5	PA; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; QL (30 EA per 30 days)
AUGTYRO ORAL CAPSULE 160 MG	5	PA
AUGTYRO ORAL CAPSULE 40 MG	5	PA; QL (240 EA per 30 days)
AVMAPKI-FAKZYNJA	5	PA
AYVAKIT ORAL TABLET 100 MG, 25 MG, 50 MG	5	PA; QL (30 EA per 30 days)
AYVAKIT ORAL TABLET 200 MG, 300 MG	5	PA
BALVERSA ORAL TABLET 3 MG	5	PA; QL (84 EA per 28 days)
BALVERSA ORAL TABLET 4 MG	5	PA; QL (56 EA per 28 days)
BALVERSA ORAL TABLET 5 MG	5	PA
BOSULIF ORAL CAPSULE 100 MG	5	PA
BOSULIF ORAL CAPSULE 50 MG	5	PA; QL (30 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (30 EA per 30 days)
BRAFTOVI	5	PA; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE	5	PA; QL (120 EA per 30 days)
CABOMETYX	5	PA; QL (30 EA per 30 days)
CALQUENCE	5	PA; QL (60 EA per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CAPRELSA ORAL TABLET 100 MG	5	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; QL (30 EA per 30 days)
COMETRIQ	5	PA
COPIKTRA	5	PA; QL (60 EA per 30 days)
COTELLIC	5	PA; QL (63 EA per 28 days)
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	5	PA; QL (30 EA per 30 days)
<i>dasatinib oral tablet 20 mg, 70 mg</i>	5	PA; QL (60 EA per 30 days)
DAURISMO ORAL TABLET 100 MG	5	PA; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA; QL (60 EA per 30 days)
ERIVEDGE	5	PA; QL (30 EA per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	
<i>erlotinib oral tablet 25 mg</i>	5	QL (30 EA per 30 days)
<i>everolimus oral tablet 0.25 mg</i>	4	B/D PA
<i>everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	5	B/D PA
<i>everolimus oral tablet 10 mg, 7.5 mg</i>	5	PA; QL (60 EA per 30 days)
<i>everolimus oral tablet 2.5 mg, 5 mg</i>	5	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet for suspension 2 mg, 3 mg</i>	5	PA
<i>everolimus oral tablet for suspension 5 mg</i>	5	PA; QL (112 EA per 28 days)
FOTIVDA	5	PA
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84 EA per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21 EA per 28 days)
GAVRETO	5	PA
<i>gefitinib</i>	5	PA
GILOTrif	5	PA; QL (30 EA per 30 days)
GOMEKLI	5	PA
HERNEXEOS	5	PA
IBRANCE	5	PA; QL (21 EA per 28 days)
IBTROZI	5	PA; QL (90 EA per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG	5	PA; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 30 MG, 45 MG	5	PA
IDHIFA	5	PA; QL (30 EA per 30 days)
<i>imatinib oral tablet 100 mg</i>	4	PA; QL (120 EA per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSPENSION	5	PA; QL (216 ML per 27 days)
IMBRUVICA ORAL TABLET 140 MG	5	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL TABLET 280 MG	5	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL TABLET 420 MG	5	PA; QL (30 EA per 30 days)
IMKELDI	5	PA; QL (300 ML per 30 days)
INLYTA ORAL TABLET 1 MG	5	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; QL (120 EA per 30 days)
INREBIC	5	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ITOVEBI ORAL TABLET 3 MG	5	PA; QL (60 EA per 30 days)
ITOVEBI ORAL TABLET 9 MG	5	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	5	PA; QL (60 EA per 30 days)
JAKAFI ORAL TABLET 25 MG	5	PA
JAYPIRCA ORAL TABLET 100 MG	5	PA
JAYPIRCA ORAL TABLET 50 MG	5	PA; QL (30 EA per 30 days)
KISQALI	5	PA; QL (63 EA per 28 days)
KOSELUGO	5	PA
KRAZATI	5	PA
<i>lapatinib</i>	5	PA; QL (150 EA per 30 days)
LAZCLUZE ORAL TABLET 240 MG	5	PA
LAZCLUZE ORAL TABLET 80 MG	5	PA; QL (60 EA per 30 days)
LENVIMA ORAL CAPSULE 4 MG, 10 MG	5	PA; QL (30 EA per 30 days)
LENVIMA ORAL CAPSULE PACKS 12 MG/DAY, 18 MG/DAY, 24 MG/DAY	5	PA; QL (90 EA per 30 days)
LENVIMA ORAL CAPSULE PACKS 8 MG/DAY, 14 MG/DAY, 20 MG/DAY	5	PA; QL (60 EA per 30 days)
LORBRENA ORAL TABLET 100 MG	5	PA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; QL (90 EA per 30 days)
LUMAKRAS	5	PA
LYNPARZA	5	PA; QL (120 EA per 30 days)
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	5	PA; QL (84 EA per 28 days)
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	5	PA; QL (112 EA per 28 days)
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	5	PA; QL (140 EA per 28 days)
MEKINIST ORAL RECON SOLN	5	PA
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; QL (30 EA per 30 days)
MEKTOVI	5	PA; QL (180 EA per 30 days)
MODEYSO	5	PA; QL (20 EA per 28 days)
NERLYNX	5	PA; QL (180 EA per 30 days)
<i>nilotinib hcl</i>	5	PA; QL (120 EA per 30 days)
NINLARO	5	PA; QL (3 EA per 28 days)
ODOMZO	5	PA; QL (30 EA per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; QL (60 EA per 30 days)
OGSIVEO ORAL TABLET 50 MG	5	PA; QL (180 EA per 30 days)
OJEMDA	5	PA
OJJAARA ORAL TABLET 100 MG	5	PA; QL (30 EA per 30 days)
OJJAARA ORAL TABLET 150 MG, 200 MG	5	PA
<i>pazopanib</i>	5	PA; QL (120 EA per 30 days)
PEMAZYRE	5	PA; QL (14 EA per 21 days)
PIQRAY	5	PA
QINLOCK	5	PA; QL (90 EA per 30 days)
RETEVMO ORAL TABLET	5	PA; QL (60 EA per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REVUFORJ ORAL TABLET 110 MG	5	PA; QL (120 EA per 30 days)
REVUFORJ ORAL TABLET 160 MG	5	PA; QL (60 EA per 30 days)
REVUFORJ ORAL TABLET 25 MG	5	PA; QL (240 EA per 30 days)
REZLIDHIA	5	PA; QL (60 EA per 30 days)
REZUROCK	5	PA; QL (60 EA per 30 days)
ROMVIMZA	5	PA; QL (8 EA per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA
ROZLYTREK ORAL PELLETS IN PACKET	5	PA; QL (360 EA per 30 days)
RUBRACA	5	PA; QL (120 EA per 30 days)
RYDAPT	5	PA; QL (240 EA per 30 days)
SCEMBLIX ORAL TABLET 100 MG, 40 MG	5	PA
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (60 EA per 30 days)
sorafenib	5	PA; QL (120 EA per 30 days)
STIVARGA	5	PA
sunitinib malate	5	PA; QL (30 EA per 30 days)
TABRECTA	5	PA; QL (112 EA per 28 days)
TAFINLAR ORAL CAPSULE	5	PA; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION	5	PA
TAGRISSO	5	PA; QL (30 EA per 30 days)
TALZENNA	5	PA; QL (30 EA per 30 days)
TASIGNA	5	PA; QL (120 EA per 30 days)
TAZVERIK	5	PA; QL (240 EA per 30 days)
TEPMETKO	5	PA
TIBSOVO	5	PA; QL (60 EA per 30 days)
TRUQAP	5	PA; QL (64 EA per 28 days)
TUKYSA ORAL TABLET 150 MG	5	PA; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA; QL (240 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	5	PA
VANFLYTA	5	PA
VENCLEXTA ORAL TABLET 10 MG	3	PA; QL (42 EA per 28 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; QL (224 EA per 28 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA; QL (28 EA per 28 days)
VENCLEXTA STARTING PACK	5	PA; QL (42 EA per 28 days)
VERZENIO	5	PA; QL (60 EA per 30 days)
VIJOICE ORAL GRANULES IN PACKET	5	PA; QL (28 EA per 28 days)
VIJOICE ORAL TABLET 125 MG, 50 MG	5	PA; QL (28 EA per 28 days)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	5	PA
VITRAKVI ORAL CAPSULE 100 MG	5	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; QL (90 EA per 30 days)
VITRAKVI ORAL SOLUTION	5	PA; QL (300 ML per 30 days)
VIZIMPRO	5	PA; QL (30 EA per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VONJO	5	PA
WELIREG	5	PA
XALKORI	5	PA
XOSPATA	5	PA; QL (90 EA per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80MG TWICE WEEK (160 MG/WEEK)	5	PA
XPOVIO ORAL TABLET 40 MG TWICE WEEKLY, 80 MG ONCE WEEKLY	5	PA; QL (16 EA per 28 days)
ZEJULA ORAL TABLET 100 MG	5	PA; QL (30 EA per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	5	PA
ZELBORAF	5	PA
ZYDELIG	5	PA; QL (60 EA per 30 days)
ZYKADIA	5	PA
Retinoids		
bexarotene oral	5	
bexarotene topical	5	PA
PANRETIN	5	
tretinoin oral	5	
Treatment Adjuncts		
leucovorin calcium oral tablet 10 mg, 15 mg, 5 mg	2	
leucovorin calcium oral tablet 25 mg	3	
mesna oral	5	
MESNEX ORAL	5	
ANTIPARASITICS		
Anthelmintics		
albendazole	4	
EMVERM	5	
ivermectin oral tablet 3 mg	2	
praziquantel	4	
Antiprotozoals		
atovaquone	4	
atovaquone-proguanil	4	
chloroquine phosphate	2	QL (90 EA per 30 days)
COARTEM	4	
hydroxychloroquine oral tablet 100 mg, 300 mg, 400 mg	2	
hydroxychloroquine oral tablet 200 mg	2	QL (90 EA per 30 days)
IMPAVIDO	5	PA; QL (90 EA per 30 days)
KRINTAFEL	3	
mefloquine	2	
nitazoxanide	5	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pentamidine inhalation</i>	4	B/D PA
<i>pentamidine injection</i>	4	
<i>primaquine</i>	4	
<i>pyrimethamine</i>	5	
<i>quinine sulfate</i>	3	PA
ANTIPARKINSON AGENTS		
Anticholinergics		
<i>benztropine oral</i>	2	
<i>trihexyphenidyl</i>	2	
Antiparkinson Agents, Other		
<i>amantadine hcl</i>	2	
<i>carbidopa</i>	4	
<i>carbidopa-levodopa-entacapone</i>	4	
<i>entacapone</i>	2	QL (240 EA per 30 days)
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG	5	PA; QL (60 EA per 30 days)
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG	5	PA; QL (30 EA per 30 days)
NOURIANZ	5	PA
<i>tolcapone</i>	5	
Dopamine Agonists		
<i>apomorphine</i>	5	PA
<i>bromocriptine oral capsule</i>	4	
<i>bromocriptine oral tablet</i>	2	
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG	5	PA; QL (60 EA per 30 days)
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG	5	PA; QL (30 EA per 30 days)
NEUPRO	4	QL (30 EA per 30 days)
<i>pramipexole oral tablet</i>	2	
<i>pramipexole oral tablet extended release 24 hr</i>	4	QL (30 EA per 30 days)
<i>ropinirole oral tablet</i>	2	
<i>ropinirole oral tablet extended release 24 hr</i>	3	QL (60 EA per 30 days)
Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa</i>	4	
<i>carbidopa-levodopa oral tablet</i>	2	
<i>carbidopa-levodopa oral tablet extended release</i>	2	
<i>carbidopa-levodopa oral tablet,disintegrating</i>	3	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	5	PA
Monoamine Oxidase B (Mao-B) Inhibitors		
<i>rasagiline</i>	4	QL (30 EA per 30 days)
<i>selegiline hcl</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIPSYCHOTICS		
1St Generation/Typical		
chlorpromazine oral	4	
fluphenazine decanoate	4	
fluphenazine hcl	4	
haloperidol	2	
haloperidol decanoate	2	
haloperidol lactate injection	2	
haloperidol lactate oral	2	
loxapine succinate	2	
molindone	4	
perphenazine	3	
pimozide	3	
prochlorperazine maleate	3	
thioridazine	2	
thiothixene	2	
trifluoperazine	2	
2Nd Generation/Atypical		
ABILIFY MAINTENA	5	
ariPIPRAZOLE oral solution	3	
ariPIPRAZOLE oral tablet 10 mg, 15 mg, 5 mg	3	QL (30 EA per 30 days)
ariPIPRAZOLE oral tablet 2 mg, 20 mg, 30 mg	3	
ariPIPRAZOLE oral tablet,disintegrating	4	
ARISTADA	5	
ARISTADA INITIO	5	QL (2.4 ML per 180 days)
asenapine maleate	4	PA; QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	5	PA; QL (30 EA per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	5	PA
COBENFY ORAL CAPSULE 100-20 MG, 50-20 MG	5	PA; QL (60 EA per 30 days)
COBENFY ORAL CAPSULE 125-30 MG	5	PA
COBENFY STARTER PACK	5	PA; QL (56 EA per 28 days)
ERZOFRI	5	
FANAPT	5	PA; QL (60 EA per 30 days)
FANAPT TITRATION PACK A	4	PA; QL (60 EA per 30 days)
INVEGA HAFYERA	5	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	5	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	
INVEGA TRINZA	5	
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	4	QL (30 EA per 30 days)
lurasidone oral tablet 80 mg	4	QL (60 EA per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 5-10 MG	5	PA; QL (30 EA per 30 days)
LYBALVI ORAL TABLET 20-10 MG	5	PA
NUPLAZID	5	PA; QL (30 EA per 30 days)
<i>olanzapine intramuscular</i>	4	
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	3	QL (30 EA per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg</i>	3	
<i>olanzapine oral tablet,disintegrating 10 mg, 5 mg</i>	3	QL (30 EA per 30 days)
<i>olanzapine oral tablet,disintegrating 15 mg, 20 mg</i>	3	
OPIPZA ORAL FILM 10 MG, 5 MG	5	PA; QL (90 EA per 30 days)
OPIPZA ORAL FILM 2 MG	5	PA; QL (60 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	QL (60 EA per 30 days)
<i>quetiapine oral tablet</i>	2	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 50 mg</i>	3	QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg</i>	3	QL (60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 2 MG, 3 MG, 4 MG	5	PA; QL (30 EA per 30 days)
REXULTI ORAL TABLET 0.5 MG, 1 MG	5	PA; QL (120 EA per 30 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	4	
<i>risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	5	
<i>risperidone oral solution</i>	2	
<i>risperidone oral tablet</i>	2	
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg</i>	3	
<i>risperidone oral tablet,disintegrating 2 mg, 3 mg, 4 mg</i>	4	
SECUADO	5	PA; QL (30 EA per 30 days)
UZEDY	5	
VRAYLAR ORAL CAPSULE	5	PA; QL (30 EA per 30 days)
<i>ziprasidone hcl</i>	4	
<i>ziprasidone mesylate</i>	4	
Treatment-Resistant		
<i>clozapine oral tablet</i>	2	
<i>clozapine oral tablet,disintegrating</i>	4	
VERSACLOZ	4	QL (540 ML per 30 days)
ANTISPASTICITY AGENTS		
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dantrolene oral</i>	3	
<i>tizanidine oral capsule</i>	3	
<i>tizanidine oral tablet</i>	1	
ANTIVIRALS		
Anti-Cytomegalovirus (Cmv) Agents		
LIVTENCITY	5	
PREVYMIS ORAL TABLET	5	QL (30 EA per 30 days)
<i>valganciclovir oral recon soln</i>	5	
<i>valganciclovir oral tablet</i>	3	
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir</i>	4	QL (30 EA per 30 days)
<i>entecavir</i>	2	QL (30 EA per 30 days)
<i>lamivudine oral solution</i>	2	
<i>lamivudine oral tablet 100 mg</i>	4	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	2	
<i>tenofovir disoproxil fumarate</i>	2	
VEMLIDY	5	
VIREAD ORAL POWDER	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	
Anti-Hepatitis C (Hcv) Agents		
MAVYRET ORAL PELLETS IN PACKET	5	PA; QL (150 EA per 30 days)
MAVYRET ORAL TABLET	5	PA; QL (90 EA per 30 days)
<i>ribavirin oral capsule</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
Antiherpetic Agents		
<i>acyclovir oral capsule</i>	2	
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	
<i>acyclovir oral tablet</i>	2	
<i>acyclovir sodium intravenous solution</i>	2	
<i>famciclovir</i>	2	QL (90 EA per 30 days)
<i>triflurididine</i>	2	
<i>valacyclovir</i>	3	
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
BIKTARVY	5	QL (30 EA per 30 days)
DOVATO	5	
GENVOYA	5	QL (30 EA per 30 days)
ISENTRESS HD	5	QL (60 EA per 30 days)
ISENTRESS ORAL POWDER IN PACKET	4	
ISENTRESS ORAL TABLET	5	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	
JULUCA	5	QL (30 EA per 30 days)
STRIBILD	5	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYMTUZA	5	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	5	
TIVICAY PD	4	
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
COMPLERA	5	
DELSTRIGO	5	QL (30 EA per 30 days)
EDURANT	5	
EDURANT PED	5	QL (180 EA per 30 days)
<i>efavirenz oral tablet</i>	4	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	4	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	5	QL (30 EA per 30 days)
<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	5	
<i>etravirine</i>	4	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	4	QL (120 EA per 30 days)
<i>nevirapine oral suspension</i>	4	
<i>nevirapine oral tablet</i>	4	
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	3	QL (30 EA per 30 days)
PIFELTRO	5	QL (60 EA per 30 days)
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir</i>	4	
<i>abacavir-lamivudine</i>	4	
CIMDUO	5	QL (30 EA per 30 days)
DELSTRIGO	5	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 120-15 MG	5	
DESCOVY ORAL TABLET 200-25 MG	5	QL (30 EA per 30 days)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	4	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	5	QL (30 EA per 30 days)
<i>emtricitabine</i>	4	
<i>emtricitabine-tenofovir disoproxil fumarate oral tablet 100-150 mg, 167-250 mg, 200-300 mg</i>	4	
<i>emtricitabine-tenofovir disoproxil fumarate oral tablet 133-200 mg</i>	5	
EMTRIVA ORAL SOLUTION	4	
JULUCA	5	QL (30 EA per 30 days)
<i>lamivudine oral solution</i>	2	
<i>lamivudine oral tablet 100 mg</i>	4	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	2	
<i>lamivudine-zidovudine</i>	4	
ODEFSEY	5	QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate</i>	2	
TRIUMEQ	5	QL (30 EA per 30 days)
TRIUMEQ PD	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VIREAD ORAL POWDER	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	
zidovudine	2	
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS RECON SOLN	5	
<i>maraviroc oral tablet 150 mg</i>	5	QL (60 EA per 30 days)
<i>maraviroc oral tablet 300 mg</i>	5	
RUKOBIA	5	
SELZENTRY ORAL SOLUTION	4	
SUNLENCA ORAL	5	
TRIUMEQ	5	QL (30 EA per 30 days)
TRIUMEQ PD	4	
TYBOST	3	
Anti-Hiv Agents, Protease Inhibitors (Pi)		
APTIVUS	5	
<i>atazanavir</i>	4	
<i>darunavir oral tablet 600 mg</i>	4	
<i>darunavir oral tablet 800 mg</i>	5	
EVOTAZ	5	QL (30 EA per 30 days)
<i>fosamprenavir</i>	5	
KALETRA ORAL SOLUTION	4	
<i>lopinavir-ritonavir oral tablet</i>	4	
NORVIR ORAL POWDER IN PACKET	4	
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	5	
PREZISTA ORAL TABLET 150 MG	5	
PREZISTA ORAL TABLET 75 MG	4	
REYATAZ ORAL POWDER IN PACKET	5	
<i>ritonavir</i>	3	
SYMTUZA	5	QL (30 EA per 30 days)
VIRACEPT ORAL TABLET	5	
Anti-Influenza Agents		
<i>amantadine hcl</i>	2	
<i>oseltamivir</i>	2	
<i>rimantadine</i>	2	
XOFLUZA ORAL TABLET 40 MG, 80 MG	4	QL (4 EA per 30 days)
Antiviral, Coronavirus Agents		
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	3	QL (20 EA per 90 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	3	QL (11 EA per 90 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	3	QL (30 EA per 90 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANXIOLYTICS		
Anxiolytics, Other		
buspirone	2	
doxepin oral capsule	2	
doxepin oral concentrate	2	
doxepin oral tablet	3	QL (30 EA per 30 days)
hydroxyzine hcl oral solution 10 mg/5 ml	4	
hydroxyzine hcl oral tablet	4	
hydroxyzine pamoate oral capsule 25 mg, 50 mg	4	
Benzodiazepines		
alprazolam oral tablet	2	
alprazolam oral tablet extended release 24 hr	2	
alprazolam oral tablet,disintegrating	3	
chlordiazepoxide hcl	2	
clonazepam oral tablet	3	
clonazepam oral tablet,disintegrating	4	
clorazepate dipotassium	3	
DIAZEPAM INTENSOL	4	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	4	
diazepam oral tablet	2	
diazepam rectal	4	
lorazepam oral tablet	2	
NAYZILAM	4	
VALTOCO	5	
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitors)		
DRIZALMA SPRINKLE	4	QL (60 EA per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg	3	QL (120 EA per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 30 mg	3	QL (90 EA per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 60 mg	3	QL (60 EA per 30 days)
escitalopram oxalate oral solution	4	
escitalopram oxalate oral tablet	1	
paroxetine hcl oral suspension	4	
paroxetine hcl oral tablet	2	
sertraline oral concentrate	4	
sertraline oral tablet	1	
venlafaxine oral capsule,extended release 24hr	2	QL (90 EA per 30 days)
venlafaxine oral tablet	3	
BIPOLAR AGENTS		
Bipolar Agents, Other		
asenapine maleate	4	PA; QL (60 EA per 30 days)
lamotrigine oral tablet 25 mg	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	4	QL (30 EA per 30 days)
lurasidone oral tablet 80 mg	4	QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 5-10 MG	5	PA; QL (30 EA per 30 days)
LYBALVI ORAL TABLET 20-10 MG	5	PA
olanzapine intramuscular	4	
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	3	QL (30 EA per 30 days)
olanzapine oral tablet 15 mg, 20 mg	3	
olanzapine oral tablet,disintegrating 10 mg, 5 mg	3	QL (30 EA per 30 days)
olanzapine oral tablet,disintegrating 15 mg, 20 mg	3	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	2	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 50 mg	3	QL (30 EA per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg	3	QL (60 EA per 30 days)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml	4	
risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml	5	
risperidone oral solution	2	
risperidone oral tablet	2	
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg	3	
risperidone oral tablet,disintegrating 2 mg, 3 mg, 4 mg	4	
SECUADO	5	PA; QL (30 EA per 30 days)
ziprasidone hcl	4	
ziprasidone mesylate	4	
Mood Stabilizers		
carbamazepine oral capsule, er multiphase 12 hr	4	
carbamazepine oral suspension 100 mg/5 ml	4	
carbamazepine oral tablet	4	
carbamazepine oral tablet extended release 12 hr 100 mg	4	
carbamazepine oral tablet,chewable 100 mg	4	
divalproex oral capsule, delayed rel sprinkle	3	
divalproex oral tablet extended release 24 hr	2	
divalproex oral tablet,delayed release (dr/ec)	2	
EQUETRO	4	
lamotrigine oral tablet	2	
lamotrigine oral tablet disintegrating, dose pk	4	
lamotrigine oral tablet extended release 24hr 50 mg	4	
lamotrigine oral tablet, chewable dispersible	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lamotrigine oral tablet,disintegrating</i>	4	
<i>lamotrigine oral tablets,dose pack 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	4	
<i>lithium carbonate oral capsule</i>	1	
<i>lithium carbonate oral tablet</i>	1	
<i>lithium carbonate oral tablet extended release</i>	2	
<i>lithium citrate</i>	2	
SUBVENITE	2	
SUBVENITE STARTER (BLUE) KIT	4	
SUBVENITE STARTER (GREEN) KIT	4	
SUBVENITE STARTER (ORANGE) KIT	4	
<i>valproic acid oral capsule 250 mg</i>	4	
<i>valproic acid oral solution 250 mg/5 ml</i>	4	
BLOOD GLUCOSE REGULATORS		
Antidiabetic Agents		
<i>acarbose</i>	2	
<i>colesevelam oral tablet</i>	3	
<i>dapaglifloz propaned-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg</i>	4	ST; QL (30 EA per 30 days)
<i>dapaglifloz propaned-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg</i>	4	ST; QL (60 EA per 30 days)
<i>dapagliiflozin propanediol</i>	3	ST
FARXIGA ORAL TABLET 10 MG	3	
FARXIGA ORAL TABLET 5 MG	3	QL (30 EA per 30 days)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet 2.5 mg</i>	3	QL (60 EA per 30 days)
<i>glipizide oral tablet extended release 24hr</i>	1	
<i>glipizide-metformin</i>	1	
<i>glyburide</i>	3	
<i>glyburide micronized</i>	3	
<i>glyburide-metformin</i>	3	
GLYXAMBI ORAL TABLET 10-5 MG	3	QL (30 EA per 30 days)
GLYXAMBI ORAL TABLET 25-5 MG	3	
GVOKE	3	QL (0.4 ML per 30 days)
JANUMET ORAL TABLET 50-1,000 MG	3	
JANUMET ORAL TABLET 50-500 MG	3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET 100-1,000 MG	3	
JANUMET XR ORAL TABLET 50-500 MG, 50-1,000 MG	3	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG	3	
JANUVIA ORAL TABLET 25 MG, 50 MG	3	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG	3	ST; QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 25 MG	3	ST

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG	3	
JENTADUETO XR	3	
<i>metformin oral tablet (immediate-release)</i>	1	
<i>metformin oral tablet extended release (generic for glucophage xr)</i>	1	
<i>nateglinide</i>	2	
OZEMPI SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA
<i>pioglitazone</i>	1	
<i>pioglitazone-metformin</i>	2	
<i>repaglinide</i>	2	
RYBELSUS	3	PA
SOLIQUA 100/33	3	
SYMLINPEN 120	5	
SYMLINPEN 60	5	
SYNJARDY ORAL TABLET 12.5-1,000 MG	4	ST
SYNJARDY ORAL TABLET 12.5-500 MG, 5-1,000 MG, 5-500 MG	4	ST; QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET 10-1,000 MG	4	ST; QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET 5-1,000 MG, 12.5-1,000 MG	4	ST; QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET 25-1,000 MG	4	ST
TRADJENTA	3	
TRIJARDY XR ORAL TABLET 10-5-1,000 MG	3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET 5-2.5-1,000 MG, 12.5-2.5-1,000 MG	3	QL (60 EA per 30 days)
TRIJARDY XR ORAL TABLET 25-5-1,000 MG	3	
TRULICITY	3	PA
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 2.5-1,000 MG, 5-500 MG	3	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 5-1,000 MG	3	QL (60 EA per 30 days)
XULTOPHY 100/3.6	3	
Blood Glucose Regulators		
ALCOHOL PADS	3	
GVOKE	3	QL (0.4 ML per 30 days)
<i>mifepristone oral tablet 300 mg</i>	5	PA; QL (120 EA per 30 days)
Glycemic Agents		
BAQSIMI	3	QL (2 EA per 30 days)
<i>diazoxide</i>	4	
GLUCAGON EMERGENCY KIT	3	QL (2 EA per 30 days)
GVOKE	3	QL (0.4 ML per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GVOKE HYPOOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	3	QL (0.2 ML per 30 days)
GVOKE HYPOOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	3	QL (0.4 ML per 30 days)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	QL (0.4 ML per 30 days)
<i>mifepristone oral tablet 300 mg</i>	5	PA; QL (120 EA per 30 days)
Insulins		
FIASP FLEXTOUCH U-100 INSULIN	3	
FIASP PENFILL U-100 INSULIN	3	
FIASP U-100 INSULIN	3	B/D PA
GAUZE PADS, 2" X 2"	3	
HUMALOG JUNIOR KWIKPEN U-100	3	
HUMALOG KWIKPEN INSULIN	3	
HUMALOG MIX 50-50 KWIKPEN	3	
HUMALOG MIX 75-25 KWIKPEN	3	
HUMALOG MIX 75-25(U-100)INSULN	3	
HUMALOG TEMPO PEN(U-100)INSULN	3	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	3	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	3	B/D PA
HUMULIN 70/30 U-100 INSULIN	3	
HUMULIN 70/30 U-100 KWIKPEN	3	
HUMULIN N NPH INSULIN KWIKPEN	3	
HUMULIN N NPH U-100 INSULIN	3	
HUMULIN R REGULAR U-100 INSULN	3	B/D PA
HUMULIN R U-500 (CONC) INSULIN	3	B/D PA
HUMULIN R U-500 (CONC) KWIKPEN	3	
<i>insulin glargine u-300 conc</i>	3	
<i>insulin lispro protamin-lispro</i>	3	
<i>insulin lispro subcutaneous insulin pen</i>	3	
<i>insulin lispro subcutaneous insulin pen, half-unit</i>	3	
<i>insulin lispro subcutaneous solution</i>	3	B/D PA
INSULIN SAFETY SYRINGES	3	
<i>insulin syringes</i>	3	
LANTUS SOLOSTAR U-100 INSULIN	3	
LANTUS U-100 INSULIN	3	
NOVOLIN R FLEXPEN	4	
NOVOLOG FLEXPEN U-100 INSULIN	3	
NOVOLOG MIX 70-30 U-100 INSULN	3	
NOVOLOG MIX 70-30FLEXPEN U-100	3	
NOVOLOG PENFILL U-100 INSULIN	3	
NOVOLOG U-100 INSULIN ASPART	3	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pen needles</i>	3	
SOLIQUA 100/33	3	
TOUJEO MAX U-300 SOLOSTAR	3	
TOUJEO SOLOSTAR U-300 INSULIN	3	
BLOOD PRODUCTS AND MODIFIERS		
Anticoagulants		
dabigatran etexilate	4	QL (60 EA per 30 days)
ELIQUIS DVT-PE STARTER PACK	3	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 EA per 30 days)
enoxaparin subcutaneous syringe	4	
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 7.5 mg/0.6 ml	5	
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml, 5 mg/0.4 ml	4	
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	5	
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	5	
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML	4	
<i>heparin, porcine injection solution</i>	2	
JANTOVEN	1	
warfarin	1	
XARELTO DVT-PE STARTER PACK	3	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	3	QL (900 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 EA per 30 days)
Blood Products And Modifiers, Other		
anagrelide	2	
eltrombopag olamine oral powder in packet 12.5 mg	5	PA
eltrombopag olamine oral powder in packet 25 mg	5	PA; QL (90 EA per 30 days)
eltrombopag olamine oral tablet 12.5 mg	5	PA; QL (30 EA per 30 days)
eltrombopag olamine oral tablet 25 mg	5	PA; QL (90 EA per 30 days)
eltrombopag olamine oral tablet 50 mg, 75 mg	5	PA; QL (60 EA per 30 days)
LEUKINE INJECTION RECON SOLN	5	
NEULASTA	5	QL (2 ML per 28 days)
PROCRIIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA
PROCRIIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROMACTA ORAL POWDER IN PACKET 25 MG	5	PA; QL (90 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG	5	PA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 25 MG	5	PA; QL (90 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA; QL (60 EA per 30 days)
PYRUKYND ORAL TABLET 20 MG, 5 MG (4-WEEK PACK), 50 MG	5	PA; QL (60 EA per 30 days)
PYRUKYND ORAL TABLET 5 MG	5	PA; QL (7 EA per 28 days)
PYRUKYND ORAL TABLETS,DOSE PACK	5	PA; QL (14 EA per 28 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA
UDENYCA	5	QL (2 ML per 28 days)
UDENYCA AUTOINJECTOR	5	QL (2 ML per 28 days)
ZARXIO	5	
Blood Products And Modifiers		
eltrombopag olamine oral tablet 12.5 mg	5	PA; QL (30 EA per 30 days)
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA
PROMACTA ORAL POWDER IN PACKET 25 MG	5	PA; QL (90 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG	5	PA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 25 MG	5	PA; QL (90 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA; QL (60 EA per 30 days)
Hemostasis Agents		
tranexamic acid oral	2	
Platelet Modifying Agents		
aspirin-dipyridamole	4	QL (60 EA per 30 days)
CABLIVI INJECTION KIT	5	PA; QL (31 EA per 30 days)
cilostazol	2	
clopidogrel oral tablet 75 mg	1	QL (60 EA per 30 days)
dipyridamole oral	3	
DOPTELET (10 TAB PACK)	5	PA; QL (90 EA per 30 days)
DOPTELET (15 TAB PACK)	5	PA; QL (90 EA per 30 days)
DOPTELET (30 TAB PACK)	5	PA; QL (90 EA per 30 days)
prasugrel hcl	3	QL (30 EA per 30 days)
ticagrelor	3	QL (60 EA per 30 days)
CARDIOVASCULAR AGENTS		
Alpha-Adrenergic Agonists		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch	3	QL (8 EA per 28 days)
droxidopa oral capsule 100 mg	4	PA; QL (180 EA per 30 days)
droxidopa oral capsule 200 mg, 300 mg	5	PA; QL (180 EA per 30 days)
guanfacine oral tablet	2	
midodrine	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Alpha-Adrenergic Blocking Agents		
CARDURA XL	4	
<i>doxazosin</i>	2	
<i>phenoxybenzamine</i>	5	
<i>prazosin</i>	2	
<i>terazosin</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan</i>	2	
EDARBI	4	ST; QL (30 EA per 30 days)
<i>irbesartan</i>	1	
<i>losartan</i>	1	
<i>olmesartan</i>	2	
<i>telmisartan</i>	2	
<i>valsartan oral tablet</i>	1	
Angiotensin-Converting Enzyme (ACE) Inhibitors		
<i>benazepril</i>	1	
<i>captopril</i>	2	
<i>enalapril maleate oral tablet</i>	1	
<i>fosinopril</i>	1	
<i>lisinopril</i>	1	
<i>moexipril</i>	2	
<i>perindopril erbumine</i>	2	
<i>quinapril</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	2	
Antiarrhythmics		
<i>acebutolol</i>	2	
<i>amiodarone oral tablet 100 mg, 400 mg</i>	2	
<i>amiodarone oral tablet 200 mg</i>	1	
CARTIA XT	2	
<i>digoxin oral solution</i>	4	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	2	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl oral tablet</i>	2	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	
DILT-XR	2	
<i>dofetilide</i>	3	
<i>flecainide</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LANOXIN ORAL TABLET 250 MCG (0.25 MG)	4	
MATZIM LA	2	
<i>mexiletine</i>	2	
MULTAQ	3	QL (60 EA per 30 days)
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	2	
<i>propafenone oral capsule,extended release 12 hr</i>	3	
<i>propafenone oral tablet</i>	2	
<i>propranolol oral capsule,extended release 24 hr 120 mg</i>	2	
<i>quinidine gluconate oral</i>	4	
<i>quinidine sulfate oral tablet</i>	2	
SOTALOL AF	2	
<i>sotalol oral</i>	2	
SOTYLIZE	4	
TIADYLT ER	2	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	3	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	3	
<i>verapamil oral tablet</i>	1	
<i>verapamil oral tablet extended release</i>	1	
Beta-Adrenergic Blocking Agents		
acebutolol	2	
atenolol	1	
<i>betaxolol oral</i>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	3	QL (30 EA per 30 days)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate oral</i>	1	
<i>nadolol</i>	2	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>nebivolol oral tablet 20 mg</i>	2	QL (60 EA per 30 days)
<i>pindolol</i>	2	
<i>propranolol oral</i>	2	
<i>timolol maleate oral</i>	4	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine</i>	1	
<i>felodipine</i>	2	
<i>isradipine</i>	2	
<i>nicardipine oral</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
nifedipine oral tablet extended release	2	
nifedipine oral tablet extended release 24hr	2	
nimodipine oral capsule	4	
nisoldipine	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
CARTIA XT	2	
diltiazem hcl oral capsule,extended release 12 hr	2	
diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg	2	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	2	
diltiazem hcl oral tablet	2	
diltiazem hcl oral tablet extended release 24 hr	2	
DILT-XR	2	
MATZIM LA	2	
TIADYLT ER	2	
verapamil oral capsule, 24 hr er pellet ct	3	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg	2	
verapamil oral capsule,ext rel. pellets 24 hr 360 mg	3	
verapamil oral tablet	1	
verapamil oral tablet extended release	1	
Cardiovascular Agents, Other		
acetazolamide oral tablet	2	
aliskiren oral tablet 150 mg	3	QL (30 EA per 30 days)
aliskiren oral tablet 300 mg	3	
amiloride-hydrochlorothiazide	2	
amlodipine-atorvastatin	3	QL (30 EA per 30 days)
amlodipine-benazepril	1	
amlodipine-olmesartan	1	QL (30 EA per 30 days)
amlodipine-olmesartan-hydrochlorothiazide	2	QL (30 EA per 30 days)
amlodipine-telmisartan	3	
amlodipine-valsartan	1	QL (30 EA per 30 days)
amlodipine-valsartan-hydrochlorothiazide	4	QL (30 EA per 30 days)
atenolol-chlorthalidone	1	
benazepril-hydrochlorothiazide	1	
bisoprolol fumarate oral tablet 2.5 mg	2	QL (30 EA per 30 days)
bisoprolol-hydrochlorothiazide	1	
candesartan-hydrochlorothiazide	2	
digoxin oral solution	4	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	2	
EDARBYCLOR	4	ST; QL (30 EA per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>enalapril-hydrochlorothiazide</i>	1	
ENTRESTO SPRINKLE	3	QL (240 EA per 30 days)
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>isosorbide-hydralazine</i>	4	QL (180 EA per 30 days)
<i>ivabradine</i>	4	QL (60 EA per 30 days)
LANOXIN ORAL TABLET 250 MCG (0.25 MG)	4	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
<i>metoprolol tartrate-hydrochlorothiazide</i>	1	
<i>metyrosine</i>	5	
<i>olmesartan-hydrochlorothiazide</i>	1	
<i>pentoxifylline</i>	2	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ranolazine</i>	2	
<i>sacubitril-valsartan</i>	2	QL (60 EA per 30 days)
<i>spironolactone-hydrochlorothiazide</i>	2	
<i>telmisartan-hydrochlorothiazide</i>	3	
<i>trandolapril-verapamil</i>	3	
<i>triamterene-hydrochlorothiazide</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
VECAMYL	5	
VERQUVO ORAL TABLET 10 MG	4	PA
VERQUVO ORAL TABLET 2.5 MG, 5 MG	4	PA; QL (30 EA per 30 days)
Diuretics, Loop		
<i>bumetanide injection</i>	2	
<i>bumetanide oral</i>	1	
<i>ethacrynic acid</i>	4	
<i>furosemide injection solution</i>	2	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	
<i>furosemide oral tablet</i>	1	
<i>torsemide oral</i>	1	
Diuretics, Potassium-Sparing		
<i>amiloride</i>	2	
<i>eplerenone</i>	2	
KERENDIA	3	PA
<i>spironolactone oral tablet</i>	1	
<i>triamterene</i>	4	
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
HEMICLOR	4	
<i>hydrochlorothiazide</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>indapamide</i>	1	
<i>metolazone</i>	1	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 130 mg</i>	4	QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	2	QL (30 EA per 30 days)
<i>fenofibrate nanocrystallized tab 48 mg, 145 mg</i>	2	QL (30 EA per 30 days)
<i>fenofibrate capsule 50 mg, 150 mg</i>	4	QL (30 EA per 30 days)
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	QL (30 EA per 30 days)
<i>fenofibrate oral tablet 40 mg</i>	4	QL (30 EA per 30 days)
<i>fenofibric acid (choline) delayed-release cap 45 mg, 135 mg</i>	2	QL (30 EA per 30 days)
<i>gemfibrozil</i>	1	
Dyslipidemics, Hmg Coa Reductase Inhibitors		
<i>atorvastatin</i>	1	
<i>fluvastatin oral capsule 20 mg</i>	2	QL (30 EA per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	2	QL (60 EA per 30 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	2	QL (30 EA per 30 days)
<i>lovastatin</i>	1	
<i>pitavastatin calcium</i>	2	QL (30 EA per 30 days)
<i>pravastatin</i>	1	
<i>rosuvastatin oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL (45 EA per 30 days)
<i>rosuvastatin oral tablet 40 mg</i>	1	QL (30 EA per 30 days)
<i>simvastatin</i>	1	
Dyslipidemics, Other		
<i>CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET</i>	2	
<i>cholestyramine oral powder in packet</i>	2	
<i>colesevelam oral tablet</i>	3	
<i>colestipol oral packet</i>	2	
<i>colestipol oral tablet</i>	2	
<i>ezetimibe</i>	1	QL (30 EA per 30 days)
<i>ezetimibe-simvastatin</i>	2	QL (30 EA per 30 days)
<i>icosapent ethyl</i>	3	QL (120 EA per 30 days)
<i>JUXTAPID ORAL CAPSULE 10 MG, 5 MG</i>	5	PA; QL (30 EA per 30 days)
<i>JUXTAPID ORAL CAPSULE 20 MG, 30 MG</i>	5	PA; QL (60 EA per 30 days)
<i>NEXLETOL</i>	4	ST; QL (30 EA per 30 days)
<i>NEXLIZET</i>	4	ST; QL (30 EA per 30 days)
<i>niacin oral tablet 500 mg</i>	3	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 750 mg</i>	2	QL (60 EA per 30 days)
<i>niacin oral tablet extended release 24 hr 500 mg</i>	2	QL (90 EA per 30 days)
<i>omega-3 acid ethyl esters</i>	2	QL (120 EA per 30 days)
<i>PREVALITE ORAL POWDER IN PACKET</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REPATHA SURECLICK	3	QL (2 ML per 28 days)
REPATHA SYRINGE	3	QL (2 ML per 28 days)
Mineralocorticoid Receptor Antagonists		
eplerenone	2	
KERENDIA	3	PA
spironolactone oral tablet	1	
Sodium-Glucose Co-Transporter 2 Inhibitors (Sglt2i)		
FARXIGA ORAL TABLET 10 MG	3	
FARXIGA ORAL TABLET 5 MG	3	QL (30 EA per 30 days)
Vasodilators, Direct-Acting Arterial/ Venous		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	2	
isosorbide mononitrate oral tablet	2	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg	2	
isosorbide mononitrate oral tablet extended release 24 hr 30 mg, 60 mg	1	
NITRO-BID	4	
nitroglycerin rectal	4	
nitroglycerin sublingual	2	
nitroglycerin transdermal patch 24 hour	2	
nitroglycerin translingual	4	
VERQUVO ORAL TABLET 10 MG	4	PA
VERQUVO ORAL TABLET 2.5 MG, 5 MG	4	PA; QL (30 EA per 30 days)
Vasodilators, Direct-Acting Arterial		
hydralazine oral	2	
minoxidil oral	2	
CENTRAL NERVOUS SYSTEM AGENTS		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine sulfate	4	PA
dextroamphetamine sulfate oral capsule, extended release	4	
dextroamphetamine sulfate oral solution	4	
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	4	
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 5 mg	3	QL (90 EA per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 30 mg	3	QL (60 EA per 30 days)
dextroamphetamine-amphetamine oral tablet	3	
lisdexamfetamine	4	QL (30 EA per 30 days)
methamphetamine	4	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
atomoxetine	3	
clonidine hcl oral tablet extended release 12 hr 0.1 mg	3	QL (120 EA per 30 days)
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 5 mg	3	QL (60 EA per 30 days)
dexmethylphenidate oral capsule,er biphasic 50-50 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	3	QL (30 EA per 30 days)
dexmethylphenidate oral tablet	3	
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg	3	QL (60 EA per 30 days)
guanfacine oral tablet extended release 24 hr 3 mg, 4 mg	3	QL (30 EA per 30 days)
methylphenidate	4	QL (30 EA per 30 days)
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 30 mg, 50 mg	4	QL (30 EA per 30 days)
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 20 mg, 40 mg, 60 mg	3	QL (30 EA per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg	3	QL (90 EA per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70 30 mg	3	QL (60 EA per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70 40 mg, 50 mg, 60 mg	3	QL (30 EA per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg	3	QL (90 EA per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 30 mg	3	QL (60 EA per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 40 mg, 60 mg	3	QL (30 EA per 30 days)
methylphenidate hcl oral tablet	2	
methylphenidate hcl oral tablet extended release	2	
methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating)	3	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 24hr 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)	3	QL (60 EA per 30 days)
methylphenidate hcl oral tablet,chewable	3	
Central Nervous System Agents		
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 80 MG	5	PA
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG	5	PA; QL (30 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	5	PA; QL (90 EA per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	5	PA; QL (28 EA per 28 days)
<i>carbamazepine oral tablet extended release 12 hr 100 mg</i>	4	
FIRDAPSE	5	PA
<i> gabapentin oral capsule 300 mg, 400 mg</i>	3	
<i> gabapentin oral solution 250 mg/5 ml</i>	3	
<i> gabapentin oral tablet 800 mg</i>	3	
<i> gabapentin oral tablet extended release 24 hr 300 mg</i>	4	PA; QL (60 EA per 30 days)
<i> gabapentin oral tablet extended release 24 hr 600 mg</i>	4	PA; QL (90 EA per 30 days)
INGREZZA INITIATION PACK	5	PA
INGREZZA ORAL CAPSULE 40 MG	5	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE 60 MG, 80 MG	5	PA
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG	5	PA; QL (30 EA per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 60 MG, 80 MG	5	PA
NUEDEXTA	4	PA; QL (60 EA per 30 days)
NURTEC ODT	5	PA; QL (18 EA per 30 days)
RADICAVA ORS STARTER KIT SUSPENSION	5	PA; QL (70 ML per 28 days)
<i>riluzole</i>	2	
SKYCLARYS	5	PA
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; QL (240 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; QL (120 EA per 30 days)
VEOZAH	4	
Fibromyalgia Agents		
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg</i>	3	QL (120 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	3	QL (90 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i>	3	QL (60 EA per 30 days)
<i>pregabalin oral capsule 100 mg</i>	3	QL (180 EA per 30 days)
<i>pregabalin oral capsule 150 mg, 25 mg, 50 mg, 75 mg</i>	3	QL (120 EA per 30 days)
<i>pregabalin oral capsule 200 mg, 225 mg</i>	3	QL (90 EA per 30 days)
<i>pregabalin oral capsule 300 mg</i>	3	QL (60 EA per 30 days)
<i>pregabalin oral solution</i>	3	
Multiple Sclerosis Agents		
<i>dalfampridine</i>	3	QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46)</i>	4	QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	5	QL (60 EA per 30 days)
<i>fingolimod</i>	5	QL (30 EA per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	QL (30 ML per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	QL (12 ML per 28 days)
<i>GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML</i>	5	QL (30 ML per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	5	QL (12 ML per 28 days)
KESIMPTA PEN	5	
REBIF (WITH ALBUMIN)	5	
REBIF REBIDOSE	5	
REBIF TITRATION PACK	5	
<i>teriflunomide</i>	5	QL (30 EA per 30 days)
DENTAL AND ORAL AGENTS		
Dental And Oral Agents		
<i>cevimeline</i>	3	
<i>chlorhexidine gluconate mouthwash</i>	2	
<i>doxycycline hyclate oral tablet 20 mg</i>	2	
KOURZEQ	2	
PERIOGARD	2	
<i>pilocarpine hcl oral</i>	3	
<i>triamcinolone acetonide dental</i>	2	
DERMATOLOGICAL AGENTS		
Acne And Rosacea Agents		
<i>acitretin</i>	4	
<i>adapalene topical cream</i>	4	PA
<i>adapalene topical gel 0.3 %</i>	4	PA
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	3	
<i>adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %</i>	4	
ALTRENO	4	PA
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	3	
AMNESTEEM ORAL CAPSULE 30 MG	4	
ARAZLO	4	PA
<i>azelaic acid</i>	3	
AZELEX	4	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 40 MG	3	
CLARAVIS ORAL CAPSULE 30 MG	4	
<i>clindamycin-benzoyl peroxide topical gel</i>	3	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %, 1.2-2.5 %</i>	4	
DUOBRII	5	PA; QL (200 GM per 28 days)
<i>erythromycin-benzoyl peroxide</i>	3	
FABIOR	4	PA
FINACEA TOPICAL FOAM	4	
<i>isotretinoin oral capsule 10 mg, 20 mg, 40 mg</i>	3	
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	5	
<i>isotretinoin oral capsule 30 mg</i>	4	
<i>ivermectin topical cream</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ONEXTON TOPICAL GEL WITH PUMP	4	
<i>tazarotene topical cream 0.05 %</i>	4	PA
<i>tazarotene topical cream 0.1 %</i>	3	PA
<i>tazarotene topical foam</i>	4	PA
<i>tazarotene topical gel</i>	4	PA
<i>tretinoi topical cream</i>	3	PA
<i>tretinoi topical gel 0.01 %, 0.025 %</i>	3	PA
<i>tretinoi topical gel 0.05 %</i>	4	PA
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 40 MG	3	
ZENATANE ORAL CAPSULE 30 MG	4	
Dermatitis And Pruritus Agents		
alclometasone	2	
amcinonide topical cream	3	
amcinonide topical ointment	4	
ammonium lactate	2	
<i>betamethasone dipropionate topical cream</i>	2	
<i>betamethasone dipropionate topical lotion</i>	2	
<i>betamethasone dipropionate topical ointment</i>	4	
<i>betamethasone valerate topical cream</i>	2	
<i>betamethasone valerate topical foam</i>	4	
<i>betamethasone valerate topical lotion</i>	2	
<i>betamethasone valerate topical ointment</i>	2	
<i>betamethasone, augmented topical cream</i>	2	
<i>betamethasone, augmented topical gel</i>	4	
<i>betamethasone, augmented topical lotion</i>	4	
<i>betamethasone, augmented topical ointment</i>	2	
calcipotriene-betamethasone	4	PA
clobetasol scalp	2	
clobetasol topical cream 0.05 %	2	
clobetasol topical foam	4	
clobetasol topical gel	2	
clobetasol topical lotion	4	
clobetasol topical ointment	2	
clobetasol topical shampoo	4	
clobetasol topical spray,non-aerosol	4	
clobetasol-emollient topical cream	2	
clobetasol-emollient topical foam	4	
desonide topical cream	3	
desonide topical gel	4	
desonide topical lotion	4	
desonide topical ointment	4	
desoximetasone	4	
diflorasone	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>doxepin topical</i>	4	PA; QL (90 GM per 30 days)
DUOBRII	5	PA; QL (200 GM per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; QL (4.6 ML per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; QL (4.6 ML per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
ENSTILAR	5	PA
<i>fluocinolone and shower cap</i>	4	
<i>fluocinolone topical cream</i>	3	
<i>fluocinolone topical ointment</i>	3	
<i>fluocinolone topical solution</i>	3	
<i>fluocinonide topical cream 0.05 %</i>	3	
<i>fluocinonide topical cream 0.1 %</i>	2	
<i>fluocinonide topical gel</i>	3	
<i>fluocinonide topical ointment</i>	3	
<i>fluocinonide topical solution</i>	3	
<i>fluocinonide-emollient</i>	3	
<i>fluticasone propionate topical cream</i>	2	
<i>fluticasone propionate topical ointment</i>	2	
<i>halobetasol propionate topical cream</i>	2	
<i>halobetasol propionate topical ointment</i>	3	
<i>hydrocortisone topical cream 1 %</i>	2	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	2	
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 2.5 %</i>	2	
<i>hydrocortisone valerate topical cream</i>	2	
<i>hydrocortisone valerate topical ointment</i>	3	
<i>mometasone topical</i>	2	
NEO-SYNALAR	4	
OPZELURA	5	PA
<i>pimecrolimus</i>	4	QL (100 GM per 30 days)
PRAMOSONE TOPICAL LOTION 2.5-1 %	4	
PROCTO-MED HC	2	
PROCTOSOL HC TOPICAL	2	
PROCTOZONE-HC	2	
<i>selenium sulfide topical lotion</i>	2	
<i>tacrolimus topical</i>	4	QL (100 GM per 30 days)
<i>triamcinolone acetonide topical cream</i>	2	
<i>triamcinolone acetonide topical lotion</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	4	
XERESE	5	
Dermatological Agents, Other		
ALCOHOL PADS	3	
<i>betamethasone valerate topical foam</i>	4	
<i>calcipotriene scalp</i>	4	
<i>calcipotriene topical cream</i>	4	
<i>calcipotriene topical ointment</i>	4	
<i>calcipotriene-betamethasone</i>	4	PA
<i>calcitriol topical</i>	4	
<i>clotrimazole-betamethasone</i>	2	
<i>diclofenac sodium topical gel 3 %</i>	4	PA; QL (100 GM per 30 days)
ENSTILAR	5	PA
<i>fluorouracil topical cream 5 %</i>	2	
<i>fluorouracil topical solution</i>	2	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	3	
<i>imiquimod topical cream in packet 5 %</i>	2	
<i>methoxsalen</i>	5	
NEO-SYNALAR	4	
<i>nystatin-triamcinolone</i>	2	
OTEZLA	5	PA; QL (60 EA per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51)	5	PA; QL (55 EA per 28 days)
OTEZLA STARTER PACK 10-20-30 MG	5	PA; QL (60 EA per 30 days)
PANRETIN	5	
<i>podofilox topical gel</i>	4	
<i>podofilox topical solution</i>	2	
PROCTOFOAM HC	4	
SANTYL	4	QL (180 GM per 30 days)
<i>silver sulfadiazine</i>	2	
SSD	2	
XERESE	5	
Pediculicides/Scabicides		
CROTAN	5	
<i>malathion</i>	3	
<i>permethrin</i>	3	
PRURADIK	5	
Topical Anti-Infectives		
<i>acyclovir topical ointment</i>	3	QL (30 GM per 30 days)
<i>ciclopirox</i>	2	
CLINDACIN	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CLINDACIN ETZ TOPICAL SWAB	4	
<i>clindamycin phosphate topical foam</i>	4	
<i>clindamycin phosphate 1% gel (generic for cleocin t)</i>	4	
<i>clindamycin phosphate 1% gel (alternative to clindagel)</i>	4	
<i>clindamycin phosphate topical lotion</i>	2	
<i>clindamycin phosphate topical solution</i>	2	
<i>clindamycin phosphate topical swab</i>	2	
<i>dapsone topical gel 5 %</i>	4	
<i>dapsone topical gel with pump</i>	4	
<i>econazole nitrate topical cream</i>	2	
ERY PADS	4	
<i>erythromycin topical gel</i>	4	
<i>erythromycin topical solution</i>	4	
<i>mupirocin</i>	2	
<i>naftifine topical cream 1 %</i>	4	
SULFAMYLON TOPICAL CREAM	4	
<i>tavaborole</i>	4	PA
ELECTROLYTES/MINERALS/METALS/VITAMINS		
<i>Electrolyte Mineral Replacement</i>		
carglumic acid	5	PA
CLINISOL SF 15 %	4	B/D PA
<i>dextrose 10% in water (d10w)</i>	2	
<i>dextrose 10%-0.2% sodium chloride</i>	2	
<i>dextrose 10%-0.45% sodium chloride</i>	2	
<i>dextrose 2.5%-0.45% sodium chloride</i>	2	
<i>dextrose 5% in water (d5w) intravenous parenteral solution</i>	2	
<i>dextrose 5%-0.2% sodium chloride</i>	2	
<i>dextrose 5%-0.45% sodium chloride</i>	2	
<i>dextrose 5%-0.9% sodium chloride</i>	2	
<i>electrolyte-a</i>	2	
<i>fluoride (sodium) oral tablet</i>	2	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	B/D PA
ISOLYTE S PH 7.4	4	
ISOLYTE-P IN 5 % DEXTROSE	4	
KLOR-CON	4	
KLOR-CON 10	3	
KLOR-CON 8	3	
KLOR-CON M10	3	
KLOR-CON M15	3	
KLOR-CON M20	3	
<i>levocarnitine oral tablet</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
magnesium sulfate injection	2	
potassium chloride in d5-0.2% nacl intravenous parenteral solution 20 meq/l	2	
potassium chloride in d5-0.45% nacl	2	
potassium chloride in d5-0.9% nacl	2	
potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml	2	
potassium chloride intravenous solution 2 meq/ml	2	
potassium chloride oral capsule, extended release	3	
potassium chloride oral liquid	4	
potassium chloride oral packet	4	
potassium chloride oral tablet extended release	3	
potassium chloride oral tablet,er particles/crystals	3	
potassium citrate oral tablet extended release	2	
PREMASOL 10 %	4	B/D PA
PROSOL 20 %	4	B/D PA
sodium chloride 0.45 % intravenous	2	
sodium chloride 0.9 % intravenous parenteral solution	2	
sodium chloride 3 % hypertonic	2	
sodium chloride 5 % hypertonic	2	
sodium chloride irrigation	2	
TRAVASOL 10 %	4	B/D PA
Electrolyte/Mineral/Metal Modifiers		
CHEMET	3	
CUVRIOR	5	PA; QL (300 EA per 30 days)
deferasirox oral granules in packet	5	
deferasirox oral tablet	4	
deferasirox oral tablet, dispersible 125 mg	4	
deferasirox oral tablet, dispersible 250 mg, 500 mg	5	
deferiprone	5	
FERRIPROX (TWICE-DAILY)	5	
FERRIPROX ORAL SOLUTION	5	
FERRIPROX ORAL TABLET 1,000 MG	5	
KLOR-CON	4	
penicillamine oral capsule	5	ST
penicillamine oral tablet	3	
potassium chloride oral tablet,er particles/crystals 15 meq	3	
tolvaptan (polycys kidney dis) oral tablet 15 mg	5	PA; QL (120 EA per 30 days)
tolvaptan (polycys kidney dis) oral tablet 30 mg	5	PA
tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm)	5	PA; QL (120 EA per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
tolvaptan (polycys kidney dis) oral tablets, sequential 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)	5	PA; QL (56 EA per 28 days)
tolvaptan oral tablet 15 mg	5	PA; QL (30 EA per 30 days)
tolvaptan oral tablet 30 mg	5	PA
trientine	5	ST; QL (120 EA per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
CLINISOL SF 15 %	4	B/D PA
CLINOLIPID	4	B/D PA
dextrose 10% in water (d10w)	2	
dextrose 10%-0.2% sodium chloride	2	
dextrose 10%-0.45% sodium chloride	2	
dextrose 2.5%-0.45% sodium chloride	2	
dextrose 5% in water (d5w) intravenous parenteral solution	2	
dextrose 5%-0.2% sodium chloride	2	
dextrose 5%-0.45% sodium chloride	2	
dextrose 5%-0.9% sodium chloride	2	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	B/D PA
ISOLYTE-P IN 5 % DEXTROSE	4	
levocarnitine oral tablet	4	
PREMASOL 10 %	4	B/D PA
PROSOL 20 %	4	B/D PA
TRAVASOL 10 %	4	B/D PA
Potassium Binders		
KIONEX (WITH SORBITOL)	2	
LOKELMA	3	QL (90 EA per 30 days)
sodium polystyrene sulfonate oral powder	2	
SPS (WITH SORBITOL) ORAL	2	
Vitamins		
KLOR-CON 10	3	
potassium chloride oral tablet extended release 15 meq	3	
potassium chloride oral tablet,er particles/crystals 15 meq	3	
PRENATAL VITAMIN PLUS LOW IRON	4	
GASTROINTESTINAL AGENTS		
Anti-Constipation Agents		
CONSTULOSE	2	
ENULOSE	2	
GAVILYTE-C	2	
GAVILYTE-G	2	
GAVILYTE-N	2	
GENERLAC	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KRISTALOSE	4	
<i>lactulose oral packet 10 gram</i>	5	
<i>lactulose oral packet 20 gram</i>	4	
<i>lactulose oral solution</i>	2	
LINZESS	3	QL (30 EA per 30 days)
<i>lubiprostone</i>	4	QL (60 EA per 30 days)
MOVANTIK	3	QL (30 EA per 30 days)
<i>peg 3350-electrolytes</i>	2	
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	2	
<i>peg-electrolyte soln</i>	2	
RELISTOR ORAL	5	PA; QL (90 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION	5	PA; QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	PA; QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	PA; QL (12 ML per 30 days)
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	4	
SUPREP BOWEL PREP KIT	4	
Anti-Diarrheal Agents		
<i>alosetron oral tablet 0.5 mg</i>	4	QL (60 EA per 30 days)
<i>alosetron oral tablet 1 mg</i>	5	QL (60 EA per 30 days)
<i>diphenoxylate-atropine</i>	2	
<i>loperamide oral capsule</i>	2	
MYTESI	4	PA
VIBERZI	5	QL (60 EA per 30 days)
XERMELO	5	PA; QL (90 EA per 30 days)
XIFAXAN ORAL TABLET 200 MG	4	
XIFAXAN ORAL TABLET 550 MG	5	
Antispasmodics, Gastrointestinal		
<i>chlordiazepoxide-clidinium</i>	4	
<i>dicyclomine oral capsule</i>	2	
<i>dicyclomine oral solution</i>	3	
<i>dicyclomine oral tablet 20 mg</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>methscopolamine</i>	2	
<i>scopolamine base</i>	4	
Gastrointestinal Agents, Other		
<i>amoxicillin-clarithromycin-lansoprazole</i>	4	QL (112 EA per 30 days)
<i>bismuth subcitrate-metronidazole-tetracycline</i>	4	
BYLVAY	5	PA
CHENODAL	5	
<i>chlordiazepoxide-clidinium</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GATTEX 30-VIAL	5	PA
GAVILYTE-C	2	
GAVILYTE-G	2	
GAVILYTE-N	2	
LIVMARLI ORAL SOLUTION	5	PA
LIVMARLI ORAL TABLET 10 MG, 15 MG, 30 MG	5	PA; QL (30 EA per 30 days)
LIVMARLI ORAL TABLET 20 MG	5	PA; QL (60 EA per 30 days)
<i>metoclopramide hcl oral solution</i>	2	
<i>metoclopramide hcl oral tablet</i>	2	
MYALEPT	5	PA
<i>peg 3350-electrolytes</i>	2	
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	2	
<i>peg-electrolyte soln</i>	2	
PYLERA	4	
REZDIFFRA ORAL TABLET 100 MG	5	PA
REZDIFFRA ORAL TABLET 60 MG, 80 MG	5	PA; QL (30 EA per 30 days)
SUPREP BOWEL PREP KIT	4	
<i>ursodiol oral capsule 200 mg</i>	5	PA; QL (30 EA per 30 days)
<i>ursodiol oral capsule 300 mg</i>	3	
<i>ursodiol oral capsule 400 mg</i>	5	PA
<i>ursodiol oral tablet</i>	3	
VOWST	5	PA; QL (12 EA per 180 days)
XIFAXAN ORAL TABLET 200 MG	4	
XIFAXAN ORAL TABLET 550 MG	5	
Gastrointestinal Agents		
<i>amoxicillin-clarithromycin-lansoprazole</i>	4	QL (112 EA per 30 days)
<i>bismuth subcitrate-metronidazole-tetracycline</i>	4	
PYLERA	4	
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine tablet</i>	2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	
<i>nizatidine oral capsule</i>	2	
Protectants		
<i>misoprostol</i>	2	
<i>sucralfate oral suspension</i>	4	
<i>sucralfate oral tablet</i>	2	
Proton Pump Inhibitors		
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec)</i>	4	QL (60 EA per 30 days)
<i>lansoprazole oral capsule,delayed release(dr/ec)</i>	2	QL (60 EA per 30 days)
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 40 mg</i>	3	QL (60 EA per 30 days)
<i>omeprazole oral capsule,delayed release(dr/ec) 20 mg</i>	3	QL (120 EA per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
pantoprazole oral tablet,delayed release (dr/ec)	4	QL (60 EA per 30 days)
rabeprazole oral tablet,delayed release (dr/ec)	4	QL (60 EA per 30 days)
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
<i>Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment</i>		
ATTRUBY	5	PA
<i>betaine</i>	5	
CERDELGA	5	PA; QL (56 EA per 28 days)
CHOLBAM	5	PA
CREON	3	
<i>cromolyn inhalation</i>	3	B/D PA
<i>cromolyn oral</i>	4	
CYSTADANE	5	
CYSTADROPS	5	
CYSTAGON	4	
CYSTARAN	5	
DOJOLVI	5	PA
EVRYSDI ORAL RECON SOLN	5	PA
EVRYSDI ORAL TABLET	5	PA; QL (30 EA per 30 days)
FIRDAPSE	5	PA
<i>glutamine (sickle cell)</i>	5	PA; QL (180 EA per 30 days)
<i>miglustat</i>	5	PA
<i>nitisinone</i>	5	PA
NITYR	5	PA
ORMALVI	5	PA; QL (120 EA per 30 days)
PROCYSB1 ORAL GRANULES DEL RELEASE IN PACKET	5	PA
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA
PYRUKYND ORAL TABLET 20 MG, 5 MG (4-WEEK PACK), 50 MG	5	PA; QL (60 EA per 30 days)
PYRUKYND ORAL TABLET 5 MG	5	PA; QL (7 EA per 28 days)
PYRUKYND ORAL TABLETS,DOSE PACK	5	PA; QL (14 EA per 28 days)
<i>sapropterin oral powder in packet 100 mg</i>	4	PA
<i>sapropterin oral powder in packet 500 mg</i>	5	PA
<i>sapropterin oral tablet,soluble</i>	5	PA
SKYCLARYS	5	PA
<i>sodium phenylbutyrate</i>	5	
SUCRAID	5	
VIJOICE ORAL GRANULES IN PACKET	5	PA; QL (28 EA per 28 days)
VIJOICE ORAL TABLET 125 MG, 50 MG	5	PA; QL (28 EA per 28 days)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1- 50 MG X1)	5	PA
VYNDAMAX	5	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VYNDAQEL	5	PA
VYVGART HYTRULO SUBCUTANEOUS SYRINGE	5	PA; QL (20 ML per 28 days)
WELIREG	5	PA
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	3	
GENITOURINARY AGENTS		
<i>Antispasmodics, Urinary</i>		
darifenacin	4	QL (30 EA per 30 days)
fesoterodine oral tablet extended release 24 hr 4 mg	3	QL (30 EA per 30 days)
fesoterodine oral tablet extended release 24 hr 8 mg	3	
flavoxate	4	
GEMTESA	3	
mirabegron	4	QL (30 EA per 30 days)
oxybutynin chloride oral syrup	2	
oxybutynin chloride oral tablet 5 mg	2	
oxybutynin chloride oral tablet extended release 24hr	2	QL (60 EA per 30 days)
solifenacin oral tablet 10 mg	2	
solifenacin oral tablet 5 mg	2	QL (30 EA per 30 days)
tolterodine oral capsule,extended release 24hr	4	QL (30 EA per 30 days)
tolterodine oral tablet	3	
trospium oral capsule,extended release 24hr	3	QL (30 EA per 30 days)
trospium oral tablet	2	
<i>Benign Prostatic Hypertrophy Agents</i>		
alfuzosin	2	QL (60 EA per 30 days)
CARDURA XL	4	
doxazosin	2	
dutasteride	2	QL (30 EA per 30 days)
dutasteride-tamsulosin	4	QL (30 EA per 30 days)
finasteride oral tablet 5 mg	2	
phenoxybenzamine	5	
prazosin	2	
silodosin	3	
tadalafil oral tablet 2.5 mg, 5 mg (generic for cialis)	4	PA; QL (30 EA per 30 days)
tamsulosin	2	
terazosin	1	
<i>Genitourinary Agents, Other</i>		
bethanechol chloride	2	
ELMIRON	4	
LITHOSTAT	4	
penicillamine oral capsule	5	ST

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
penicillamine oral tablet	3	
tiopronin	5	
VENXXIVA	5	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</i>		
ACTHAR	5	PA
ACTHAR SELFJECT	5	PA
budesonide oral capsule,delayed,extend.release	4	
budesonide oral tablet,delayed and ext.release	5	QL (30 EA per 30 days)
budesonide rectal	4	PA
CORTROPHIN GEL	5	PA
deflazacort oral suspension	5	PA
deflazacort oral tablet 18 mg	5	PA; QL (30 EA per 30 days)
deflazacort oral tablet 30 mg, 36 mg	5	PA
deflazacort oral tablet 6 mg	5	PA; QL (60 EA per 30 days)
dexamethasone oral solution	4	
dexamethasone oral tablet	4	
dexamethasone oral tablets,dose pack	4	
fludrocortisone	2	
HEMADY	4	
hydrocortisone oral	2	
methylprednisolone oral tablet	3	B/D PA
methylprednisolone oral tablets,dose pack	4	
prednisolone oral solution	3	B/D PA
prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	4	B/D PA
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	3	B/D PA
PREDNISONE INTENSOL	4	B/D PA
prednisone oral solution	4	B/D PA
prednisone oral tablet	2	B/D PA
prednisone oral tablets,dose pack	4	
TARPEYO	5	PA; QL (120 EA per 30 days)
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)		
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</i>		
ATTRUBY	5	PA
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	3	
desmopressin oral	2	
INCRELEX	5	PA
ISTURISA ORAL TABLET 1 MG, 5 MG	5	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OMNITROPE	5	PA
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PROSTAGLANDINS)		
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)</i>		
misoprostol oral tablet 200 mcg	2	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
Androgens		
danazol	2	
METHITEST	4	
<i>methyltestosterone oral capsule</i>	4	
testosterone cypionate	2	
testosterone enanthate	2	
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	4	QL (120 GM per 30 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	3	QL (300 GM per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	3	QL (150 GM per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	4	QL (300 GM per 30 days)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	4	QL (38 GM per 30 days)
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	4	QL (150 GM per 30 days)
testosterone transdermal solution in metered pump w/app	4	QL (180 ML per 30 days)
Estrogens		
ANNOVERA	4	QL (1 EA per 365 days)
CLIMARA PRO	4	QL (4 EA per 28 days)
DEPO-ESTRADIOL	4	
DOTTI	2	QL (8 EA per 28 days)
<i>drospirenone-ethynodiol oral tablet 3-0.02 mg</i>	4	
<i>drospirenone-ethynodiol oral tablet 3-0.03 mg</i>	3	
ELURYNG	3	
ENILLORING	3	
<i>estradiol oral</i>	2	
<i>estradiol transdermal gel in metered-dose pump</i>	3	
<i>estradiol transdermal gel in packet</i>	3	
<i>estradiol transdermal patch semiweekly</i>	2	QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly</i>	2	QL (4 EA per 28 days)
<i>estradiol vaginal</i>	2	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
estradiol valerate intramuscular oil 40 mg/ml	3	
etonogestrel-ethynodiol dihydrogesterone	3	
EVAMIST	4	
HALOETTE	3	
JASMIEL (28)	4	
KELNOR 1/35 (28)	2	
KELNOR 1/50 (28)	3	
LORYNA (28)	4	
NIKKI (28)	4	
OCELLA	3	
PREMARIN ORAL	3	
PREMPHASE	3	
PREMPRO	3	
SYEDA	3	
VESTURA (28)	4	
YUVAFEM	2	
ZOVIA 1-35 (28)	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
ABIGALE	2	
ABIGALE LO	2	
ALTAVERA (28)	2	
ALYACEN 1/35 (28)	3	
ANGELIQ	4	
ANNOVERA	4	QL (1 EA per 365 days)
APRI	2	
ARANELLE (28)	3	
ASHLYNA	3	
AUBRA EQ	2	
AVIANE	2	
AZURETTE (28)	2	
BALZIVA (28)	3	
BLISOVI 24 FE	3	
BLISOVI FE 1.5/30 (28)	2	
BRIELLYN	3	
CAMRESE LO	2	
CLIMARA PRO	4	QL (4 EA per 28 days)
COMBIPATCH	4	QL (8 EA per 28 days)
CRYSELLE (28)	3	
CYRED EQ	2	
DOLISHALE	3	
drospirenone-ethynodiol dihydrogesterone oral tablet 3-0.02 mg	4	
drospirenone-ethynodiol dihydrogesterone oral tablet 3-0.03 mg	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ELURYNG	3	
ENILLORING	3	
ENSKYCE	2	
ESTARYLLA	3	
<i>estradiol-norethindrone acetate</i>	2	
<i>etonogestrel-ethinyl estradiol</i>	3	
FALMINA (28)	2	
FEIRZA	2	
FYAVOLV	2	
HAILEY 24 FE	3	
HALOETTE	3	
ICLEVIA	2	
ISIBLOOM	2	
JASMIEL (28)	4	
JINTELI	2	
JULEBER	2	
JUNEL 1.5/30 (21)	3	
JUNEL 1/20 (21)	3	
JUNEL FE 1.5/30 (28)	2	
JUNEL FE 1/20 (28)	2	
JUNEL FE 24	3	
KARIVA (28)	3	
KELNOR 1/35 (28)	2	
KURVELO (28)	2	
LARIN 1.5/30 (21)	3	
LARIN 1/20 (21)	3	
LARIN FE 1.5/30 (28)	2	
LARIN FE 1/20 (28)	2	
LESSINA	2	
LEVONEST (28)	2	
<i>levonorgestrel/biphasic ethinyl estradiol oral tablets, dose pack, 3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	2	
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	2	
<i>levonorgestrel-ethinyl estradiol oral tablet 90-20 mcg (28)</i>	3	
<i>levonorgestrel-ethinyl estradiol oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	2	
LEVORA-28	2	
LILETTA	3	QL (1 EA per 365 days)
LO LOESTRIN FE	4	
LORYNA (28)	4	
LOW-OGESTREL (28)	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LUTERA (28)	2	
MARLISSA (28)	2	
MICROGESTIN 1.5/30 (21)	3	
MICROGESTIN 1/20 (21)	3	
MICROGESTIN FE 1.5/30 (28)	2	
MICROGESTIN FE 1/20 (28)	2	
MILI	3	
NECON 0.5/35 (28)	3	
NEXPLANON	3	QL (1 EA per 365 days)
NIKKI (28)	4	
<i>norelgestromin-ethynodiol diacetate transdermal system</i>	3	
<i>norethindrone-ethynodiol diacetate oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
<i>norethindrone-ethynodiol diacetate oral tablet 1-20 mg-mcg</i>	3	
<i>norgestimate-ethynodiol diacetate oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035 mg (28)</i>	2	
<i>norgestimate-ethynodiol diacetate oral tablet 0.25-0.035 mg</i>	3	
NORTREL 0.5/35 (28)	3	
NORTREL 1/35 (21)	3	
NORTREL 1/35 (28)	3	
NORTREL 7/7/7 (28)	2	
NYLIA 1/35 (28)	3	
NYLIA 7/7/7 (28)	2	
OCELLA	3	
PIMTREA (28)	3	
PORTIA 28	2	
PREMPHASE	3	
PREMPRO	3	
RECLIPSEN (28)	2	
SETLAKIN	2	
SPRINTEC (28)	3	
SRONYX	2	
SYEDA	3	
TARINA 24 FE	3	
TARINA FE 1-20 EQ (28)	2	
TRI-ESTARYLLA	2	
TRI-LO-ESTARYLLA	2	
TRI-LO-SPRINTEC	2	
TRI-MILI	2	
TRI-SPRINTEC (28)	2	
TRI-VYLIBRA	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRI-VYLIBRA LO	2	
TURQOZ (28)	3	
VALTYA	3	
VELIVET TRIPHASIC REGIMEN (28)	3	
VESTURA (28)	4	
VIENVA	2	
VYFEMLA (28)	3	
VYLIBRA	3	
WYMZYA FE	3	
XELRIA FE	3	
XULANE	3	
ZAFEMY	3	
ZOVIA 1-35 (28)	2	
Progestins		
ALTAVERA (28)	2	
ALYACEN 1/35 (28)	3	
ANGELIQ	4	
APRI	2	
ARANELLE (28)	3	
ASHLYNA	3	
AUBRA EQ	2	
AVIANE	2	
BALZIVA (28)	3	
BLISOVI 24 FE	3	
BLISOVI FE 1.5/30 (28)	2	
BRIELLYN	3	
CAMILA	2	
CAMRESE LO	2	
CRYSELLE (28)	3	
CYRED EQ	2	
DEBLITANE	2	
DEPO-SUBQ PROVERA 104	3	
DOLISHALE	3	
ENPRESSE	2	
ENSKYCE	2	
ERRIN	2	
ESTARYLLA	3	
FALMINA (28)	2	
FEIRZA	2	
FYAVOLV	2	
GALLIFREY	2	
HAILEY 24 FE	3	
HEATHER	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ICLEVIA	2	
INCASSIA	2	
ISIBLOOM	2	
JINTELI	2	
JULEBER	2	
JUNEL 1.5/30 (21)	3	
JUNEL 1/20 (21)	3	
JUNEL FE 1.5/30 (28)	2	
JUNEL FE 1/20 (28)	2	
JUNEL FE 24	3	
KARIVA (28)	3	
KURVELO (28)	2	
LARIN 1.5/30 (21)	3	
LARIN 1/20 (21)	3	
LARIN FE 1.5/30 (28)	2	
LARIN FE 1/20 (28)	2	
LESSINA	2	
LEVONEST (28)	2	
<i>levonorgestrel/biphasic ethinyl estradiol oral tablets, dose pack, 3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	2	
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	2	
<i>levonorgestrel-ethinyl estradiol oral tablet 90-20 mcg (28)</i>	3	
<i>levonorgestrel-ethinyl estradiol oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	2	
LEVORA-28	2	
LO LOESTRIN FE	4	
LOW-OGESTREL (28)	3	
LUTERA (28)	2	
LYLEQ	2	
LYZA	2	
MARLISSA (28)	2	
<i>medroxyprogesterone intramuscular</i>	2	
<i>medroxyprogesterone oral</i>	1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	4	
<i>megestrol oral tablet</i>	2	
MELEYA	2	
MICROGESTIN 1.5/30 (21)	3	
MICROGESTIN 1/20 (21)	3	
MICROGESTIN FE 1.5/30 (28)	2	
MICROGESTIN FE 1/20 (28)	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MILI	3	
NECON 0.5/35 (28)	3	
NORA-BE	2	
<i>norelgestromin-ethynodiol dihydrogen phosphate transdermal</i>	3	
<i>norethindrone (contraceptive)</i>	2	
<i>norethindrone acetate</i>	2	
<i>norethindrone-ethynodiol dihydrogen phosphate oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
<i>norethindrone-ethynodiol dihydrogen phosphate oral tablet 1-20 mg-mcg</i>	3	
<i>norgestimate-ethynodiol dihydrogen phosphate oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28)</i>	2	
<i>norgestimate-ethynodiol dihydrogen phosphate oral tablet 0.25-0.035 mg</i>	3	
NORTREL 0.5/35 (28)	3	
NORTREL 1/35 (21)	3	
NORTREL 1/35 (28)	3	
NORTREL 7/7/7 (28)	2	
NYLIA 1/35 (28)	3	
NYLIA 7/7/7 (28)	2	
ORQUIDEA	2	
PIMTREA (28)	3	
PORTIA 28	2	
<i>progesterone micronized</i>	2	
RECLIPSEN (28)	2	
SETLAKIN	2	
SHAROBEL	2	
SPRINTEC (28)	3	
SRONYX	2	
TARINA 24 FE	3	
TARINA FE 1-20 EQ (28)	2	
TRI-ESTARYLLA	2	
TRI-LO-ESTARYLLA	2	
TRI-LO-SPRINTEC	2	
TRI-MILI	2	
TRI-SPRINTEC (28)	2	
TRI-VYLIBRA	2	
TRI-VYLIBRA LO	2	
TURQOZ (28)	3	
VELIVET TRIPHASIC REGIMEN (28)	3	
VIENVA	2	
VYFEMLA (28)	3	
VYLIBRA	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
WYMYZA FE	3	
XULANE	3	
ZAFEMY	3	
Selective Estrogen Receptor Modifying Agents		
DUAVEE	4	
raloxifene	2	QL (30 EA per 30 days)
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)		
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</i>		
CYTOMEL	4	
levothyroxine oral tablet	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	
liothyronine oral	2	
SYNTHROID	3	
UNITHROID	1	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
<i>Hormonal Agents, Suppressant (Adrenal Or Pituitary)</i>		
bromocriptine oral capsule	4	
bromocriptine oral tablet	2	
cabergoline	2	
ELIGARD	4	PA
ELIGARD (3 MONTH)	4	PA
ELIGARD (4 MONTH)	4	PA
ELIGARD (6 MONTH)	4	PA
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	
leuprolide acetate (3 month)	4	PA
leuprolide subcutaneous kit	4	PA
LUPRON DEPOT	5	PA
LUPRON DEPOT (3 MONTH)	5	PA
LUPRON DEPOT (4 MONTH)	5	PA
LUPRON DEPOT (6 MONTH)	5	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	5	PA
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	5	PA
LYSODREN	5	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
octreotide acetate injection solution 1,000 mcg/ml	4	
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	3	
octreotide acetate injection solution 500 mcg/ml	5	
ORIAHNN	5	PA; QL (56 EA per 28 days)
ORILISSA ORAL TABLET 150 MG	5	PA; QL (28 EA per 28 days)
ORILISSA ORAL TABLET 200 MG	5	PA; QL (56 EA per 28 days)
RECORLEV	5	PA; QL (240 EA per 30 days)
SIGNIFOR	5	PA
SOMAVERT	5	PA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
Antithyroid Agents		
methimazole oral tablet 10 mg, 5 mg	1	
propylthiouracil	2	
IMMUNOLOGICAL AGENTS		
Angioedema Agents		
HAEGARDA	5	PA; QL (16 EA per 28 days)
icatibant	5	PA
TAKHZYRO SUBCUTANEOUS SOLUTION	5	PA; QL (4 ML per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (2 ML per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	5	PA; QL (4 ML per 28 days)
Immunoglobulins		
GAMMAGARD LIQUID	5	PA
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA
OCTAGAM	5	PA
PRIVIGEN	5	PA
Immunological Agents, Other		
ARCALYST	5	PA
BENLYSTA SUBCUTANEOUS	5	PA; QL (8 ML per 28 days)
COSENTYX (2 SYRINGES)	5	PA; QL (10 ML per 28 days)
COSENTYX PEN (2 PENS)	5	PA; QL (10 ML per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; QL (2.5 ML per 28 days)
COSENTYX UNOREADY PEN	5	PA; QL (10 ML per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; QL (4.6 ML per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (8 ML per 28 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; QL (4.6 ML per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
ENSPRYNG	5	PA
GRASTEK	3	
<i>leflunomide</i>	2	
ODACTRA	3	
ORENCIA CLICKJECT	5	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; QL (2.8 ML per 28 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	3	QL (20 EA per 90 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	3	QL (11 EA per 90 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	3	QL (30 EA per 90 days)
REVCovi	5	PA
RINVOQ LQ	5	PA; QL (360 ML per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	5	PA; QL (30 EA per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 30 MG	5	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; QL (168 EA per 365 days)
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; QL (1 ML per 56 days)
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	3	PA; QL (8 ML per 365 days)
SIMLANDI (CITRATE-FREE) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	5	PA; QL (4 EA per 28 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; QL (1 ML per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE	5	PA; QL (1 ML per 28 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; QL (1.2 ML per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; QL (2.4 ML per 56 days)
STELARA SUBCUTANEOUS SOLUTION	5	PA; QL (1 ML per 56 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; QL (1 ML per 56 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (8 ML per 365 days)
TAVNEOS	5	PA
<i>ustekinumab subcutaneous solution</i>	5	PA; QL (1 ML per 56 days)
<i>ustekinumab subcutaneous syringe 45 mg/0.5 ml</i>	5	PA; QL (1 ML per 56 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ustekinumab subcutaneous syringe 90 mg/ml	5	PA; QL (8 ML per 365 days)
XELJANZ ORAL SOLUTION	5	PA
XELJANZ ORAL TABLET	5	PA; QL (60 EA per 30 days)
XELJANZ XR	5	PA; QL (30 EA per 30 days)
XOLAIR	5	PA
YESINTEK SUBCUTANEOUS SOLUTION	3	PA; QL (1 ML per 56 days)
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; QL (1 ML per 56 days)
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	3	PA; QL (8 ML per 365 days)
Immunostimulants		
ACTIMMUNE	5	PA
BESREMI	5	PA
PEGASYS SUBCUTANEOUS SOLUTION	5	
PEGASYS SUBCUTANEOUS SYRINGE	5	QL (2 ML per 28 days)
Immunosuppressants		
ASTAGRAF XL	4	B/D PA
azathioprine oral tablet 100 mg, 75 mg	4	B/D PA
azathioprine oral tablet 50 mg	2	B/D PA
BENLYSTA SUBCUTANEOUS	5	PA; QL (8 ML per 28 days)
CELLCEPT ORAL CAPSULE	5	B/D PA
CELLCEPT ORAL TABLET	5	B/D PA
cyclosporine modified	3	B/D PA
cyclosporine oral capsule	3	B/D PA
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; QL (4.6 ML per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
ENBREL MINI	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	5	PA; QL (8 ML per 28 days)
ENBREL SURECLICK	5	PA; QL (8 ML per 28 days)
ENVARSUS XR	4	B/D PA
everolimus oral tablet 0.25 mg	4	B/D PA
everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg	5	B/D PA
everolimus oral tablet 10 mg, 7.5 mg	5	PA; QL (60 EA per 30 days)
everolimus oral tablet 2.5 mg, 5 mg	5	PA; QL (30 EA per 30 days)
everolimus oral tablet for suspension 2 mg, 3 mg	5	PA
everolimus oral tablet for suspension 5 mg	5	PA; QL (112 EA per 28 days)
GENGRAF	2	B/D PA
HADLIMA	5	PA; QL (4.8 ML per 28 days)
HADLIMA (CITRATE-FREE)	5	PA; QL (2.4 ML per 28 days)
HADLIMA (CITRATE-FREE) PUSHTOUCH	5	PA; QL (2.4 ML per 28 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HADLIMA PUSHTOUCH	5	PA; QL (4.8 ML per 28 days)
KINERET	5	PA
<i>leflunomide</i>	2	
LUPKYNIS	5	PA
<i>mercaptopurine oral tablet</i>	2	
<i>methotrexate sodium (preservative-free) injection solution</i>	2	
<i>methotrexate sodium injection</i>	2	
<i>methotrexate sodium oral</i>	1	
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA
<i>mycophenolate mofetil oral suspension for reconstitution</i>	4	B/D PA
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA
<i>mycophenolate sodium</i>	4	B/D PA
MYFORTIC	4	B/D PA
MYHIBBIN	5	B/D PA
NEORAL ORAL CAPSULE	4	B/D PA
OTEZLA ORAL TABLET 20 MG	5	PA; QL (60 EA per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51)	5	PA; QL (55 EA per 28 days)
OTEZLA STARTER PACK 10-20-30 MG	5	PA; QL (60 EA per 30 days)
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG	4	B/D PA
PROGRAF ORAL CAPSULE 5 MG	5	B/D PA
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA
RESTASIS (DROPPERETTE ONLY)	3	
REZUROCK	5	PA; QL (60 EA per 30 days)
SANDIMMUNE ORAL CAPSULE 100 MG	5	B/D PA
SANDIMMUNE ORAL CAPSULE 25 MG	4	B/D PA
SIMLANDI (CITRATE-FREE) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	5	PA; QL (6 EA per 28 days)
SIMLANDI (CITRATE-FREE) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	5	PA; QL (4 EA per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	5	PA; QL (2 EA per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; QL (6 EA per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; QL (4 EA per 28 days)
<i>sirolimus oral solution</i>	4	B/D PA
<i>sirolimus oral tablet</i>	3	B/D PA
<i>tacrolimus oral capsule</i>	3	B/D PA
TAVNEOS	5	PA
TYENNE AUTOINJECTOR	5	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TYENNE SUBCUTANEOUS	5	PA
XATMEP	4	
Vaccines		
ABRYSVO	4	RV
ACTHIB	3	
ADACEL (TDAP ADOLESCENT/ADULT)	3	RV
AREXVY	4	RV
<i>bcg vaccine, live</i>	4	RV
BEXSERO	4	RV
BOOSTRIX TDAP	3	RV
DAPTACEL (PEDIATRIC)	4	
ENGERIX-B	3	B/D PA; RV
ENGERIX-B PEDIATRIC	3	B/D PA; RV
GARDASIL 9	3	
HAVRIX INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	RV
HAVRIX INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HEPLISAV-B	3	B/D PA; RV
HIBERIX	3	
IMOVAX RABIES VACCINE	4	B/D PA; RV
INFANRIX	4	
IPOPOL	4	RV
IXIARO	4	RV
JYNNEOS	4	RV
KINRIX	4	
MENQUADFI	4	RV
MENVEO A-C-Y-W-135-DIP INTRAMUSCULAR KIT	3	RV
M-M-R II	3	RV
MRESVIA (PF)	4	RV
PEDIARIX	4	
PEDVAX HIB	3	
PENBRAYA	4	RV
PENMENVY MEN A-B-C-W-Y (PF)	4	RV
PENTACEL INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	4	
PRIORIX	3	RV
PROQUAD	3	
QUADRACEL	4	
RABAVERT	4	B/D PA; RV
RECOMBIVAX HB	3	B/D PA; RV
ROTARIX ORAL SUSPENSION	4	
ROTATEQ VACCINE	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SHINGRIX	3	RV
TENIVAC	3	RV
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	4	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	4	RV
TRUMENBA	3	RV
TWINRIX	3	RV
TYPHIM VI	4	RV
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML	3	RV
VAQTA INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	
VAQTA INTRAMUSCULAR SYRINGE 50 UNIT/ML	3	RV
VARIVAX	3	RV
VAXCHORA VACCINE	4	RV
VIMKUNYA	4	RV
VIVOTIF	4	RV
YF-VAX SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	4	RV
YF-VAX SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	4	
INFLAMMATORY BOWEL DISEASE AGENTS		
Aminosalicylates		
balsalazide	4	
mesalamine oral capsule,extended release 24hr	4	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	4	
mesalamine rectal enema	3	
mesalamine rectal suppository	4	
sulfasalazine	2	
Glucocorticoids		
budesonide oral capsule,delayed,extend.release	4	
budesonide oral tablet,delayed and ext.release	5	QL (30 EA per 30 days)
budesonide rectal	4	PA
dexamethasone oral solution	4	
dexamethasone oral tablet	4	
dexamethasone oral tablets,dose pack	4	
hydrocortisone oral	2	
hydrocortisone rectal	4	
methylprednisolone oral tablet	3	B/D PA
methylprednisolone oral tablets,dose pack	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>prednisolone oral solution</i>	3	B/D PA
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	4	B/D PA
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	3	B/D PA
PREDNISONE INTENSOL	4	B/D PA
<i>prednisone oral solution</i>	4	B/D PA
<i>prednisone oral tablet</i>	2	B/D PA
<i>prednisone oral tablets,dose pack</i>	4	
PROCTOFOAM HC	4	
PROCTO-MED HC	2	
PROCTOSOL HC TOPICAL	2	
PROCTOZONE-HC	2	

METABOLIC BONE DISEASE AGENTS

Metabolic Bone Disease Agents

<i>alendronate oral solution</i>	3	QL (300 ML per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4 EA per 28 days)
<i>calcitonin (salmon) nasal</i>	2	
<i>calcitriol oral</i>	2	
<i>cinacalcet</i>	4	
<i>doxercalciferol oral</i>	3	
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2)	5	PA; QL (2.4 ML per 28 days)
<i>ibandronate oral</i>	2	
<i>paricalcitol oral</i>	3	
PROLIA	4	
<i>risedronate oral tablet 150 mg</i>	2	QL (1 EA per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>risedronate oral tablet 35 mg</i>	2	QL (4 EA per 28 days)
<i>risedronate oral tablet,delayed release (dr/ec)</i>	2	QL (4 EA per 28 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i>	5	PA; QL (3 ML per 28 days)
XGEVA	5	PA

NON-FRF

Non-Frf

<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	4	
<i>acetic acid irrigation</i>	4	
<i>acetylcysteine intravenous</i>	2	
AMETHIA	3	
<i>amikacin injection solution 1,000 mg/4 ml</i>	2	
<i>aminocaproic acid oral tablet</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
amoxicillin-clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg	3	
ampicillin sodium injection recon soln 125 mg	3	
ampicillin sodium injection recon soln 2 gram, 250 mg, 500 mg	2	
ampicillin sodium intravenous recon soln 2 gram	2	
AUROVELA 24 FE	3	
AUROVELA FE 1.5/30 (28)	2	
AUROVELA FE 1-20 (28)	2	
azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)	2	QL (30 ML per 25 days)
azithromycin oral packet	2	
BLISOVI FE 1/20 (28)	2	
BOTOX	4	PA
BRONCHITOL	5	
CABENUVA	5	
CAMRESE	2	
cefazolin in dextrose (iso-osmotic) intravenous piggyback 2 gram/100 ml, 2 gram/50 ml	2	
cefazolin injection recon soln 2 gram	2	
chorionic gonadotropin, human intramuscular	4	PA
clomiphene citrate	4	PA; QL (30 EA per 30 days)
clopidogrel oral tablet 300 mg	2	QL (1 EA per 30 days)
C-NATE DHA	4	
COMPLETE NATAL DHA	4	
CORTIFOAM	4	
D5 % (D-GLUCOSE)-0.9 % SODCHLR	2	
dapsone topical gel 7.5 %	4	
DAYSEE	2	
deferoxamine	2	
DENTA 5000 PLUS	2	
DENTA 5000 PLUS SENSITIVE	2	
DENTAGEL	2	
desogestrel-biphasic ethynodiol	3	
dexamethasone sodium phosphate (preservative-free) injection injection solution 10 mg/ml	2	
dexamethasone sodium phosphate injection solution 4 mg/ml	2	
dextrose 5% in water (d5w) intravenous piggyback	2	
dextrose 70% in water (d70w)	2	
diazepam injection solution	2	
dichlorphenamide	5	PA; QL (120 EA per 30 days)
diphenhydramine hcl injection solution 50 mg/ml	2	
DROXIA	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	4	
<i>electrolyte-148</i>	2	
ELINEST	2	
ELITE-OB	4	
ELIXOPHYLLIN	4	
ELREXFIO	5	PA
<i>enoxaparin subcutaneous solution</i>	4	
ENTADFI	3	QL (30 EA per 30 days)
<i>ethynodiol diacetate-ethinyl estradiol oral tablet 1-35 mg-mcg</i>	2	
<i>ethynodiol diacetate-ethinyl estradiol oral tablet 1-50 mg-mcg</i>	3	
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML	5	PA; QL (2.4 ML per 28 days)
<i>fenofibric acid tablet 35 mg, 105 mg</i>	2	
<i>fluoride (sodium) dental</i>	2	
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	
<i>fluorouracil intravenous</i>	2	B/D PA
FOLIVANE-OB	4	
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML	5	
GAMMAKED INJECTION SOLUTION 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	5	PA
GAMUNEX-C INJECTION SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	5	PA
<i>gentamicin in nacl (iso-osmotic) intravenous piggyback 100 mg/50 ml, 120 mg/100 ml</i>	2	
<i>gentamicin sulfate (pediatric, preservative-free)</i>	2	
HAILEY FE 1.5/30 (28)	2	
HAILEY FE 1/20 (28)	2	
<i>heparin, porcine (preservative-free) injection solution 5,000 unit/0.5 ml</i>	2	
<i>heparin, porcine (preservative-free) injection syringe</i>	2	
<i>heparin, porcine in 0.45% nacl intravenous parenteral solution 12,500 unit/250 ml, 25,000 unit/500 ml</i>	2	
<i>heparin, porcine in nacl (preservative-free) intravenous parenteral solution</i>	2	
<i>heparin, porcine injection cartridge</i>	2	
<i>heparin, porcine injection syringe 5,000 unit/ml</i>	2	
HIZENTRA	5	PA
<i>hydrocortisone sod succinate</i>	4	
HYQVIA	5	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IBU ORAL TABLET 400 MG	2	
JENCYCLA	2	
JENTADUETO ORAL TABLET 2.5-850 MG	3	
JOLESSA	2	
KLOR-CON/EF	4	
<i>lactated ringer's solution intravenous</i>	2	
<i>lanreotide (j1930 - true generic) subcutaneous syringe 120 mg/0.5 ml</i>	5	
LEENA 28	3	
LENTOCILIN S	4	
<i>lidocaine (preservative-free) injection solution 20 mg/ml (2 %)</i>	2	
<i>lidocaine (preservative-free) intravenous (cardiac) solution</i>	2	
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i>	2	
<i>lidocaine hcl mucous membrane jelly</i>	2	
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	
<i>lorazepam injection solution</i>	2	
LUDENT FLUORIDE ORAL TABLET,CHEWABLE 1 MG (2.2 MG SOD. FLUORIDE)	2	
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	5	PA
MENEST	4	
METHADONE INTENSOL	2	
<i>methadone oral concentrate</i>	2	
METHADOSE ORAL CONCENTRATE	2	
<i>methotrexate sodium (preservative-free) injection recon soln</i>	2	
<i>methylergonovine oral</i>	4	
<i>methylprednisolone acetate</i>	2	
<i>methylprednisolone sodium succinate injection recon soln 125 mg, 40 mg</i>	2	
<i>methylprednisolone sodium succinate intravenous</i>	2	
M-NATAL PLUS	4	
MONO-LINYAH	2	
<i>naloxone nasal</i>	3	
NARCAN	3	
NEULASTA ONPRO	5	QL (2 ML per 28 days)
NOCDURNA	4	QL (30 EA per 30 days)
<i>norethindrone-ethinyl estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
NUVESSA	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)	3	
octreotide acetate injection syringe 500 mcg/ml (1 ml)	5	
OMEGAVEN	4	B/D PA
OMNIPOD 5 (G6/LIBRE 2 PLUS)	4	
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	4	
OMNIPOD 5 G6-G7 PODS (GEN 5)	4	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS)	4	
OMNIPOD DASH INTRO KIT (GEN 4)	4	
OMNIPOD DASH PODS (GEN 4)	4	
ondansetron hcl (preservative-free) injection solution	2	
OPFOLDA	4	QL (8 EA per 28 days)
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	
ORENCIA (WITH MALTOSA)	5	PA
oxycodone oral tablet,oral only,ext.rel.12 hr	4	
PERIKABIVEN	4	B/D PA
PFIZERPEN-G	4	
phenytoin sodium extended oral capsule 200 mg, 300 mg	4	
PHESGO	5	PA
PNV-DHA	4	
PNV-OMEGA	4	
PNV-SELECT	4	
PR NATAL 400	4	
PR NATAL 400 EC	4	
PR NATAL 430	4	
PR NATAL 430 EC	4	
PRAMOSONE TOPICAL CREAM 1-1 %	4	
PRAMOSONE TOPICAL LOTION 1-1 %	4	
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 30 mg	4	
PREGNYL	4	PA
PRENATAL PLUS DHA	4	
PREVIDENT 5000 BOOSTER PLUS	4	
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 ENAMEL PROTECT	4	
PREVIDENT 5000 ORTHO DEFENSE	4	
PREVIDENT 5000 SENSITIVE	4	
PROCRIIT INJECTION SOLUTION 20,000 UNIT/2 ML	4	PA
PROCYSB1 ORAL CAPSULE, DELAYED REL SPRINKLE	5	PA
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG	4	
RENACIDIN	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SE-NATAL 19	4	
SE-NATAL 19 CHEWABLE	4	
SF	2	
SF 5000 PLUS	2	
SMOFLIPID	4	B/D PA
SODIUM FLUORIDE 5000 DRY MOUTH	2	
SODIUM FLUORIDE 5000 PLUS	2	
<i>sodium fluoride-potassium nitrate dental</i>	2	
SOLU-MEDROL (PF)	4	
SOLU-MEDROL INTRAVENOUS RECON SOLN 1,000 MG, 2 GRAM	4	
STAMARIL	4	
SUNLENCA SUBCUTANEOUS	5	
SYNDROS	5	PA
TEGLUTIK	5	
<i>teriparatide</i>	5	PA; QL (3 ML per 28 days)
<i>tramadol oral tablet, er multiphase 24 hr</i>	3	
<i>triamcinolone acetonide topical aerosol</i>	4	QL (100 GM per 30 days)
TRI-LINYAH	2	
TRINATAL RX 1	4	
TRIPTODUR	5	PA
TROGARZO	5	
TYVASO	5	PA; QL (87 ML per 30 days)
TYVASO INSTITUTIONAL START KIT	5	PA; QL (87 ML per 30 days)
TYVASO REFILL KIT	5	PA; QL (87 ML per 30 days)
TYVASO STARTER KIT	5	PA; QL (87 ML per 30 days)
UDENYCA ONBODY	5	QL (2 ML per 28 days)
<i>vancomycin in 0.9% sodium chloride intravenous piggyback 1 gram/200 ml</i>	2	
<i>vancomycin in dextrose 5% intravenous piggyback 1 gram/200 ml, 750 mg/150 ml</i>	2	
<i>vancomycin intravenous recon soln 1.75 gram, 2 gram</i>	3	
<i>vancomycin-diluent combo no. 1 intravenous piggyback 1 gram/200 ml</i>	2	
<i>vancomycin-diluent combo no. 1 intravenous piggyback 750 mg/150 ml</i>	3	
V-GO 20	4	
V-GO 30	4	
V-GO 40	4	
<i>voriconazole-hpbcd</i>	5	PA
<i>water for irrigation, sterile</i>	2	
WESNATE DHA	4	
WESTAB PLUS	4	
WESTGEL DHA	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
WINREVAIR SUBCUTANEOUS KIT 45 MG (2 PACK), 60 MG (2 PACK)	5	PA; QL (1 EA per 21 days)
XADAGO ORAL TABLET 100 MG	5	QL (30 EA per 30 days)
XADAGO ORAL TABLET 50 MG	5	QL (46 EA per 30 days)
ZYPREXA RELPREVV	4	
OPHTHALMIC AGENTS		
<i>Ophthalmic Agents, Other</i>		
atropine ophthalmic (eye) drops 1 %	2	
brimonidine-timolol	3	
cyclosporine ophthalmic (eye)	4	
CYSTADROPS	5	
CYSTARAN	5	
dorzolamide-timolol	2	
dorzolamide-timolol (preservative-free)	2	
ENSPRYNG	5	PA
neomycin-bacitracin-polymyxin	2	
neomycin-bacitracin-polymyxin-hydrocortisone	2	
neomycin-polymyxin-dexamethasone	2	
neomycin-polymyxin-gramicidin	2	
neomycin-polymyxin-hydrocortisone ophthalmic (eye)	2	
NEO-POLYCIN	2	
NEO-POLYCIN HC	2	
polymyxin-trimethoprim	2	
RESTASIS (DROPPERETTE ONLY)	3	
ROCKLATAN	3	
sulfacetamide-prednisolone	2	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	4	
TOBRADEX ST	4	
tobramycin-dexamethasone	2	
VERKAZIA	5	PA
XDEMVY	5	PA; QL (10 ML per 180 days)
ZYLET	4	
<i>Ophthalmic Anti-Allergy Agents</i>		
azelastine ophthalmic (eye)	2	
bepotastine besilate	4	
cromolyn ophthalmic (eye)	2	
epinastine	2	
<i>Ophthalmic Anti-Infectives</i>		
AZASITE	4	
bacitracin ophthalmic (eye)	2	
bacitracin-polymyxin b	2	
BESIVANCE	4	
ciprofloxacin hcl ophthalmic (eye)	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	2	
<i>gatifloxacin</i>	2	
<i>gentamicin ophthalmic (eye) drops</i>	2	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	2	
<i>moxifloxacin ophthalmic (eye) drops</i>	3	QL (12 ML per 28 days)
NATACYN	4	
<i>neomycin-bacitracin-polymyxin</i>	2	
<i>neomycin-polymyxin-gramicidin</i>	2	
NEO-POLYCIN	2	
<i>ofloxacin ophthalmic (eye)</i>	2	
POLYCIN	2	
<i>polymyxin-trimethoprim</i>	2	
<i>sulfacetamide sodium ophthalmic (eye)</i>	2	
<i>tobramycin ophthalmic (eye)</i>	2	
TOBREX OPHTHALMIC (EYE) OINTMENT	4	
trifluridine	2	
XDEMVY	5	PA; QL (10 ML per 180 days)
ZIRGAN	4	
Ophthalmic Anti-Inflammatories		
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	2	
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	
<i>diclofenac sodium ophthalmic (eye)</i>	4	
<i>difluprednate</i>	3	
<i>fluorometholone</i>	2	
<i>flurbiprofen sodium</i>	2	
<i>ketorolac ophthalmic (eye)</i>	2	
<i>loteprednol ophthalmic (eye) drops,gel 0.5 %</i>	3	
<i>loteprednol ophthalmic (eye) drops,suspension 0.2 %</i>	4	
<i>loteprednol ophthalmic (eye) drops,suspension 0.5 %</i>	3	
<i>prednisolone acetate</i>	2	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol ophthalmic (eye)</i>	2	
<i>carteolol</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	2	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	2	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide</i>	2	
<i>apraclonidine</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	3	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	
<i>brimonidine-timolol</i>	3	
<i>brinzolamide</i>	4	
<i>dorzolamide</i>	2	
<i>dorzolamide-timolol</i>	2	
<i>dorzolamide-timolol (preservative-free)</i>	2	
IOPIDINE	4	
<i>methazolamide</i>	3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	
RHOPRESSA	3	
ROCKLATAN	3	
Ophthalmic Prostaglandin And Prostamide Analogs		
<i>bimatoprost ophthalmic (eye)</i>	2	QL (7.5 ML per 25 days)
<i>latanoprost</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	QL (7.5 ML per 25 days)
<i>travoprost</i>	3	
OTIC AGENTS		
Otic Agents		
<i>acetic acid otic (ear)</i>	2	
<i>ciprofloxacin hcl otic (ear)</i>	2	
<i>ciprofloxacin-dexamethasone</i>	3	
<i>fluocinolone acetonide oil</i>	2	
<i>hydrocortisone-acetic acid</i>	3	
<i>neomycin-polymyxin-hydrocortisone otic (ear)</i>	2	
<i>ofloxacin otic (ear)</i>	2	
RESPIRATORY TRACT/ PULMONARY AGENTS		
Antihistamines		
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	2	QL (30 ML per 25 days)
<i>azelastine-fluticasone</i>	3	QL (23 GM per 30 days)
<i>carbinoxamine maleate oral tablet 4 mg</i>	2	
<i>clemastine oral tablet</i>	2	
<i>cypreheptadine oral tablet</i>	2	
<i>desloratadine oral tablet</i>	2	QL (30 EA per 30 days)
<i>desloratadine oral tablet,disintegrating</i>	4	QL (30 EA per 30 days)
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	4	
<i>hydroxyzine hcl oral tablet</i>	4	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	4	
<i>levocetirizine oral solution</i>	2	
<i>levocetirizine oral tablet</i>	2	QL (60 EA per 30 days)
<i>olopatadine nasal</i>	3	QL (31 GM per 30 days)
<i>promethazine oral</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RYALTRIS	4	
Anti-Inflammatories, Inhaled Corticosteroids		
budesonide inhalation	3	B/D PA
flunisolide	2	QL (50 ML per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler	4	QL (24 GM per 30 days)
fluticasone propionate nasal	2	
mometasone nasal	2	QL (34 GM per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	QL (10.6 GM per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	QL (21.2 GM per 30 days)
XHANCE	4	PA
Antileukotrienes		
montelukast oral granules in packet	2	
montelukast oral tablet	1	QL (30 EA per 30 days)
montelukast oral tablet, chewable	2	QL (30 EA per 30 days)
zafirlukast	2	QL (60 EA per 30 days)
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL (25.8 GM per 30 days)
COMBIVENT RESPIMAT	4	QL (8 GM per 30 days)
INCRUSE ELLIPTA	3	
ipratropium bromide inhalation	2	B/D PA
ipratropium bromide nasal	2	
ipratropium-albuterol	2	B/D PA
SPIRIVA RESPIMAT	4	PA; QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER	3	
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa inhaler (generic for proair hfa)	3	QL (17 GM per 30 days)
albuterol sulfate hfa inhaler (generic for proventil hfa)	3	QL (14 GM per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml	2	B/D PA
albuterol sulfate oral syrup	4	
albuterol sulfate oral tablet	4	
arformoterol	4	B/D PA
epinephrine injection auto-injector	3	QL (2 EA per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler	4	QL (24 GM per 30 days)
formoterol fumarate	4	B/D PA
levalbuterol inhalation solution for nebulization	3	B/D PA
STRIVERDI RESPIMAT	3	QL (5 GM per 30 days)
terbutaline oral	2	
VENTOLIN HFA	3	QL (36 GM per 30 days)
Cystic Fibrosis Agents		
CAYSTON	5	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KALYDECO	5	PA; QL (60 EA per 30 days)
KITABIS PAK	5	B/D PA
ORKAMBI ORAL GRANULES IN PACKET	5	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET	5	PA; QL (120 EA per 30 days)
PULMOZYME	5	B/D PA
SYMDEKO ORAL TABLETS 100-150 MG/150 MG	5	PA
SYMDEKO ORAL TABLETS 50-75 MG/75 MG	5	PA; QL (56 EA per 28 days)
TOBI PODHALER	5	
<i>tobramycin 300 mg/5 ml inhalation solution</i>	5	B/D PA
<i>tobramycin 300 mg/4 ml inhalation solution</i>	5	B/D PA
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; QL (56 EA per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; QL (84 EA per 28 days)
Mast Cell Stabilizers		
cromolyn inhalation	3	B/D PA
cromolyn oral	4	
Phosphodiesterase Inhibitors, Airways Disease		
roflumilast	4	QL (30 EA per 30 days)
THEO-24	4	
<i>theophylline oral tablet extended release 12 hr</i>	2	
<i>theophylline oral tablet extended release 24 hr</i>	2	
Pulmonary Antihypertensives		
ADEMPAS	5	PA; QL (90 EA per 30 days)
<i>ambrisentan oral tablet 10 mg</i>	5	PA
<i>ambrisentan oral tablet 5 mg</i>	5	PA; QL (30 EA per 30 days)
<i>bosentan oral tablet 125 mg</i>	5	PA
<i>bosentan oral tablet 62.5 mg</i>	5	PA; QL (60 EA per 30 days)
OPSUMIT	5	PA; QL (30 EA per 30 days)
OPSYNVI	5	PA; QL (30 EA per 30 days)
ORENITRAM MONTH 1 TITRATION KT	5	PA
ORENITRAM MONTH 2 TITRATION KT	5	PA
ORENITRAM MONTH 3 TITRATION KT	5	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA
<i>sildenafil (pulmonary hypertension) oral tablet</i>	3	PA; QL (90 EA per 30 days)
<i>tadalafil (pulmonary hypertension)</i>	4	PA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; QL (140 EA per 28 days)
UPTRAVI ORAL TABLETS,DOSE PACK	5	PA; QL (200 EA per 28 days)
WINREVAIR	5	PA; QL (1 EA per 21 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Pulmonary Fibrosis Agents		
OFEV	5	PA; QL (60 EA per 30 days)
<i>pirfenidone oral capsule</i>	5	PA; QL (270 EA per 30 days)
Respiratory Tract Agents, Other		
acetylcysteine	4	B/D PA
ADVAIR DISKUS	3	QL (60 EA per 30 days)
ADVAIR HFA	3	QL (12 GM per 30 days)
AIRSUPRA	4	QL (33 GM per 30 days)
ANORO ELLIPTA	3	QL (60 EA per 30 days)
BREO ELLIPTA	3	QL (60 EA per 30 days)
BREZTRI AEROSPHERE	3	QL (10.7 GM per 30 days)
BRINSUPRI	5	PA; QL (30 EA per 30 days)
COMBIVENT RESPIMAT	4	QL (8 GM per 30 days)
DULERA	3	QL (13 GM per 30 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; QL (4.6 ML per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
GRASTEK	3	
<i>ipratropium-albuterol</i>	2	B/D PA
ODACTRA	3	
SYMBICORT	3	QL (11 GM per 30 days)
TRELEGY ELLIPTA	3	QL (60 EA per 30 days)
Respiratory Tract/ Pulmonary Agents		
COMBIVENT RESPIMAT	4	QL (8 GM per 30 days)
<i>ipratropium-albuterol</i>	2	B/D PA
SKELETAL MUSCLE RELAXANTS		
Skeletal Muscle Relaxants		
carisoprodol	4	QL (120 EA per 30 days)
cyclobenzaprine oral tablet 10 mg, 5 mg	2	
cyclobenzaprine oral tablet 7.5 mg	4	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	4	
<i>orphenadrine citrate oral</i>	4	
SLEEP DISORDER AGENTS		
Sleep Promoting Agents		
BELSOMRA	4	QL (30 EA per 30 days)
<i>doxepin oral tablet</i>	3	QL (30 EA per 30 days)
EDLUAR	4	QL (30 EA per 30 days)
<i>eszopiclone</i>	3	QL (30 EA per 30 days)
<i>ramelteon</i>	3	
<i>tasimelteon</i>	5	PA; QL (30 EA per 30 days)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>temazepam oral capsule 15 mg, 30 mg</i>	2	
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	4	
<i>zaleplon oral capsule 10 mg</i>	2	
<i>zaleplon oral capsule 5 mg</i>	2	QL (30 EA per 30 days)
<i>zolpidem oral tablet</i>	2	QL (30 EA per 30 days)
<i>zolpidem oral tablet, extended-release</i>	3	QL (30 EA per 30 days)
<i>zolpidem sublingual</i>	3	QL (30 EA per 30 days)
Wakefulness Promoting Agents		
<i>armodafinil</i>	3	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	3	PA; QL (90 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	3	PA; QL (60 EA per 30 days)
<i>sodium oxybate</i>	5	PA; QL (540 ML per 30 days)
SUNOSI ORAL TABLET 150 MG	4	PA
SUNOSI ORAL TABLET 75 MG	4	PA; QL (30 EA per 30 days)

INDEX OF DRUGS

<i>abacavir</i>	29	<i>amlodipine</i>	39	<i>AUBRA EQ</i>	59, 62
<i>abacavir-lamivudine</i>	29	<i>amlodipine-atorvastatin</i>	40	<i>AUGTYRO</i>	20
<i>ABIGALE</i>	59	<i>amlodipine-benazepril</i>	40	<i>AUROVELA 24 FE</i>	73
<i>ABIGALE LO</i>	59	<i>amlodipine-olmesartan</i>	40	<i>AUROVELA FE 1.5/30 (28)</i>	73
<i>ABILIFY MAINTENA</i>	13, 26	<i>amlodipine-olmesartan-</i>		<i>AUROVELA FE 1-20 (28)</i>	73
<i>abiraterone</i>	18	<i>hydrochlorothiazide</i>	40	<i>AUSTEDO</i>	44
<i>ABRYSVO</i>	70	<i>amlodipine-telmisartan</i>	40	<i>AUSTEDO XR</i>	44
<i>acamprosate</i>	5	<i>amlodipine-valsartan</i>	40	<i>AUSTEDO XR TITRATION</i>	
<i>acarbose</i>	33	<i>amlodipine-valsartan-</i>		<i>KT(WK1-4)</i>	45
<i>acebutolol</i>	38, 39	<i>hydrochlorothiazide</i>	40	<i>AUVELITY</i>	13
<i>acetaminophen-codeine</i>	4, 72	<i>ammonium lactate</i>	47	<i>AVIANE</i>	59, 62
<i>acetazolamide</i>	40, 79	<i>AMNESTEEM</i>	46	<i>AVMAPKI-FAKZYNJA</i>	20
<i>acetic acid</i>	6, 72, 80	<i>amoxapine</i>	15	<i>AYVAKIT</i>	20
<i>acetylcysteine</i>	72, 83	<i>amoxicillin</i>	8	<i>AZASITE</i>	78
<i>acitretin</i>	46	<i>amoxicillin-clarithromycin-</i>		<i>azathioprine</i>	68
<i>ACTHAR</i>	57	<i>lansoprazole</i>	53, 54	<i>azelaic acid</i>	46
<i>ACTHAR SELFJECT</i>	57	<i>amoxicillin-clavulanate</i>	8, 73	<i>azelastine</i>	73, 78, 80
<i>ACTHIB</i>	70	<i>amphetamine sulfate</i>	43	<i>azelastine-fluticasone</i>	80
<i>ACTIMMUNE</i>	68	<i>amphotericin b</i>	16	<i>AZELEX</i>	46
<i>acyclovir</i>	28, 49	<i>amphotericin b liposome</i>	16	<i>azithromycin</i>	8, 73
<i>acyclovir sodium</i>	28	<i>ampicillin</i>	8	<i>aztreonam</i>	6
<i>ADACEL (TDAP</i>		<i>ampicillin sodium</i>	8, 73	<i>AZURETTE (28)</i>	59
<i>ADOLESCENT/ADULT)</i>	70	<i>ampicillin-sulbactam</i>	8	<i>bacitracin</i>	78
<i>adapalene</i>	46	<i>anagrelide</i>	36	<i>bacitracin-polymyxin b</i>	78
<i>adapalene-benzoyl peroxide</i>	46	<i>anastrozole</i>	20	<i>baclofen</i>	27
<i>adefovir</i>	28	<i>ANGELIQ</i>	59, 62	<i>balsalazide</i>	71
<i>ADEMPAS</i>	82	<i>ANNOVERA</i>	58, 59	<i>BALVERSA</i>	20
<i>ADLARITY</i>	13	<i>ANORO ELLIPTA</i>	83	<i>BALZIVA (28)</i>	59, 62
<i>ADVAIR DISKUS</i>	83	<i>apomorphine</i>	25	<i>BAQSIMI</i>	34
<i>ADVAIR HFA</i>	83	<i>apraclonidine</i>	79	<i>bcg vaccine, live</i>	70
<i>AIMOVIG AUTOINJECTOR</i>	17	<i>aprepitant</i>	15	<i>BELBUCA</i>	4
<i>AIRSUPRA</i>	83	<i>APRI</i>	59, 62	<i>BELSOMRA</i>	83
<i>AKEEGA</i>	20	<i>APTIOM</i>	12	<i>benazepril</i>	38
<i>albendazole</i>	24	<i>APTIVUS</i>	30	<i>benazepril-hydrochlorothiazide</i>	40
<i>albuterol sulfate</i>	81	<i>ARANELLE (28)</i>	59, 62	<i>BENLYSTA</i>	66, 68
<i>alclometasone</i>	47	<i>ARAZLO</i>	46	<i>benztropine</i>	25
<i>ALCOHOL PADS</i>	34, 49	<i>ARCALYST</i>	66	<i>bepotastine besilate</i>	78
<i>ALECENSA</i>	20	<i>AREXVY</i>	70	<i>BESIVANCE</i>	9, 78
<i>alendronate</i>	72	<i>arformoterol</i>	81	<i>BESREMI</i>	19, 68
<i>alfuzosin</i>	56	<i>ARIKAYCE</i>	6	<i>betaine</i>	55
<i>aliskiren</i>	40	<i>ariPIPRAZOLE</i>	13, 26	<i>betamethasone dipropionate</i>	47
<i>allopurinol</i>	16	<i>ARISTADA</i>	26	<i>betamethasone valerate</i>	47, 49
<i>alosetron</i>	53	<i>ARISTADA INITIO</i>	26	<i>betamethasone, augmented</i>	47
<i>alprazolam</i>	31	<i>armodafinil</i>	84	<i>betaxolol</i>	39, 79
<i>ALTAVERA (28)</i>	59, 62	<i>ASCOMP WITH CODEINE</i>	3, 4	<i>bethanechol chloride</i>	56
<i>ALTRENO</i>	46	<i>asenapine maleate</i>	26, 31	<i>bexarotene</i>	24
<i>ALUNBRIG</i>	20	<i>ASHLYNA</i>	59, 62	<i>BEXZERO</i>	70
<i>ALYACEN 1/35 (28)</i>	59, 62	<i>aspirin-dipyridamole</i>	37	<i>bicalutamide</i>	18
<i>amantadine hcl</i>	25, 30	<i>ASTAGRAF XL</i>	68	<i>BICILLIN C-R</i>	8
<i>ambrisentan</i>	82	<i>atazanavir</i>	30	<i>BICILLIN L-A</i>	8
<i>amcinonide</i>	47	<i>atenolol</i>	39	<i>BIKTARVY</i>	28
<i>AMETHIA</i>	72	<i>atenolol-chlorthalidone</i>	40	<i>bimatoprost</i>	80
<i>amikacin</i>	6, 72	<i>atomoxetine</i>	44	<i>bismuth subcitrate-metronidazole-</i>	
<i>amiloride</i>	41	<i>atorvastatin</i>	42	<i>tetracycline</i>	53, 54
<i>amiloride-hydrochlorothiazide</i>	40	<i>atovaquone</i>	24	<i>bisoprolol fumarate</i>	39, 40
<i>aminocaproic acid</i>	72	<i>atovaquone-proguanil</i>	24	<i>bisoprolol-hydrochlorothiazide</i>	40
<i>amiodarone</i>	38	<i>atropine</i>	78	<i>BLISOVI 24 FE</i>	59, 62
<i>amitriptyline</i>	15	<i>ATROVENT HFA</i>	81	<i>BLISOVI FE 1.5/30 (28)</i>	59, 62
<i>amitriptyline-chlordiazepoxide</i>	13	<i>ATTRUBY</i>	55, 57	<i>BLISOVI FE 1/20 (28)</i>	73

BOOSTRIX TDAP	70	carvedilol phosphate	39	clomiphene citrate	73
bosentan.....	82	caspofungin	16	clomipramine	15
BOSULIF	20	CAYSTON	81	clonazepam	11, 31
BOTOX	73	cefaclor	7	clonidine hcl	37, 44
BRAFTOVI	20	cefadroxil	7	clonidine transdermal patch	37
BREO ELLIPTA	83	cefazolin	7, 73	clopidogrel	37, 73
BREZTRI AEROSPHERE	83	cefazolin in dextrose (iso-osmotic)	73	clorazepate dipotassium	11, 31
BRIELLYN	59, 62	cefdinir	7	clotrimazole	16
brimonidine	80	cefepime	7	clotrimazole-betamethasone	49
brimonidine-timolol	78, 80	cefixime	7	clozapine	27
BRINSUPRI	83	cefoxitin	7	C-NATE DHA	73
brinzolamide	80	cefopodoxime	7	COARTEM	24
BRIVIACT	10	cefprozil	7	COBENFY	26
bromfenac	79	ceftazidime	7	COBENFY STARTER PACK	26
bromocriptine	25, 65	ceftriaxone	7	codeine sulfate	4
BRONCHITOL	73	cefuroxime	7	codeine-butalbital-aspirin-caffeine ..	3, 5
BRUKINSA	20	cefuroxime sodium	7	colchicine	17
budesonide	57, 71, 81	celecoxib	3	colesevelam	33, 42
bumetanide	41	CELLCEPT	68	colestipol	42
buprenorphine	4	cephalexin	7, 8	colistin (colistimethate sodium)	6
buprenorphine hcl	4, 5	CERDELGA	55	COMBIPATCH	59
buprenorphine-naloxone	5	cevimeline	46	COMBIVENT RESPIMAT	81, 83
bupropion (smoking deterrent)	6	CHEMET	51	COMETRIQ	21
bupropion hcl	13	CHENODAL	53	COMPLERA	29
buspirone	31	chlordiazepoxide hcl	31	COMPLETE NATAL DHA	73
butalbital-acetaminophen	3, 4	chlordiazepoxide-clidinium	53	COMPRO	15
butalbital-acetaminophen-caffeine ..	3, 4	chlorhexidine gluconate	46	CONSTULOSE	52
butalbital-acetaminophen-caffeine-		chloroquine phosphate	24	COPIKTRA	21
codeine	3, 4	chlorpromazine	15, 26	CORTIFOAM	73
butalbital-aspirin-caffeine	3, 4	chlorthalidone	41	CORTROPHIN GEL	57
butorphanol	4	CHOLBAM	55	COSENTYX	66
BYLVAY	53	cholestyramine	42	COSENTYX (2 SYRINGES)	66
CABENUVA	73	CHOLESTYRAMINE LIGHT	42	COSENTYX PEN (2 PENS)	66
cabergoline	65	chorionic gonadotropin, human	73	COSENTYX UNOREADY PEN	66
CABLIVI	37	ciclopirox	16, 49	COTELLIC	21
CABOMETYX	20	cilostazol	37	CREON	55
calcipotriene	49	CIMDUO	29	CRESEMBA	16
calcipotriene-betamethasone	47, 49	cimetidine tablet	54	cromolyn	55, 78, 82
calcitonin (salmon)	72	cinacalcet	72	CROTAN	49
calcitriol	49, 72	ciprofloxacin hcl	9, 78, 80	CRYSELLE (28)	59, 62
CALQUENCE	20	ciprofloxacin in 5 % dextrose	9	CUVRIOR	51
CAMILA	62	ciprofloxacin-dexamethasone	80	cyclobenzaprine	83
CAMRESE	73	citalopram	14	cyclophosphamide	18
CAMRESE LO	59, 62	CLARAVIS	46	cyclosporine	68, 78
candesartan	38	clarithromycin	8	cyclosporine modified	68
candesartan-hydrochlorothiazide	40	clemastine	80	cyproheptadine	80
CAPLYTA	26	CLEOCIN	6	CYRED EQ	59, 62
CAPRELSA	21	CLIMARA PRO	58, 59	CYSTADANE	55
captopril	38	CLINDACIN	49	CYSTADROPS	55, 78
carbamazepine	12, 32, 45	CLINDACIN ETZ	6, 50	CYSTAGON	55
carbidopa	25	clindamycin hcl	6	CYSTARAN	55, 78
carbidopa-levodopa	25	clindamycin in 5 % dextrose	6	CYTOMEL	65
carbidopa-levodopa-entacapone	25	CLINDAMYCIN PEDIATRIC	6	D5 % (D-GLUCOSE)-0.9 %	
carbinoxamine maleate	80	clindamycin phosphate	6, 50	SODCLR	73
CARDURA XL	38, 56	clindamycin-benzoyl peroxide	46	dabigatran etexilate	36
carglumic acid	50	CLINISOL SF 15 %	50, 52	dalfampridine	45
carisoprodol	83	CLINOLIPID	52	danazol	58
carteolol	79	clobazam	11	dantrolene	28
CARTIA XT	38, 40	clobetasol	47	dapaglifloz propaned-metformin	33
carvedilol	39	clobetasol-emollient	47	dapagliflozin propanediol	33

dapsone	18, 50, 73	dicloxacillin	8	efavirenz-lamivudine-tenofovir
DAPTACEL (PEDIATRIC)	70	dicyclomine	53	disoproxil fumarate
daptomycin	6	DIFICID	9	EFFER-K
darifenacin	56	diflorasone	47	electrolyte-148
darunavir	30	diflunisal	3	electrolyte-a
dasatinib	21	difluprednate	79	ELIGARD
DAURISMO	21	digoxin	38, 40	ELIGARD (3 MONTH)
DAYSEE	73	dihydroergotamine	17	ELIGARD (4 MONTH)
DEBLITANE	62	DILANTIN	12	ELIGARD (6 MONTH)
deferasirox	51	DILANTIN EXTENDED	12	ELINEST
deferiprone	51	DILANTIN INFATABS	12	ELIQUIS
deferoxamine	73	diltiazem hcl	38, 40	ELIQUIS DVT-PE STARTER
deflazacort	57	DLT-XR	38, 40	PACK
DELSTRIGO	29	dimethyl fumarate	45	ELITE-OB
DENTA 5000 PLUS	73	diphenhydramine hcl	73	ELIXOPHYLLIN
DENTA 5000 PLUS SENSITIVE	73	diphenoxylate-atropine	53	ELMIRON
DENTAGEL	73	dipyridamole	37	ELREXFIO
DEPO-ESTRADIOL	58	disulfiram	5	eltrombopag olamine
DEPO-SUBQ PROVERA 104	62	divalproex	10, 17, 32	ELURYNG
DESCOVY	29	dofetilide	38	EMSAM
desipramine	15	DOJOLVI	55	emtricitabine
desloratadine	80	DOLISHALE	59, 62	emtricitabine-tenofovir disoproxil
desmopressin	57	donepezil	13	fumarate
desogestrel-biphasic ethinyl		DOPTELET (10 TAB PACK)	37	emtricitabine-rilpivirine-tenofovir df
estradiol	73	DOPTELET (15 TAB PACK)	37	EMTRIVA
desonide	47	DOPTELET (30 TAB PACK)	37	EMVERM
desoximetasone	47	dorzolamide	80	enalapril maleate
desvenlafaxine	14	dorzolamide-timolol	78, 80	enalapril-hydrochlorothiazide
desvenlafaxine succinate	14	dorzolamide-timolol (preservative-free)	78, 80	ENBREL
dexamethasone	57, 71	DOTTI	58	ENBREL MINI
dexamethasone sodium phosphate		DOVATO	28	ENBREL SURECLICK
	73, 79	doxazosin	38, 56	ENDOCET
dexamethasone sodium phosphate (preservative-free) injection	73	doxepin	15, 31, 48, 83	ENGERIX-B
dexmethylphenidate	44	doxercalciferol	72	ENGERIX-B PEDIATRIC
dextroamphetamine sulfate	43	DOXY-100	9	ENILLORING
dextroamphetamine-amphetamine	43	doxycycline hydrate	9, 46	enoxaparin
dextrose 10% in water (d10w)	50, 52	doxycycline monohydrate	9	ENPRESSE
dextrose 10%-0.2% sodium		DRIZALMA SPRINKLE	14, 31	ENSKYCE
chloride	50, 52	dronabinol	15	ENSPRYNG
dextrose 10%-0.45% sodium		drospirenone-ethinyl estradiol	58, 59	ENSTILAR
chloride	50, 52	DROXIA	73	entacapone
dextrose 2.5%-0.45% sodium		droxidopa	37	ENTADFI
chloride	50, 52	DUAVEE	65	entecavir
dextrose 5% in water (d5w)	50, 52, 73	DULERA	83	ENTRESTO SPRINKLE
dextrose 5%-0.2% sodium chloride		duloxetine	14, 31, 45	ENULOSE
	50, 52	DUOBRII	46, 48	ENVARSUS XR
dextrose 5%-0.45% sodium		DUPIXENT	48, 66, 67, 68, 83	EPIDIOLEX
chloride	50, 52	dutasteride	56	epinastine
dextrose 5%-0.9% sodium chloride		dutasteride-tamsulosin	56	epinephrine
	50, 52	E.E.S. 400	9	eplerenone
dextrose 70% in water (d70w)	73	econazole nitrate	16, 50	EQUETRO
DIACOMIT	10	EDARBI	38	ERAXIS
diazepam	11, 31, 73	EDARBYCLOR	40	ERGOMAR
DIAZEPAM INTENSOL	11, 31	EDLUAR	83	ergotamine-caffeine
diazoxide	34	EDURANT	29	ERIVEDGE
dichlorphenarnide	73	EDURANT PED	29	ERLEADA
diclofenac potassium	3	efavirenz	29	erlotinib
diclofenac sodium	3, 49, 79	efavirenz-emtricitabine-tenofovir		ERRIN
diclofenac-misoprostol	3	disoproxil fumarate	29	ertapenem

erythromycin	9, 50, 79	FINTEPLA	10	gentamicin	6, 79
erythromycin ethylsuccinate	9	FIRDAPSE	45, 55	gentamicin in nacl (iso-osmotic)	6, 74
erythromycin-benzoyl peroxide	46	FIRMAGON KIT W DILUENT		gentamicin sulfate (pediatric, preservative-free)	74
ERZOFRI	26	SYRINGE	65	GENVOYA	28
escitalopram oxalate	14, 31	flavoxate	56	GILOTrif	21
eslicarbazepine	12	flecainide	38	glatiramer	45
esomeprazole magnesium	54	fluconazole	16	GLATOPA	45, 46
ESTARYLLA	60, 62	fluconazole in nacl (iso-osmotic)	16	GLEOSTINE	18
estradiol	58	flucytosine	16	glimepiride	33
estradiol valerate	58, 59	fludrocortisone	57	glipizide	33
estradiol-norethindrone acetate	60	flunisolide	81	glipizide-metformin	33
eszopiclone	83	fluocinolone	48	GLUCAGON EMERGENCY KIT	34
ethacrynic acid	41	fluocinolone acetonide oil	80	glutamine (sickle cell)	55
ethambutol	18	fluocinolone and shower cap	48	glyburide	33
ethosuximide	11	fluocinonide	48	glyburide micronized	33
ethynodiol diacetate-ethinyl estradiol	74	fluocinonide-emollient	48	glyburide-metformin	33
etodolac	3	fluoride (sodium)	50, 74	glycopyrrolate	53
etonogestrel-ethinyl estradiol	59, 60	fluorometholone	79	GLYXAMBI	33
etravirine	29	fluorouracil	19, 49, 74	GOCOVRI	25
EULEXIN	18	fluoxetine	14	GOMEKLI	21
EVAMIST	59	fluphenazine decanoate	26	granisetron hcl	15
EVENITY	72, 74	fluphenazine hcl	26	GRASTEK	67, 83
everolimus	21, 68	flurbiprofen	3	griseofulvin microsize	16
EVOTAZ	30	flurbiprofen sodium	79	griseofulvin ultramicrosize	16
EVRYSDI	55	fluticasone propionate	48, 81	guanfacine	37, 44
exemestane	20	fluvastatin	42	GVOKE	33, 34
ezetimibe	42	fluvoxamine	14	GVOKE HYPOEN 2-PACK	35
ezetimibe-simvastatin	42	FOLIVANE-OB	74	GVOKE PFS 1-PACK SYRINGE	35
FABIOR	46	fondaparinux	36	HADLIMA	68
FALMINA (28)	60, 62	formoterol fumarate	81	HADLIMA (CITRATE-FREE)	68
famciclovir	28	fosamprenavir	30	HADLIMA (CITRATE-FREE)	
famotidine	54	fosfomycin tromethamine	6	PUSHTOUCH	68
FANAPT	26	fosinopril	38	HADLIMA PUSHTOUCH	69
FANAPT TITRATION PACK A	26	fosinopril-hydrochlorothiazide	41	HAEGARDA	66
FARXIGA	33, 43	FOTIVDA	21	HAILEY 24 FE	60, 62
febuxostat	17	FRAGMIN	36, 74	HAILEY FE 1.5/30 (28)	74
FEIRZA	60, 62	FRUZAQLA	21	HAILEY FE 1/20 (28)	74
felbamate	10	furosemide	41	halobetasol propionate	48
felodipine	39	FUZEON	30	HALOETTE	59, 60
fenofibrate	42	FYAVOLV	60, 62	haloperidol	26
fenofibrate micronized	42	FYCOMPRA	10	haloperidol decanoate	26
fenofibrate nanocrystallized tab	48	gabapentin	11, 45	haloperidol lactate	26
mg, 145 mg	42	galantamine	13	HAVRIX	70
fenofibric acid (choline) delayed- release cap 45 mg, 135 mg	42	GALLIFREY	62	HEATHER	62
fenofibric acid tablet 35 mg, 105		GAMMAGARD LIQUID	66	HEMADY	57
mg	74	GAMMAKED	66, 74	HEMICLOR	41
fentanyl	4	GAMUNEX-C	66, 74	heparin, porcine	36, 74
FERRIPROX	51	GARDASIL 9	70	heparin, porcine (preservative-free)	74
FERRIPROX (TWICE-DAILY)	51	gatifloxacin	79	heparin, porcine in 0.45% nacl	74
fesoterodine	56	GATTEX 30-VIAL	54	heparin, porcine in nacl (preservative-free)	74
FETZIMA	14	GAUZE PAD	35	HEPLISAV-B	70
FIASP FLEXTOUCH U-100		GAVILYTE-C	52, 54	HERNEXEOS	21
INSULIN	35	GAVILYTE-G	52, 54	HIBERIX	70
FIASP PENFILL U-100 INSULIN	35	GAVILYTE-N	52, 54	HIZENTRA	74
FIASP U-100 INSULIN	35	GAVRETO	21	HUMALOG JUNIOR KWIKPEN U-	
FINACEA	46	gefitinib	21	100	35
finasteride	56	gemfibrozil	42	HUMALOG KWIKPEN INSULIN	35
fingolimod	45	GEMTESA	56	HUMALOG MIX 50-50 KWIKPEN	35
		GENERLAC	52		
		GENGRAF	68		

HUMALOG MIX 75-25 KWIKPEN	35	INGREZZA INITIATION PACK	45	JUXTAPID	42
HUMALOG MIX 75-25(U-100)INSULN	35	INGREZZA SPRINKLE	44, 45	JYNNEOS	70
HUMALOG TEMPO PEN(U-100)INSULN	35	INLYTA	21	KALETRA	30
HUMALOG U-100 INSULIN	35	INQOVI	19	KALYDECO	82
HUMULIN 70/30 U-100 INSULIN	35	INREBIC	21	KARIVA (28)	60, 63
HUMULIN 70/30 U-100 KWIKPEN	35	<i>insulin glargine u-300 conc.</i>	35	KELNOR 1/35 (28)	59, 60
HUMULIN N NPH INSULIN KWIKPEN	35	<i>insulin lispro</i>	35	KELNOR 1/50 (28)	59
HUMULIN N NPH U-100 INSULIN	35	<i>insulin lispro protamin-lispro</i>	35	KERENDIA	41, 43
HUMULIN R REGULAR U-100 INSULN	35	INSULIN SAFETY	35	KESIMPTA PEN	46
HUMULIN R U-500 (CONC) INSULIN	35	<i>insulin syringe-needle u-100</i>	35	<i>ketoconazole</i>	16
HUMULIN R U-500 (CONC) KWIKPEN	35	INTELENCE	29	KETODAN	16
hydralazine	43	INTRALIPID	50, 52	<i>ketoprofen</i>	3
hydrochlorothiazide	41	INVEGA HAFYERA	26	<i>ketorolac</i>	3, 79
hydrocodone bitartrate	4	INVEGA SUSTENNA	26	KINERET	69
hydrocodone-acetaminophen	5	INVEGA TRINZA	26	KINRIX	70
hydrocodone-ibuprofen	5	IOPIDINE	80	KIONEX (WITH SORBITOL)	52
hydrocortisone	48, 57, 71	IPOL	70	KISQALI	22
hydrocortisone sod succinate	74	<i>ipratropium bromide</i>	81	KISQALI FEMARA CO-PACK	19
hydrocortisone valerate	48	<i>ipratropium-albuterol</i>	81, 83	KITABIS PAK	82
hydrocortisone-acetic acid	80	irbesartan	38	KLOR-CON	50, 51
hydrocortisone-pramoxine	49	<i>irbesartan-hydrochlorothiazide</i>	41	KLOR-CON 10	50, 52
hydromorphone	4, 5	ISENTRESS	28	KLOR-CON 8	50
hydroxychloroquine	24	ISENTRESS HD	28	KLOR-CON M10	50
hydroxyurea	19	ISIBLOOM	60, 63	KLOR-CON M15	50
hydroxyzine hcl	31, 80	ISOLYTE S PH 7.4	50	KLOR-CON M20	50
hydroxyzine pamoate	31, 80	ISOLYTE-P IN 5 % DEXTROSE	50, 52	KLOR-CON/EF	75
HYQVIA	74	isoniazid	18	KLOXXADO	6
ibandronate	72	isosorbide dinitrate	43	KOSELUGO	22
IBRANCE	20, 21	isosorbide mononitrate	43	KOURZEQ	46
IBTROZI	21	isosorbide-hydralazine	41	KRAZATI	22
IBU	3, 75	isotretinoin	46	KRINTAFEL	24
ibuprofen	3	isradipine	39	KRISTALOSE	53
icatibant	66	ISTURISA	57	KURVELO (28)	60, 63
ICLEVIA	60, 63	ITOVEBI	22	<i>labetalol</i>	39
ICLUSIG	21	<i>itraconazole</i>	16	<i>lacosamide</i>	12
icosapent ethyl	42	ivabradine	41	<i>lactated ringer's solution</i>	75
IDHIFA	19, 21	ivermectin	24, 46	<i>lactulose</i>	53
imatinib	21	IWILFIN	19	<i>lamivudine</i>	28, 29
IMBRUVICA	21	IXIARO	70	<i>lamivudine-zidovudine</i>	29
imipenem-cilastatin	8	JAKAFI	22	<i>lamotrigine</i>	10, 31, 32, 33
imipramine hcl	15	JANTOVEN	36	LANOXIN	39, 41
imipramine pamoate	15	JANUMET	33	<i>lanreotide (j1930 - true generic)</i>	75
imiquimod	49	JANUMET XR	33	<i>lansoprazole</i>	54
IMKELDI	21	JANUVIA	33	LANTUS SOLOSTAR U-100	
IMOVAZ RABIES VACCINE	70	JARDIANC	33	INSULIN	35
IMPAVIDO	24	JASMIEL (28)	59, 60	LANTUS U-100 INSULIN	35
INBRIJA	25	JAYPIRCA	22	<i>lapatinib</i>	22
INCASSIA	63	JENCYCLA	75	LARIN 1.5/30 (21)	60, 63
INCRELEX	57	JENTADUETO	34, 75	LARIN 1/20 (21)	60, 63
INCRUSE ELLIPTA	81	JENTADUETO XR	34	LARIN FE 1.5/30 (28)	60, 63
indapamide	42	JINTELI	60, 63	LARIN FE 1/20 (28)	60, 63
indomethacin	3	JOLESSA	75	<i>latanoprost</i>	80
INFANRIX	70	JOURNAVX	3	LAZCLUZE	22
INGREZZA	45	JULEBER	60, 63	LEENA 28	75
		JULUCA	28, 29	<i>leflunomide</i>	67, 69
		JUNEL 1.5/30 (21)	60, 63	<i>lenalidomide</i>	19
		JUNEL 1/20 (21)	60, 63	LENTOCILIN S	75
		JUNEL FE 1.5/30 (28)	60, 63	LENVIMA	22
		JUNEL FE 1/20 (28)	60, 63	LESSINA	60, 63
		JUNEL FE 24	60, 63	<i>letrozole</i>	20

leucovorin calcium	19, 24	LUPRON DEPOT (3 MONTH)	65	methylprednisolone acetate	75
LEUKERAN	18	LUPRON DEPOT (4 MONTH)	65	methylprednisolone sodium	
LEUKINE	36	LUPRON DEPOT (6 MONTH)	65	succinate	75
leuprolide	65	LUPRON DEPOT-PED	65, 75	methyltestosterone	58
leuprolide acetate (3 month)	65	LUPRON DEPOT-PED (3 MONTH)	65, 75	metoclopramide hcl	15, 54
levalbuterol inhalation solution for nebulization	81	Iurasidone	26, 32	metolazone	42
levetiracetam	10	LUTERA (28)	61, 63	metoprolol succinate	39
levobunolol	79	LYBALVI	27, 32	metoprolol tartrate	39
levocarnitine	50, 52	LYLEQ	63	metoprolol tartrate-hydrochlorothiazide	41
levocetirizine	80	LYNPARZA	19, 22	metronidazole	7
levofloxacin	9, 79	LYSODREN	19, 65	metronidazole in nacl (iso-os)	6
levofloxacin in d5w	9	LYTGOBI	22	metyrosine	41
LEVONEST (28)	60, 63	LYZA	63	mexiletine	39
levonorgestrel/biphasic ethynodiol	60, 63	magnesium sulfate	51	MICONAZOLE-3	16
lidocaine	5	malathion	49	MICROGESTIN 1.5/30 (21)	61, 63
lidocaine (preservative-free)	75	maraviroc	30	MICROGESTIN 1/20 (21)	61, 63
lidocaine hcl	5, 75	MARLISSA (28)	61, 63	MICROGESTIN FE 1.5/30 (28)	61, 63
LIDOCAINE VISCOSUS	5	MARPLAN	14	MICROGESTIN FE 1/20 (28)	61, 63
lidocaine-prilocaine	5	MATULANE	18	midodrine	37
LILETTA	60	MATZIM LA	39, 40	mifepristone	34, 35
linezolid	6	MAVYRET	28	MIGERGOT	17
linezolid in dextrose 5%	6	meclizine	15	milaglutat	55
LINZESS	53	medroxyprogesterone	63	MILI	61, 64
liothyronine	65	mefloquine	24	minocycline	9
lisdexamfetamine	43	megestrol	63	minoxidil	43
lisinopril	38	MEKINIST	22	mirabegron	56
lisinopril-hydrochlorothiazide	41	MEKTOVI	22	mirtazapine	13
lithium carbonate	33	MELEYA	63	misoprostol	54, 58
lithium citrate	33	meloxicam	3	M-M-R II	70
LITHOSTAT	56	memantine	13	M-NATAL PLUS	75
LIVMARLI	54	memantine-donepezil	13	modafinil	84
LIVTENCITY	28	MENEST	75	MODEYSO	22
LO LOESTRIN FE	60, 63	MENQUADFI	70	moexipril	38
lofexidine	5	MENVEO A-C-Y-W-135-DIP	70	molindone	26
LOKELMA	52	mercaptopurine	19, 69	mometasone	48, 81
LONSURF	19	meropenem	8	MONO-LINYAH	75
loperamide	53	mesalamine	71	montelukast	81
lopinavir-ritonavir	30	mesna	24	morphine	4, 5
lorazepam	11, 31, 75	MESNEX	24	morphine concentrate	4, 5
LORBRENA	22	metformin	34	MOTPOLY XR	12
LORYNA (28)	59, 60	methadone	4, 75	MOVANTIK	53
losartan	38	METHADOSE	75	moxifloxacin	9, 79
losartan-hydrochlorothiazide	41	methamphetamine	43	moxifloxacin in nacl (iso-osmotic)	9
loteprednol	79	methazolamide	80	MRESVIA (PF)	70
lovastatin	42	methenamine hippurate	6	MULTAQ	39
LOW-OGESTREL (28)	60, 63	methimazole	66	mupirocin	50
loxapine succinate	26	METHITEST	58	MYALEPT	54
lubiprostone	53	methocarbamol	83	mycophenolate mofetil	69
LUCEMYRA	5	methotrexate sodium	19, 69	mycophenolate sodium	69
LUDENT FLUORIDE	75	methotrexate sodium (preservative-free)	19, 69, 75	MYFORTIC	69
LUMAKRAS	19, 22	methoxsalen	49	MYHIBBIN	69
LUMIGAN	80	methscopolamine	53	MYTESI	53
LUPKYNIS	69	methsuximide	11	nabumetone	3
LUPRON DEPOT	65	methylergonovine	75	nadolol	39
		methylphenidate	44	naftifine	16, 50
		methylphenidate hcl	44	naloxone	6, 75
		methylprednisolone	57, 71	naltrexone	5
				naproxen	3

naproxen sodium	3	NORTREL 1/35 (28)	61, 64	ONEXTON	47
naratriptan	17	NORTREL 7/7/7 (28)	61, 64	ONUREG	19
NARCAN	75	nortriptyline	15	OPFOLDA	76
NATACYN	79	NORVIR	30	OPIPZA	14, 27
nateglinide	34	NOURIANZ	25	OPSUMIT	82
NAYZILAM	11, 31	NOVOLIN R FLEXPEN	35	OPSYNVI	82
nebivolol	39	NOVOLOG FLEXPEN U-100		OPVEE	6
NECON 0.5/35 (28)	61, 64	INSULIN	35	OPZELURA	48
nefazodone	14	NOVOLOG MIX 70-30 U-100		ORALAIR	76
neomycin	6	INSULN	35	ORENCIA	67
neomycin-bacitracin-polymyxin	78, 79	NOVOLOG MIX 70-30FLEXPEN		ORENCIA (WITH MALTOSE)	76
neomycin-bacitracin-polymyxin-hydrocortisone	78	U-100	35	ORENCIA CLICKJECT	67
neomycin-polymyxin-dexamethasone	78	NOVOLOG PENFILL U-100		ORENITRAM	82
neomycin-polymyxin-gramicidin	78, 79	INSULIN	35	ORENITRAM MONTH 1	
neomycin-polymyxin-hydrocortisone	78, 80	NOVOLOG U-100 INSULIN		TITRATION KT	82
NEO-POLYCIN	78, 79	ASPART	35	ORENITRAM MONTH 2	
NEO-POLYCIN HC	78	NUBEQA	18	TITRATION KT	82
NEORAL	69	NUEDEXTA	45	ORENITRAM MONTH 3	
NEO-SYNALAR	48, 49	NUPLAZID	27	TITRATION KT	82
NERLYNX	22	NURTEC ODT	17, 45	ORGOVYX	20
NEULASTA	36	NUVESSA	75	ORIAHNN	66
NEULASTA ONPRO	75	NYAMYC	16	ORILISSA	66
NEUPRO	25	NYLIA 1/35 (28)	61, 64	ORKAMBI	82
nevirapine	29	NYLIA 7/7/7 (28)	61, 64	ORMALVI	55
NEXLETOL	42	nystatin	16	orphenadrine citrate	83
NEXLIZET	42	nystatin-triamcinolone	49	ORQUIDEA	64
NEXPLANON	61	NYSTOP	16	ORSERDU	19
niacin	42	OCELLA	59, 61	oseltamivir	30
nicardipine	39	OCTAGAM	66	OTEZLA	49, 69
NICOTROL NS	6	octreotide acetate	66, 76	OTEZLA STARTER	49, 69
nifedipine	40	ODACTRA	67, 83	oxacillin	8
NIKKI (28)	59, 61	ODEFSEY	29	oxacillin in dextrose (iso-osmotic)	8
nilotinib hcl	22	ODOMZO	22	oxaprozin	3
nilutamide	18	OFEV	83	oxcarbazepine	12
nimodipine	40	ofloxacin	9, 79, 80	oxiconazole	16
NINLARO	19, 22	OGSIVEO	20, 22	oxybutynin chloride	56
nisoldipine	40	OJEMDA	22	oxycodone	5, 76
nitazoxanide	24	OJJAARA	19, 22	oxycodone-acetaminophen	5
nitisinone	55	olanzapine	27, 32	oxymorphone	4, 5
NITRO-BID	43	olanzapine-fluoxetine	14	OZEMPIC	34
nitrofurantoin macrocrystal	7	olmesartan	38	PACERONE	39
nitrofurantoin monohydrate/macrocrys oral	7	olmesartan-hydrochlorothiazide	41	paliperidone	27
nitroglycerin	43	olopatadine	80	PANRETIN	24, 49
NITYR	55	omega-3 acid ethyl esters	42	pantoprazole	55
nizatidine	54	OMEGAVEN	76	paricalcitol	72
NOCDURNA	75	omeprazole	54	paroxetine hcl	14, 31
NORA-BE	64	OMNIPOD 5 (G6/LIBRE 2 PLUS)	76	PAXLOVID	30, 67
norelgestromin-ethinyl estradiol transdermal	61, 64	OMNIPOD 5 G6-G7 INTRO		pazopanib	22
norethindrone (contraceptive)	64	KT(GEN5)	76	PEDIARIX	70
norethindrone acetate	64	OMNIPOD 5 G6-G7 PODS (GEN		PEDVAX HIB	70
norethindrone-ethinyl estradiol	61, 64	5)	76	peg 3350-electrolytes	53, 54
norethindrone-ethinyl estradiol-iron	75	OMNIPOD 5		peg3350-sod sul-nacl-kcl-asb-c.	53, 54
norgestimate-ethinyl estradiol	61, 64	INTRO(G6/LIBRE2PLUS)	76	PEGASYS	68
NORTREL 0.5/35 (28)	61, 64	OMNIPOD DASH INTRO KIT		peg-electrolyte soln	53, 54
NORTREL 1/35 (21)	61, 64	(GEN 4)	76	PEMAZYRE	22
		OMNIPOD DASH PODS (GEN 4)	76	pen needle, diabetic	36
		OMNITROPE	58	PENBRAYA	70
		ondansetron	15	penicillamine	51, 56, 57
		ondansetron hcl	15	penicillin g potassium in dextrose	8
		ondansetron hcl (preservative-free)	76	penicillin g sodium	8

penicillin v potassium	8	prednisolone acetate	79	PYRUKYND	37, 55
PENMENVY MEN A-B-C-W-Y (PF)	70	prednisolone sodium phosphate	57, 72, 76, 79	QINLOCK	22
PENTACEL	70	prednisone	57, 72	QUADRACEL	70
pentamidine	25	PREDNISONE INTENSOL	57, 72	quetiapine	14, 27, 32
pentazocine-naloxone	5	pregabalin	11, 12, 45	quinapril	38
pentoxifylline	41	PREGNYL	76	quinapril-hydrochlorothiazide	41
perampanel	10	PREMARIN	59	quinidine gluconate	39
PERIKABIVEN	76	PREMASOL 10 %	51, 52	quinidine sulfate	39
perindopril erbumine	38	PREMPHASE	59, 61	quinine sulfate	25
PERIOPGARD	46	PREMPRO	59, 61	QVAR REDIHALER	81
permethrin	49	PRENATAL PLUS DHA	76	RABAVERT	70
perphenazine	15, 26	PRENATAL VITAMIN PLUS LOW		rabeprazole	55
perphenazine-amitriptyline	14	IRON	52	RADICAVA ORS STARTER KIT	
PFIZERPEN-G	76	PREVALITE	42	SUSPENSION	45
phenelzine	14	PREVENT 5000 BOOSTER		RALDESY	14
phenobarbital	11	PLUS	76	raloxifene	65
phenoxybenzamine	38, 56	PREVENT 5000 DRY MOUTH	76	ramelteon	83
phenytoin	12	PREVENT 5000 ENAMEL		ramipril	38
phenytoin sodium extended	12, 76	PROTECT	76	ranolazine	41
PHESGO	76	PREVENT 5000 ORTHO		rasagiline	25
PIFELTRO	29	DEFENSE	76	REBIF (WITH ALBUMIN)	46
pilocarpine hcl	46, 80	PREVENT 5000 SENSITIVE	76	REBIF REBIDOSE	46
pimecrolimus	48	PREVYMIS	28	REBIF TITRATION PACK	46
pimozide	26	PREZCOBIX	30	RECLIPSEN (28)	61, 64
PIMTREA (28)	61, 64	PREZISTA	30	RECOMBIVAX HB	70
pindolol	39	PRIFTIN	18	RECORLEV	66
pioglitazone	34	primaquine	25	RELISTOR	53
pioglitazone-metformin	34	primidone	12	RENACIDIN	76
piperacillin-tazobactam	8	PRIORIX	70	repaglinide	34
PIQRAY	22	PRIVIGEN	66	REPATHA SURECLICK	43
pirfenidone	83	probencid	17	REPATHA SYRINGE	43
piroxicam	3	probencid-colchicine	17	RESTASIS (DROPPERETTE	
pitavastatin calcium	42	prochlorperazine	15	ONLY	69, 78
PNV-DHA	76	prochlorperazine maleate	15, 26	RETACRIT	37
PNV-OMEGA	76	PROCRT	36, 76	RETEVMO	20, 22
PNV-SELECT	76	PROCTOFOAM HC	49, 72	REVCORI	67
podofilox	49	PROCTO-MED HC	48, 72	REVUFORJ	23
POLYCIN	79	PROCTOSOL HC	48, 72	REXULTI	27
polymyxin-trimethoprim	78, 79	PROCTOZONE-HC	48, 72	REYATAZ	30
POMALYST	19	PROCYSB	55, 76	REZDIFFRA	54
PORTIA 28	61, 64	progesterone micronized	64	REZLIDHIA	23
posaconazole	16	PROGRAF	69	REZUROCK	23, 69
potassium chloride	51, 52	PROLASTIN-C	55	RHOPRESSA	80
potassium chloride in d5-0.2% nacl.	51	PROLIA	72	ribavirin	28
potassium chloride in d5-0.45%		PROMACTA	36, 37	rifabutin	18
nacl	51	promethazine	15, 80	rifampin	18
potassium chloride in d5-0.9% nacl.	51	PROMETHEGAN	15, 76	riluzole	45
potassium chloride in water	51	propafenone	39	rimantadine	30
potassium citrate	51	propranolol	39	RINVOQ	67
PR NATAL 400	76	propylthiouracil	66	RINVOQ LQ	67
PR NATAL 400 EC	76	PROQUAD	70	risedronate	72
PR NATAL 430	76	PROSOL 20 %	51, 52	risperidone	27, 32
PR NATAL 430 EC	76	protriptyline	15	risperidone microspheres	27, 32
pramipexole	25	PRURADIK	49	ritonavir	30
PRAMOSONE	48, 76	PULMOZYME	82	rivastigmine	13
prasugrel hcl	37	PYLERA	54	rivastigmine tartrate	13
pravastatin	42	pyrazinamide	18	rizatriptan	17
praziquantel	24	pyridostigmine bromide	18	ROCKLATAN	78, 80
prazosin	38, 56	pyrimethamine	25	roflumilast	82
prednisolone	57, 72			ROMVIMZA	23

<i>ropinirole</i>	25	SOLOSEC	7	TABRECTA	23
<i>rosuvastatin</i>	42	SOLTAMOX	19	<i>tacrolimus</i>	48, 69
ROTARIX	70	SOLU-MEDROL	77	<i>tadalafil</i>	56
ROTATEQ VACCINE	70	SOLU-MEDROL (PF)	77	<i>tadalafil (pulmonary hypertension)</i>	82
ROZLYTREK	23	SOMAVERT	66	TAFINLAR	23
RUBRACA	23	sorafenib	23	TAGRISSO	23
<i>rufinamide</i>	12	sotalol	39	TAKHYRO	66
RUKOBIA	30	SOTALOL AF	39	TALZENNA	23
RYALTRIS	81	SOTYLIZE	39	<i>tamoxifen</i>	19
RYBELSUS	34	SPIRIVA RESPIMAT	81	<i>tamsulosin</i>	56
RYDAPT	23	SPIRIVA WITH HANDIHALER	81	TARINA 24 FE	61, 64
<i>sacubitril-valsartan</i>	41	spironolactone	41, 43	TARINA FE 1-20 EQ (28)	61, 64
SANDIMMUNE	69	spironolactone-hydrochlorothiazide	41	TARPEYO	57
SANTYL	49	SPRINTEC (28)	61, 64	TASIGNA	23
<i>sapropterin</i>	55	SPRITAM	10	<i>tasimelteon</i>	83
SCEMBLIX	23	SPS (WITH SORBITOL)	52	<i>tavaborole</i>	16, 50
<i>scopolamine base</i>	15, 53	SRONYX	61, 64	TAVNEOS	67, 69
SECUADO	27, 32	SSD	49	<i>tazarotene</i>	47
SELARSDI	67	STAMARIL	77	TAZVERIK	23
<i>selegiline hcl</i>	25	STELARA	67	TEFLARO	8
<i>selenium sulfide</i>	48	STIVARGA	23	TEGLUTIK	77
SELZENTRY	30	<i>streptomycin</i>	6	<i>telmisartan</i>	38
SE-NATAL 19	77	STRIBILD	28	<i>telmisartan-hydrochlorothiazide</i>	41
SE-NATAL 19 CHEWABLE	77	STRIVERDI RESPIMAT	81	<i>temazepam</i>	84
<i>sertraline</i>	14, 31	SUBVENITE	10, 33	TENIVAC	71
SETLAKIN	61, 64	SUBVENITE STARTER (BLUE)		<i>tenofovir disoproxil fumarate</i>	28, 29
SF	77	KIT	10, 33	TEPMETKO	23
SF 5000 PLUS	77	SUBVENITE STARTER (GREEN)		<i>terazosin</i>	38, 56
SHAROBEL	64	KIT	10, 33	<i>terbinafine hcl</i>	16
SHINGRIX	71	SUBVENITE STARTER		<i>terbutaline</i>	81
SIGNIFOR	66	(ORANGE) KIT	10, 33	<i>terconazole</i>	16
<i>sildenafil (pulmonary hypertension)</i>	82	SUCRAID	55	<i>teriflunomide</i>	46
<i>silodosin</i>	56	<i>sucralfate</i>	54	<i>teriparatide</i>	72, 77
<i>silver sulfadiazine</i>	49	<i>sulfacetamide sodium</i>	79	<i>testosterone</i>	58
SIMLANDI (CITRATE-FREE)		<i>sulfacetamide sodium (acne)</i>	9	<i>testosterone cypionate</i>	58
AUTOINJECTOR	67, 69	<i>sulfacetamide-prednisolone</i>	78	<i>testosterone enanthate</i>	58
SIMLANDI(CF)	69	<i>sulfadiazine</i>	9	<i>tetrabenazine</i>	45
<i>simvastatin</i>	42	<i>sulfamethoxazole-trimethoprim</i>	9	<i>tetracycline</i>	9
<i>sirolimus</i>	69	SULFAMYRON	50	THALOMID	19
SIRTURO	18	<i>sulfasalazine</i>	71	THEO-24	82
SIVEXTRO	7	<i>sulindac</i>	3	<i>theophylline</i>	82
SKYCLARYS	45, 55	<i>sumatriptan</i>	17	<i>thioridazine</i>	26
SKYRIZI	67	<i>sumatriptan succinate</i>	17, 18	<i>thiothixene</i>	26
SMOFLIPID	77	<i>sumatriptan-naproxen</i>	18	TIADYLT ER	39, 40
<i>sodium chloride</i>	51	<i>sunitinib malate</i>	23	<i>tiagabine</i>	12
<i>sodium chloride 0.45 %</i>	51	SUNLENCA	30, 77	TIBSOVO	20, 23
<i>sodium chloride 0.9 %</i>	51	SUNOSI	84	<i>ticagrelor</i>	37
<i>sodium chloride 3 % hypertonic</i>	51	SUPREP BOWEL PREP KIT	53, 54	TICOVAC	71
<i>sodium chloride 5 % hypertonic</i>	51	SYEDA	59, 61	<i>tigecycline</i>	7
SODIUM FLUORIDE 5000 DRY		SYMBICORT	83	<i>timolol maleate</i>	17, 39, 79
MOUTH	77	SYMDEKO	82	<i>tinidazole</i>	7
SODIUM FLUORIDE 5000 PLUS	77	SYMLINPEN 120	34	<i>tiopronin</i>	57
<i>sodium fluoride-potassium nitrate dental</i>	77	SYMLINPEN 60	34	TIVICAY	29
<i>sodium oxybate</i>	84	SYMPAZAN	12	TIVICAY PD	29
<i>sodium phenylbutyrate</i>	55	SYMTUZA	29, 30	<i>tizanidine</i>	28
<i>sodium polystyrene sulfonate</i>	52	SYNDROS	77	TOBI PODHALER	82
<i>sodium,potassium,mag sulfates</i>	53	SYNJARDY	34	TOBRADEX	78
<i>solifenacin</i>	56	SYNJARDY XR	34	TOBRADEX ST	78
SOLIQUA 100/33	34, 36	SYNTHROID	65	<i>tobramycin</i>	6, 79, 82
		TABLOID	19		

<i>tobramycin 300 mg/5 ml inhalation solution</i>	82	TURALIO	23	VIENVA	62, 64
<i>tobramycin sulfate</i>	6	TURQOZ (28)	62, 64	vigabatrin	12
<i>tobramycin-dexamethasone</i>	78	TWINRIX	71	VIGADRONE	12
TOBREX	79	TYBOST	30	VIGAFYDE	12
<i>tolcapone</i>	25	TYENNE	70	VIGPODER	12
<i>tolterodine</i>	56	TYENNE AUTOINJECTOR	69	VIJOICE	23, 55
<i>tolvaptan</i>	52	TYPHIM VI	71	vilazodone	15
<i>tolvaptan (polycys kidney dis)</i> 4, 51, 52		TYVASO	77	VIMKUNYA	71
<i>topiramate</i>	10, 11, 17	TYVASO INSTITUTIONAL START KIT	77	VIRACEPT	30
<i>toremifene</i>	18, 19	TYVASO REFILL KIT	77	VIREAD	28, 30
<i>torsemide</i>	41	TYVASO STARTER KIT	77	VITRAKVI	23
TOUJEO MAX U-300 SOLOSTAR..	36	UDENYCA	37	VIVITROL	5, 6
TOUJEO SOLOSTAR U-300		UDENYCA AUTOINJECTOR	37	VIVJOA	16
INSULIN	36	UDENYCA ONBODY	77	VIVOTIF	71
TRADJENTA	34	UNITHROID	65	VIZIMPRO	23
<i>tramadol</i>	4, 5, 77	UPTRAVI	82	VONJO	24
<i>tramadol-acetaminophen</i>	5	ursodiol	54	VORANIGO	20
<i>trandolapril</i>	38	ustekinumab	67, 68	voriconazole	16
<i>trandolapril-verapamil</i>	41	UZEDY	27	voriconazole-hpbcd	77
<i>tranexamic acid</i>	37	VABOMERE	8	VOWST	54
<i>tranylcypromine</i>	14	valacyclovir	28	VRAYLAR	27
TRAVASOL 10 %	51, 52	VALCHLOR	18	VYFEMLA (28)	62, 64
<i>travoprost</i>	80	valganciclovir	28	VYLIBRA	62, 64
<i>trazodone</i>	14, 15	valproic acid	11, 17, 33	VYNDAMAX	55
TRELEGY ELLIPTA	83	valsartan	38	VYNDAQEL	56
TRELSTAR	66	valsartan-hydrochlorothiazide	41	VYVGART HYTRULO	56
<i>tretinoin</i>	47	VALTOCO	12, 31	warfarin	36
<i>tretinoin oral</i>	24	VALTYA	62	water for irrigation, sterile	77
<i>triamcinolone acetonide</i>	46, 48, 49, 77	vancomycin	7, 77	WELIREG	24, 56
<i>triamterene</i>	41	vancomycin in 0.9% sodium chloride	77	WESNATE DHA	77
<i>triamterene-hydrochlorothiazide</i>	41	vancomycin in dextrose 5%	77	WESTAB PLUS	77
<i>trientine</i>	52	vancomycin-diluent combo no. 1	77	WESTGEL DHA	77
TRI-ESTARYLLA	61, 64	VANFLYTA	23	WINREVAIR	78, 82
<i>trifluoperazine</i>	26	VAQTA	71	WYMZYA FE	62, 65
<i>trifluridine</i>	28, 79	varenicline tartrate	6	XADAGO	78
<i>trihexyphenidyl</i>	25	VARIVAX	71	XALKORI	24
TRIJARDY XR	34	VARUBI	15	XARELTO	36
TRIKAFTA	82	VAXCHORA VACCINE	71	XARELTO DVT-PE STARTER	
TRI-LINYAH	77	VECAMYL	41	PACK	36
TRI-LO-ESTARYLLA	61, 64	VELIVET TRIPHASIC REGIMENT (28)	62, 64	XATMEP	20, 70
TRI-LO-SPRINTEC	61, 64	VEMLIDY	28	XCOPRI	11
<i>trimethobenzamide</i>	15	VENCLEXTA	23	XCOPRI MAINTENANCE PACK	11
<i>trimethoprim</i>	7	VENCLEXTA STARTING PACK	23	XCOPRI TITRATION PACK	11
TRI-MILI	61, 64	venlafaxine	15, 31	XDEMVY	78, 79
<i>trimipramine</i>	15	VENTOLIN HFA	81	XELJANZ	68
TRINATAL RX 1	77	VENXXIVA	57	XELJANZ XR	68
TRINTELLIX	15	VEOZAH	45	XELRIA FE	62
TRIPTODUR	77	verapamil	39, 40	XERESE	49
TRI-SPRINTEC (28)	61, 64	VERKAZIA	78	XERMELO	53
TRIUMEQ	29, 30	VERQUVO	41, 43	XGEVA	72
TRIUMEQ PD	29, 30	VERSACLOZ	27	XHANCE	81
TRI-VYLIBRA	61, 64	VERZENIO	23	XIFAXAN	7, 53, 54
TRI-VYLIBRA LO	62, 64	VESTURA (28)	59, 62	XIGDUO XR	34
TROGARZO	77	V-GO 20	77	XOFLUZA	30
<i>trospium</i>	56	V-GO 30	77	XOLAIR	68
TRULICITY	34	V-GO 40	77	XOSPATA	24
TRUMENBA	71	VIBERZI	53	XPOVIO	20, 24
TRUQAP	23			XTANDI	18
TUKYSA	23			XULANE	62, 65
				XULTOPHY 100/3.6	34

YESINTEK.....	68
YF-VAX.....	71
YONSA.....	18
YUVAFEM.....	59
ZAFEMY	62, 65
zafirlukast.....	81
zaleplon.....	84
ZARXIO	37
ZEJULA.....	24
ZELBORAF	24
ZENATANE.....	47
ZENPEP	56
zidovudine.....	30
ziprasidone hcl	27, 32
ziprasidone mesylate	27, 32
ZIRGAN.....	79
ZOLINZA.....	20
zolmitriptan.....	18
zolpidem.....	84
ZONISADE.....	11, 12
zonisamide.....	12
ZOVIA 1-35 (28).....	59, 62
ZTALMY	11, 12
ZURZUVAE.....	14
ZYDELIG	24
ZYKADIA.....	24
ZYLET	78
ZYPREXA RELPREVV	78



205 Park Club Lane
Buffalo, NY 14221

Important Plan Information

This formulary was updated on 10/1/2025. For more recent information or other questions, please contact Univera Healthcare at 1-877-883-9577 (TTY users should call 711), Monday – Friday, 8:00 a.m. – 8:00 p.m.; From October 1 to March 31, representatives are available to assist you seven days a week from 8:00 a.m. – 8:00 p.m., or visit UniveraHealthcare.com/MedicareRx