



**Health Plans**

**Classic Plan (HMO-POS)**  
**Value Plan (HMO)**  
**Rewards Plan (HMO)**  
**SunSaver Plan (HMO)**

## **Health First Health Plans 2024 Formulary**

### **List of Covered Drugs**

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

**Formulary ID 00024302, Version Number 18**

This formulary was updated on 4/1/2024. For more recent information or other questions, please contact Health First Health Plans Customer Service at 1.800.716.7737, Monday – Friday 8 a.m. to 8 p.m. and Saturday 8 a.m. – noon between April 1 and September 30, then Monday – Sunday 8 a.m. to 8 p.m. between October 1 and March 31. TTY users call 1.800.955.8771. You can also visit [hf.org/healthplans](http://hf.org/healthplans).

**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 Health First Health Plans. When it refers to “plan” or “our plan,” it means Classic Plan (HMO-POS), Value Plan (HMO), Secure Plan (HMO), Rewards Plan (HMO), and SunSaver Plan (HMO).

This document includes list of the drugs (formulary) for our plan which is current as of 4/01/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the 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, 2024, and from time to time during the year.

### **What is the Health First Health Plans Formulary?**

A formulary is a list of covered drugs selected by Health First Health Plans 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. Health First Health Plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Health First Health Plans network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

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## **Can the Formulary (drug list) change?**

Most changes in drug coverage happen on January 1, but Health First Health Plans 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.

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that 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 the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Health First Health Plans’ Formulary?”

**Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and 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 new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. We may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, [or] add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tie, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
  - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. 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 Health First Health Plans’ Formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 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 Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 4/01/2024. To get updated information about the drugs covered by Health First Health Plans please contact us. Our contact information appears on the front and back cover pages. We update hard copies of our formulary every month. We also post information about certain changes we have made to our formulary every month at [hf.org/healthplans](http://hf.org/healthplans).

## **How do I use the Formulary?**

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

### **Medical Condition**

The formulary begins on page 7. 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, **ANTI-ARRYTHMICS**. If you know what your drug is used for, look for the category name in the list that begins on 7. 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?**

Health First Health Plans 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 cost less than brand-name drugs.

## **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:** Health First Health Plans requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Health First Health Plans before you fill your prescriptions. If you don't get approval, Health First Health Plans may not cover the drug.
- **Quantity Limits:** For certain drugs, Health First Health Plans limits the amount of the drug that Health First Health Plans will cover. For example, Health First Health Plans provides **60 tablets** per prescription for **Janumet**. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Health First Health Plans 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, Health First Health Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Health First Health Plans 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 7. 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 restriction 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 Health First Health Plans 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 Health First Health Plans” formulary?” on page 4 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 Service and ask if your drug is covered.

If you learn that Health First Health Plans does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Health First Health Plans. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Health First Health Plans.
- You can ask Health First Health Plans 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 Health First Health Plans’ Formulary?**

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier]. If approved, this would lower the amount you must pay for your drug.]
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Health First Health Plans 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.

Generally, Health First Health Plans 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 should contact us to ask us for an initial coverage decision for a formulary, or utilization restriction exception. **When you request a formulary, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber’s supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

## **What do I do before I can talk to my doctor about changing my drugs or requesting an exception?**

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 your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to 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 if your ability to get your drugs is limited, 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, 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.

As a current member, if you have been prescribed non-formulary medications as a result of changing from one treatment setting to another, you may be eligible to receive a one-time temporary 30-day supply of your non-formulary drugs. During this transition period you can talk to your doctor to decide if you should switch to an appropriate drug that we cover, or request a formulary exception so we will cover the drug(s) you take. You can contact our Customer Service to ask for a temporary supply if the above circumstances apply to you. Our Customer Service contact information is listed on the front and back cover pages.

## **Important Message About What You Pay for Insulin**

You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

## **Important Message About What You Pay for Vaccines**

Our plan covers most Part D vaccines as no cost to you. Call Customer Service for more information.

## **For more information**

For more detailed information about your Health First Health Plans' prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

## **Health First Health Plans Formulary**

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

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., SYNTHROID) and generic drugs are listed in lower-case italics (e.g., *levothyroxine*).

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

### **Drug Tiers**

The Drug Tier column indicates the drug's tier. Your cost-share for each tier is described in your Evidence of Coverage. Please note that we have 5 tiers:

Tier 1: Preferred Generic

Tier 2: Generic

Tier 3: Preferred Brand

Tier 4: Non-Preferred Brand

Tier 5: Specialty

### **Requirements/Limits**

Below is a description of the acronyms we list in the Requirements/Limits column.

#### **QL: Quantity Limit**

For certain drugs, we limit the amount of the drug that you can have by limiting how much of a drug you can get each time you fill your prescription. For example, if it is normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day.

#### **PA: Prior Authorization**

We require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.

#### **ST: Step Therapy**

In some cases, we require 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

#### **LA: Limited Access**

This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory at [hf.org/healthplans](http://hf.org/healthplans) or call us. Our contact information appears on the front page.

#### **B/D: Part B vs. Part D**

This drug could be covered under your Part B (medical) benefit or your Part D (drug) benefit depending on how you will use it. We need to decide how we will cover the drug before you get it. You or your physician must ask us to make this decision before you get this drug. Your cost-share for the drug under your Part B benefit will be different than your cost-share for the drug under your Part D benefit. You will pay 20% of the cost for drugs covered under your Part B benefit.

\*: Medications covered in the coverage gap

\$: Medication covered in the coverage gap (Classic Plan only)

We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug	Status	Requirements/Limits
<b>ANALGESICS</b>		
<b>ANALGESICS</b>		
ENDOCET ORAL TABLET 10-325 MG	T2	\$; QL (180 EA per 30 days)
ENDOCET ORAL TABLET 5-325 MG	T2	\$; QL (360 EA per 30 days)
ENDOCET ORAL TABLET 7.5-325 MG	T2	\$; QL (240 EA per 30 days)
<b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS</b>		
celecoxib oral capsule 100 mg, 200 mg, 50 mg	T2	\$; QL (60 EA per 30 days)
celecoxib oral capsule 400 mg	T2	\$; QL (30 EA per 30 days)
diclofenac potassium oral tablet 50 mg	T2	\$; QL (120 EA per 30 days)
diclofenac sodium oral tablet extended release 24 hr 100 mg	T2	\$
diclofenac sodium oral tablet, delayed release (DR/EC) 25 mg, 50 mg, 75 mg	T2	\$
diclofenac sodium topical gel 1 %	T2	\$; QL (1000 GM per 30 days)
diclofenac-misoprostol oral tablet, IR, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg	T2	\$
diflunisal oral tablet 500 mg	T2	\$
<b>EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG</b>	T2	\$; QL (90 EA per 30 days)
etodolac oral capsule 200 mg, 300 mg	T2	\$
etodolac oral tablet 400 mg, 500 mg	T2	\$
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	T2	\$
flurbiprofen oral tablet 100 mg	T2	\$
<b>IBU ORAL TABLET 600 MG, 800 MG</b>	T1	*
ibuprofen oral suspension 100 mg/5 mL	T2	\$
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	T1	*
indomethacin oral capsule 25 mg, 50 mg	T2	\$
meloxicam oral tablet 15 mg, 7.5 mg	T1	*
nabumetone oral tablet 500 mg, 750 mg	T1	*
naproxen oral tablet 250 mg, 375 mg, 500 mg	T1	*
naproxen oral tablet, delayed release (DR/EC) 375 mg	T2	\$; QL (120 EA per 30 days)
naproxen sodium oral tablet 275 mg, 550 mg	T2	\$
oxaprozin oral tablet 600 mg	T2	\$
piroxicam oral capsule 10 mg, 20 mg	T2	\$
sulindac oral tablet 150 mg, 200 mg	T2	\$
<b>OPIOID ANALGESICS, LONG-ACTING</b>		
buprenorphine HCl sublingual tablet 2 mg, 8 mg	T2	PA; \$; QL (90 EA per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg	T5	PA; QL (120 EA per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg	T2	PA; \$; QL (120 EA per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	T2	PA; \$; QL (10 EA per 30 days)
hydrocodone bitartrate oral tablet, oral only, ext. rel. 24 hr 100 mg, 120 mg, 80 mg	T3	PA; QL (30 EA per 30 days)

Drug	Status	Requirements/Limits
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 20 mg, 30 mg, 40 mg, 60 mg	T2	PA; \$; QL (30 EA per 30 days)
<b>HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG</b>	T3	PA; QL (30 EA per 30 days)
methadone oral solution 10 mg/5 mL, 5 mg/5 mL	T2	PA; \$; QL (450 ML per 30 days)
methadone oral tablet 10 mg, 5 mg	T2	PA; \$; QL (90 EA per 30 days)
morphine concentrate oral solution 100 mg/5 mL (20 mg/mL)	T2	\$; QL (180 ML per 30 days)
morphine oral solution 10 mg/5 mL	T2	\$; QL (900 ML per 30 days)
morphine oral tablet 15 mg	T2	\$; QL (180 EA per 30 days)
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	T2	PA; \$; QL (90 EA per 30 days)
<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
acetaminophen-codeine oral solution 120-12 mg/5 mL	T2	\$; QL (2700 ML per 30 days)
acetaminophen-codeine oral tablet 300-15 mg	T2	\$; QL (400 EA per 30 days)
acetaminophen-codeine oral tablet 300-30 mg	T2	\$; QL (360 EA per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	T2	\$; QL (180 EA per 30 days)
butorphanol nasal spray,non-aerosol 10 mg/mL	T2	\$; QL (10 ML per 30 days)
<b>ENDOCET ORAL TABLET 10-325 MG</b>	T2	\$; QL (180 EA per 30 days)
<b>ENDOCET ORAL TABLET 5-325 MG</b>	T2	\$; QL (360 EA per 30 days)
<b>ENDOCET ORAL TABLET 7.5-325 MG</b>	T2	\$; QL (240 EA per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg	T5	PA; QL (120 EA per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg	T2	PA; \$; QL (120 EA per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	T2	PA; \$; QL (10 EA per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 mL	T2	\$; QL (2700 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	T2	\$; QL (180 EA per 30 days)
hydrocodone-acetaminophen oral tablet 5-325 mg	T2	\$; QL (240 EA per 30 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	T2	\$; QL (150 EA per 30 days)
hydromorphone oral liquid 1 mg/mL	T2	\$; QL (600 ML per 30 days)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	T2	\$; QL (180 EA per 30 days)
morphine concentrate oral solution 100 mg/5 mL (20 mg/mL)	T2	\$; QL (180 ML per 30 days)
morphine oral solution 10 mg/5 mL, 20 mg/5 mL (4 mg/mL)	T2	\$; QL (900 ML per 30 days)
morphine oral tablet 15 mg, 30 mg	T2	\$; QL (180 EA per 30 days)
oxycodone oral capsule 5 mg	T2	\$; QL (180 EA per 30 days)
oxycodone oral concentrate 20 mg/mL	T2	\$; QL (180 ML per 30 days)
oxycodone oral solution 5 mg/5 mL	T2	\$; QL (900 ML per 30 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	T2	\$; QL (180 EA per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	T2	\$; QL (180 EA per 30 days)

Drug	Status	Requirements/Limits
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	T2	\$; QL (360 EA per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	T2	\$; QL (240 EA per 30 days)
tramadol oral tablet 50 mg	T2	\$; QL (240 EA per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	T2	\$; QL (240 EA per 30 days)
<b>ANESTHETICS</b>		
<b>LOCAL ANESTHETICS</b>		
lidocaine HCl mucous membrane solution 4 % (40 mg/mL)	T2	PA; \$; QL (50 ML per 30 days)
lidocaine topical adhesive patch,medicated 5 %	T2	PA; \$; QL (3 EA per 1 day)
lidocaine topical ointment 5 %	T2	PA; \$; QL (50 GM per 30 days)
<b>LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %</b>	T2	\$
lidocaine-prilocaine topical cream 2.5-2.5 %	T2	PA; \$; QL (30 GM per 30 days)
<b>ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS</b>		
<b>ALCOHOL DETERRENTS/ANTI-CRAVING</b>		
acamprosate oral tablet,delayed release (DR/EC) 333 mg	T2	\$
disulfiram oral tablet 250 mg, 500 mg	T2	\$
naltrexone oral tablet 50 mg	T2	\$
<b>VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG</b>	T5	
<b>OPIOID DEPENDENCE</b>		
buprenorphine HCl sublingual tablet 2 mg, 8 mg	T2	PA; \$; QL (90 EA per 30 days)
buprenorphine-naloxone sublingual film 12-3 mg	T2	\$; QL (60 EA per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	T2	\$; QL (90 EA per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	T2	\$; QL (90 EA per 30 days)
naltrexone oral tablet 50 mg	T2	\$
<b>VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG</b>	T5	
<b>OPIOID REVERSAL AGENTS</b>		
naloxone injection solution 0.4 mg/mL	T2	\$
naloxone injection syringe 0.4 mg/mL, 1 mg/mL	T2	\$
naloxone nasal spray,non-aerosol 4 mg/actuation	T2	\$
<b>SMOKING CESSATION AGENTS</b>		
bupropion HCl (smoking deter) oral tablet extended release 12 hr 150 mg	T2	\$
<b>NICOTROL INHALATION CARTRIDGE 10 MG</b>	T4	
<b>NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML</b>	T4	
<b>TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY</b>	T4	
varenicline oral tablet 0.5 mg, 1 mg	T2	PA; \$; QL (56 EA per 28 days)

Drug	Status	Requirements/Limits
varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)	T2	PA; \$
<b>ANTIBACTERIALS</b>		
<b>AMINOGLYCOSIDES</b>		
amikacin injection solution 500 mg/2 mL	T2	\$
gentamicin in NaCl (iso-osm) intravenous piggyback 100 mg/100 mL, 60 mg/50 mL, 80 mg/100 mL, 80 mg/50 mL	T2	\$
gentamicin injection solution 40 mg/mL	T2	\$
gentamicin topical cream 0.1 %	T2	\$; QL (30 GM per 30 days)
gentamicin topical ointment 0.1 %	T2	\$; QL (30 GM per 30 days)
neomycin oral tablet 500 mg	T2	\$
streptomycin intramuscular recon soln 1 gram	T2	\$
tobramycin sulfate injection solution 10 mg/mL, 40 mg/mL	T2	\$
<b>ANTIBACTERIALS, OTHER</b>		
aztreonam injection recon soln 1 gram, 2 gram	T2	\$
clindamycin HCl oral capsule 150 mg, 300 mg, 75 mg	T1	*
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 mL, 600 mg/50 mL, 900 mg/50 mL	T2	\$
<b>CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML</b>		
clindamycin phosphate injection solution 150 (mg/mL) (6 ml)	T2	\$
clindamycin phosphate vaginal cream 2 %	T2	\$
colistin (colistimethate Na) injection recon soln 150 mg	T2	\$
daptomycin intravenous recon soln 350 mg, 500 mg	T5	
linezolid in dextrose 5% intravenous piggyback 600 mg/300 mL	T2	\$
linezolid oral suspension for reconstitution 100 mg/5 mL	T5	QL (1800 ML per 30 days)
linezolid oral tablet 600 mg	T2	\$; QL (60 EA per 30 days)
methenamine hippurate oral tablet 1 gram	T2	\$
metronidazole in NaCl (iso-os) intravenous piggyback 500 mg/100 mL	T2	\$
metronidazole oral tablet 250 mg, 500 mg	T1	*
metronidazole topical cream 0.75 %	T2	\$; QL (45 GM per 30 days)
metronidazole topical gel 0.75 %	T2	\$; QL (45 GM per 30 days)
metronidazole topical lotion 0.75 %	T2	\$; QL (59 ML per 30 days)
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	T2	\$
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	T3	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	T3	
<b>NORITATE TOPICAL CREAM 1 %</b>	T5	QL (60 GM per 30 days)
<b>SIVEXTRO INTRAVENOUS RECON SOLN 200 MG</b>	T5	
<b>SIVEXTRO ORAL TABLET 200 MG</b>	T5	

Drug	Status	Requirements/Limits
tigecycline intravenous recon soln 50 mg	T5	
tinidazole oral tablet 250 mg, 500 mg	T2	\$
trimethoprim oral tablet 100 mg	T2	\$
vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg	T2	\$
vancomycin oral capsule 125 mg	T2	\$; QL (80 EA per 180 days)
vancomycin oral capsule 250 mg	T2	\$; QL (160 EA per 180 days)
<b>XIFAXAN ORAL TABLET 550 MG</b>	T5	PA
<b>BETA-LACTAM, CEPHALOSPORINS</b>		
cefaclor oral capsule 250 mg, 500 mg	T2	\$
cefaclor oral suspension for reconstitution 250 mg/5 mL	T2	\$
cefaclor oral tablet extended release 12 hr 500 mg	T4	
cefadroxil oral capsule 500 mg	T1	*
cefadroxil oral suspension for reconstitution 250 mg/5 mL, 500 mg/5 mL	T2	\$
cefazolin injection recon soln 1 gram, 10 gram, 500 mg	T2	\$
cefdinir oral capsule 300 mg	T2	\$
cefdinir oral suspension for reconstitution 125 mg/5 mL, 250 mg/5 mL	T2	\$
cefepime injection recon soln 1 gram, 2 gram	T2	\$
cefixime oral capsule 400 mg	T2	\$
cefixime oral suspension for reconstitution 100 mg/5 mL, 200 mg/5 mL	T2	\$
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	T2	\$
cefpodoxime oral suspension for reconstitution 100 mg/5 mL, 50 mg/5 mL	T2	\$
cefpodoxime oral tablet 100 mg, 200 mg	T2	\$
cefprozil oral suspension for reconstitution 125 mg/5 mL, 250 mg/5 mL	T2	\$
cefprozil oral tablet 250 mg, 500 mg	T2	\$
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram	T2	\$
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	T2	\$
cefuroxime axetil oral tablet 250 mg, 500 mg	T2	\$
cefuroxime sodium injection recon soln 750 mg	T2	\$
cefuroxime sodium intravenous recon soln 1.5 gram	T2	\$
cephalexin oral capsule 250 mg, 500 mg	T1	*
cephalexin oral suspension for reconstitution 125 mg/5 mL, 250 mg/5 mL	T2	\$
<b>TAZICEF INJECTION RECON SOLN 1 GRAM, 2 GRAM, 6 GRAM</b>	T2	\$

Drug	Status	Requirements/Limits
<b>TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG</b>	T5	
<b>BETA-LACTAM, PENICILLINS</b>		
amoxicillin oral capsule 250 mg, 500 mg	T1	*
amoxicillin oral suspension for reconstitution 125 mg/5 mL, 200 mg/5 mL, 250 mg/5 mL, 400 mg/5 mL	T1	*
amoxicillin oral tablet 500 mg, 875 mg	T1	*
amoxicillin oral tablet, chewable 125 mg, 250 mg	T2	\$
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 mL, 250-62.5 mg/5 mL, 400-57 mg/5 mL, 600-42.9 mg/5 mL	T2	\$
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	T2	\$
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	T2	\$
amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg	T2	\$
ampicillin oral capsule 500 mg	T1	*
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg	T2	\$
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	T2	\$
<b>BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML</b>		
dicloxacillin oral capsule 250 mg, 500 mg	T2	\$
nafcillin injection recon soln 1 gram, 2 gram	T2	\$
nafcillin injection recon soln 10 gram	T5	
oxacillin injection recon soln 1 gram, 10 gram, 2 gram	T2	\$
penicillin G pot in dextrose intravenous piggyback 2 million unit/50 mL, 3 million unit/50 mL	T4	
penicillin G potassium injection recon soln 20 million unit	T2	\$
penicillin G sodium injection recon soln 5 million unit	T2	\$
penicillin V potassium oral recon soln 125 mg/5 mL, 250 mg/5 mL	T2	\$
penicillin V potassium oral tablet 250 mg, 500 mg	T1	*
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	T2	\$
<b>CARBAPENEMS</b>		
ertapenem injection recon soln 1 gram	T2	\$
imipenem-cilastatin intravenous recon soln 250 mg, 500 mg	T2	\$
meropenem intravenous recon soln 1 gram, 500 mg	T2	\$
<b>MACROLIDES</b>		
azithromycin intravenous recon soln 500 mg	T2	\$
azithromycin oral packet 1 gram	T2	\$

Drug	Status	Requirements/Limits
<i>azithromycin oral suspension for reconstitution 100 mg/5 mL, 200 mg/5 mL</i>	T2	\$
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	T1	*
<i>clarithromycin oral suspension for reconstitution 125 mg/5 mL, 250 mg/5 mL</i>	T2	\$
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	T2	\$
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	T2	\$
<b>DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML</b>	T5	
<b>DIFICID ORAL TABLET 200 MG</b>	T5	
<b>E.E.S. 400 ORAL TABLET 400 MG</b>	T2	\$
<b>ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 333 MG, 500 MG</b>	T2	\$
<b>ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG</b>	T2	\$
<b>ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG</b>	T4	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	T2	\$
<i>erythromycin oral capsule,delayed release(DR/EC) 250 mg</i>	T2	\$
<i>erythromycin oral tablet 250 mg, 500 mg</i>	T2	\$
<i>erythromycin oral tablet,delayed release (DR/EC) 250 mg, 333 mg, 500 mg</i>	T2	\$
<b>QUINOLONES</b>		
<b>BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %</b>	T3	
<b>CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %</b>	T3	
<b>CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 500 MG/5 ML</b>	T4	
<i>ciprofloxacin HCl ophthalmic (eye) drops 0.3 %</i>	T1	*
<i>ciprofloxacin HCl oral tablet 250 mg, 500 mg, 750 mg</i>	T1	*
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 mL</i>	T2	\$
<i>levofloxacin in D5W intravenous piggyback 500 mg/100 mL, 750 mg/150 mL</i>	T2	\$
<i>levofloxacin oral solution 250 mg/10 mL</i>	T2	\$
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	T1	*
<i>moxifloxacin oral tablet 400 mg</i>	T2	\$
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 mL</i>	T4	
<b>SULFONAMIDES</b>		
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	T2	\$; QL (118 ML per 30 days)
<i>sulfadiazine oral tablet 500 mg</i>	T4	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 mL</i>	T2	\$

Drug	Status	Requirements/Limits
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	T1	*
<b>TETRACYCLINES</b>		
<b>DOXY-100 INTRAVENOUS RECON SOLN 100 MG</b>	T2	\$
<i>doxycycline hydrate oral capsule 100 mg, 50 mg</i>	T2	\$
<i>doxycycline hydrate oral tablet 100 mg, 20 mg</i>	T2	\$
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	T2	\$
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	T2	\$
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	T2	\$
<b>NUZYRA INTRAVENOUS RECON SOLN 100 MG</b>	T5	LA
<b>NUZYRA ORAL TABLET 150 MG</b>	T5	LA
<i>tetracycline oral capsule 250 mg, 500 mg</i>	T2	PA; \$
<b>ANTICONVULSANTS</b>		
<b>ANTICONVULSANTS, OTHER</b>		
<b>BRIVIACT ORAL SOLUTION 10 MG/ML</b>	T5	PA; QL (600 ML per 30 days)
<b>BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>DIACOMIT ORAL CAPSULE 250 MG</b>	T5	PA; LA; QL (360 EA per 30 days)
<b>DIACOMIT ORAL CAPSULE 500 MG</b>	T5	PA; LA; QL (180 EA per 30 days)
<b>DIACOMIT ORAL POWDER IN PACKET 250 MG</b>	T5	PA; LA; QL (360 EA per 30 days)
<b>DIACOMIT ORAL POWDER IN PACKET 500 MG</b>	T5	PA; LA; QL (180 EA per 30 days)
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	T2	\$
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	T2	\$
<i>divalproex oral tablet, delayed release (DR/EC) 125 mg, 250 mg, 500 mg</i>	T2	\$
<b>EPIDIOLEX ORAL SOLUTION 100 MG/ML</b>	T5	PA; LA; QL (600 ML per 30 days)
<b>EPRONTIA ORAL SOLUTION 25 MG/ML</b>	T4	PA; QL (480 ML per 30 days)
<i>felbamate oral suspension 600 mg/5 mL</i>	T5	
<i>felbamate oral tablet 400 mg, 600 mg</i>	T2	\$
<b>FINTEPLA ORAL SOLUTION 2.2 MG/ML</b>	T5	PA; LA; QL (360 ML per 30 days)
<b>FYCOMPA ORAL SUSPENSION 0.5 MG/ML</b>	T5	PA; QL (720 ML per 30 days)
<b>FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>FYCOMPA ORAL TABLET 2 MG</b>	T4	PA; QL (60 EA per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	T1	*
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	T2	\$
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	T2	\$
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	T2	\$
<i>levetiracetam oral solution 100 mg/mL</i>	T2	\$

Drug	Status	Requirements/Limits
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	T2	\$
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	T2	\$
<b>ROWEEPRA ORAL TABLET 500 MG</b>	T2	\$
<b>SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG</b>	T4	QL (90 EA per 30 days)
<b>SPRITAM ORAL TABLET FOR SUSPENSION 250 MG</b>	T4	QL (360 EA per 30 days)
<b>SPRITAM ORAL TABLET FOR SUSPENSION 500 MG</b>	T4	QL (180 EA per 30 days)
<b>SPRITAM ORAL TABLET FOR SUSPENSION 750 MG</b>	T4	QL (120 EA per 30 days)
<b>SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG</b>	T1	*
topiramate oral capsule, sprinkle 15 mg, 25 mg	T2	\$
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	T1	*
valproic acid (as sodium salt) oral solution 250 mg/5 mL	T2	\$
valproic acid oral capsule 250 mg	T2	\$
<b>XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)</b>	T5	QL (56 EA per 28 days)
<b>XCOPRI ORAL TABLET 100 MG, 50 MG</b>	T5	QL (30 EA per 30 days)
<b>XCOPRI ORAL TABLET 150 MG, 200 MG</b>	T5	QL (60 EA per 30 days)
<b>XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)</b>	T4	QL (28 EA per 28 days)
<b>XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)</b>	T5	QL (28 EA per 28 days)
<b>CALCIUM CHANNEL MODIFYING AGENTS</b>		
<b>CELONTIN ORAL CAPSULE 300 MG</b>	T4	
ethosuximide oral capsule 250 mg	T2	\$
ethosuximide oral solution 250 mg/5 mL	T2	\$
methsuximide oral capsule 300 mg	T4	QL (120 EA per 30 days)
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	T2	\$; QL (120 EA per 30 days)
pregabalin oral capsule 200 mg	T2	\$; QL (90 EA per 30 days)
pregabalin oral capsule 225 mg, 300 mg	T2	\$; QL (60 EA per 30 days)
pregabalin oral solution 20 mg/mL	T2	\$; QL (900 mL per 30 days)
<b>ZONISADE ORAL SUSPENSION 100 MG/5 ML</b>	T4	PA; QL (900 mL per 30 days)
<b>GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS</b>		
clobazam oral suspension 2.5 mg/mL	T2	PA; \$; QL (480 mL per 30 days)
clobazam oral tablet 10 mg, 20 mg	T2	PA; \$; QL (60 EA per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	T2	\$; QL (90 EA per 30 days)
clonazepam oral tablet 2 mg	T2	\$; QL (300 EA per 30 days)

Drug	Status	Requirements/Limits
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	T2	\$; QL (90 EA per 30 days)
clonazepam oral tablet,disintegrating 2 mg	T2	\$; QL (300 EA per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	T2	PA; \$; QL (180 EA per 30 days)
<b>DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML</b>	T2	PA; \$; QL (240 ML per 30 days)
diazepam oral solution 5 mg/5 mL (1 mg/mL)	T2	PA; \$; QL (1200 ML per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	T2	PA; \$; QL (120 EA per 30 days)
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	T2	\$
gabapentin oral capsule 100 mg, 300 mg, 400 mg	T1	*; QL (180 EA per 30 days)
gabapentin oral solution 250 mg/5 mL	T2	\$; QL (2160 ML per 30 days)
gabapentin oral tablet 600 mg	T2	\$; QL (180 EA per 30 days)
gabapentin oral tablet 800 mg	T2	\$; QL (120 EA per 30 days)
gabapentin oral tablet extended release 24 hr 300 mg	T3	QL (30 EA per 30 days)
gabapentin oral tablet extended release 24 hr 600 mg	T3	QL (90 EA per 30 days)
<b>GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG</b>	T4	PA; QL (180 EA per 30 days)
<b>GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG</b>	T4	PA; QL (60 EA per 30 days)
<b>GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG</b>	T4	PA; QL (90 EA per 30 days)
<b>LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML</b>	T2	\$; QL (150 ML per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	T2	\$; QL (150 EA per 30 days)
<b>NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)</b>	T4	
phenobarbital oral elixir 20 mg/5 mL (4 mg/mL)	T4	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	T3	
primidone oral tablet 125 mg, 250 mg, 50 mg	T1	*
<b>SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG</b>	T5	PA; QL (60 EA per 30 days)
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	T2	\$
<b>VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)</b>	T4	
vigabatrin oral powder in packet 500 mg	T5	PA; LA; QL (180 EA per 30 days)
vigabatrin oral tablet 500 mg	T5	PA; LA; QL (180 EA per 30 days)
<b>VIGADRONE ORAL POWDER IN PACKET 500 MG</b>	T5	PA; LA; QL (180 EA per 30 days)
<b>VIGADRONE ORAL TABLET 500 MG</b>	T5	PA; QL (180 EA per 30 days)
<b>ZTALMY ORAL SUSPENSION 50 MG/ML</b>	T5	PA; LA; QL (1100 ML per 30 days)
<b>SODIUM CHANNEL AGENTS</b>		
<b>APTIOM ORAL TABLET 200 MG, 400 MG</b>	T5	QL (30 EA per 30 days)
<b>APTIOM ORAL TABLET 600 MG, 800 MG</b>	T5	QL (60 EA per 30 days)

Drug	Status	Requirements/Limits
carbamazepine oral suspension 100 mg/5 mL	T2	\$
carbamazepine oral tablet 200 mg	T2	\$
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	T2	\$
carbamazepine oral tablet, chewable 100 mg	T2	\$
<b>DILANTIN EXTENDED ORAL CAPSULE 100 MG</b>	T4	
<b>DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG</b>	T4	
<b>DILANTIN ORAL CAPSULE 30 MG</b>	T4	
<b>DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML</b>	T4	
<b>EPITOL ORAL TABLET 200 MG</b>	T2	\$
lacosamide oral solution 10 mg/mL	T2	\$; QL (1200 mL per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg	T2	\$; QL (60 EA per 30 days)
lacosamide oral tablet 50 mg	T2	\$; QL (120 EA per 30 days)
<b>MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG</b>	T4	PA
<b>MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 200 MG</b>	T5	PA
oxcarbazepine oral suspension 300 mg/5 mL (60 mg/mL)	T2	\$
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	T2	\$
<b>PHENYTEK ORAL CAPSULE 200 MG, 300 MG</b>	T4	
phenytoin oral suspension 125 mg/5 mL	T2	\$
phenytoin oral tablet, chewable 50 mg	T2	\$
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	T2	\$
rufinamide oral suspension 40 mg/mL	T5	PA; QL (2400 mL per 30 days)
rufinamide oral tablet 200 mg	T2	PA; \$; QL (480 EA per 30 days)
rufinamide oral tablet 400 mg	T5	PA; QL (240 EA per 30 days)
<b>VIMPAT ORAL SOLUTION 10 MG/ML</b>	T5	QL (1200 mL per 30 days)
zonisamide oral capsule 100 mg, 25 mg, 50 mg	T2	\$
<b>ANTIDEMENTIA AGENTS</b>		
<b>ANTIDEMENTIA AGENTS, OTHER</b>		
donepezil oral tablet 10 mg	T1	*
donepezil oral tablet 5 mg	T1	*; QL (30 EA per 30 days)
donepezil oral tablet,disintegrating 10 mg	T1	*
donepezil oral tablet,disintegrating 5 mg	T1	*; QL (30 EA per 30 days)
<b>NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG</b>	T4	
<b>NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG</b>	T4	
<b>CHOLINESTERASE INHIBITORS</b>		
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	T2	\$; QL (30 EA per 30 days)
galantamine oral solution 4 mg/mL	T2	\$

Drug	Status	Requirements/Limits
galantamine oral tablet 12 mg, 4 mg, 8 mg	T2	\$; QL (60 EA per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	T2	\$; QL (60 EA per 30 days)
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	T2	\$; QL (30 EA per 30 days)
<b>N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST</b>		
memantine oral capsule,sprinkle,ER 24hr 14 mg, 21 mg, 28 mg, 7 mg	T2	\$
memantine oral solution 2 mg/mL	T2	\$
memantine oral tablet 10 mg, 5 mg	T2	\$
<b>ANTIDEPRESSANTS</b>		
<b>ANTIDEPRESSANTS, OTHER</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	T5	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	T5	QL (3.2 ML per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	T5	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	T5	QL (1 EA per 28 days)
aripiprazole oral solution 1 mg/mL	T2	\$; QL (900 ML per 30 days)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	T2	\$; QL (30 EA per 30 days)
aripiprazole oral tablet,disintegrating 10 mg, 15 mg	T5	QL (60 EA per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	T4	PA; QL (60 EA per 30 days)
bupropion HCl oral tablet 100 mg, 75 mg	T2	\$
bupropion HCl oral tablet extended release 24 hr 150 mg, 300 mg	T2	\$
bupropion HCl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	T2	\$
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	T1	*
mirtazapine oral tablet 7.5 mg	T2	\$
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	T2	\$
quetiapine oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	T2	\$
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	T2	PA; \$; QL (30 EA per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	T2	PA; \$; QL (60 EA per 30 days)
<b>ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG</b>	T5	PA; QL (28 EA per 365 days)

Drug	Status	Requirements/Limits
<b>MONOAMINE OXIDASE INHIBITORS</b>		
<b>EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR</b>	T5	PA; QL (30 EA per 30 days)
<b>MARPLAN ORAL TABLET 10 MG</b>	T4	QL (180 EA per 30 days)
<i>phenelzine oral tablet 15 mg</i>	T2	\$
<i>tranylcypromine oral tablet 10 mg</i>	T2	\$
<b>SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS)</b>		
<i>citalopram oral solution 10 mg/5 mL</i>	T2	\$
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	T1	*
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	T2	PA; \$; QL (30 EA per 30 days)
<i>duloxetine oral capsule,delayed release(DR/EC) 20 mg, 30 mg, 40 mg, 60 mg</i>	T2	\$; QL (60 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 mL</i>	T2	\$
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	T1	*
<b>FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)</b>	T4	PA
<b>FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 80 MG</b>	T4	PA; QL (30 EA per 30 days)
<b>FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG, 40 MG</b>	T4	PA; QL (60 EA per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	T1	*
<i>fluoxetine oral solution 20 mg/5 mL (4 mg/mL)</i>	T2	\$
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	T2	\$
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	T2	\$
<i>paroxetine HCl oral suspension 10 mg/5 mL</i>	T4	PA; QL (900 ML per 30 days)
<i>paroxetine HCl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	T2	\$
<i>paroxetine HCl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	T4	QL (60 EA per 30 days)
<i>sertraline oral concentrate 20 mg/mL</i>	T2	\$
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	T1	*
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	T1	*
<b>TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG</b>	T4	QL (30 EA per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	T1	*
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	T2	\$
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	T2	\$; QL (30 EA per 30 days)
<b>TRICYCLICS</b>		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	T3	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	T3	

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	T4	PA
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	T4	
<i>doxepin oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	T3	
<i>doxepin oral capsule 150 mg</i>	T4	
<i>doxepin oral concentrate 10 mg/mL</i>	T3	
<i>doxepin oral tablet 3 mg, 6 mg</i>	T2	\$; QL (30 EA per 30 days)
<i>imipramine HCl oral tablet 10 mg, 25 mg, 50 mg</i>	T2	\$
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	T2	\$
<i>nortriptyline oral solution 10 mg/5 mL</i>	T4	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	T4	
<i>trimipramine oral capsule 100 mg</i>	T4	QL (60 EA per 30 days)
<i>trimipramine oral capsule 25 mg, 50 mg</i>	T4	QL (120 EA per 30 days)
<b>ANTIEMETICS</b>		
<b>ANTIEMETICS, OTHER</b>		
<i>chlorpromazine oral concentrate 100 mg/mL, 30 mg/mL</i>	T4	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	T2	\$
<b>COMPRO RECTAL SUPPOSITORY 25 MG</b>		
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	T2	\$
<i>metoclopramide HCl oral solution 5 mg/5 mL</i>	T2	\$
<i>metoclopramide HCl oral tablet 10 mg, 5 mg</i>	T1	*
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	T2	\$
<i>procyclizine maleate oral tablet 10 mg, 5 mg</i>	T2	\$
<i>procyclizine rectal suppository 25 mg</i>	T2	\$
<i>promethazine oral syrup 6.25 mg/5 mL</i>	T2	\$
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	T2	\$
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	T4	QL (10 EA per 30 days)
<b>EMETOGENIC THERAPY ADJUNCTS</b>		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	T2	B/D; \$
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	T2	B/D; \$
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	T2	B/D; \$; QL (60 EA per 30 days)
<i>gransetron HCl oral tablet 1 mg</i>	T2	B/D; \$
<i>ondansetron HCl oral solution 4 mg/5 mL</i>	T2	B/D; \$
<i>ondansetron HCl oral tablet 4 mg, 8 mg</i>	T2	B/D; \$
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	T2	B/D; \$
<b>ANTIFUNGALS</b>		
<b>ANTIFUNGALS</b>		
<b>ABELCET INTRAVENOUS SUSPENSION 5 MG/ML</b>	T4	B/D
<i>amphotericin B injection recon soln 50 mg</i>	T2	B/D; \$

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>amphotericin B liposome intravenous suspension for reconstitution 50 mg</i>	T2	B/D; \$
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i>	T2	\$
<i>ciclopirox topical cream 0.77 %</i>	T2	\$; QL (90 GM per 30 days)
<i>ciclopirox topical suspension 0.77 %</i>	T2	\$; QL (60 ML per 30 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	T2	\$; QL (150 EA per 30 days)
<i>clotrimazole topical cream 1 %</i>	T2	\$; QL (45 GM per 30 days)
<i>clotrimazole topical solution 1 %</i>	T2	\$; QL (30 ML per 30 days)
<i>fluconazole in NaCl (iso-osm) intravenous piggyback 200 mg/100 mL, 400 mg/200 mL</i>	T2	\$
<i>fluconazole oral suspension for reconstitution 10 mg/mL, 40 mg/mL</i>	T2	\$
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	T2	\$
<i>flucytosine oral capsule 250 mg, 500 mg</i>	T5	PA
<i>griseofulvin microsize oral suspension 125 mg/5 mL</i>	T2	\$
<i>griseofulvin microsize oral tablet 500 mg</i>	T2	\$
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	T2	\$
<i>itraconazole oral capsule 100 mg</i>	T2	PA; \$
<i>ketoconazole oral tablet 200 mg</i>	T2	PA; \$
<i>ketoconazole topical cream 2 %</i>	T2	\$; QL (60 GM per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	T1	*; QL (120 ML per 30 days)
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	T5	
<b>NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)</b>	T5	PA; QL (630 ML per 30 days)
<b>NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM</b>	T2	\$; QL (60 GM per 30 days)
<i>nystatin oral suspension 100,000 unit/mL</i>	T2	\$
<i>nystatin oral tablet 500,000 unit</i>	T2	\$
<i>nystatin topical cream 100,000 unit/gram</i>	T2	\$; QL (30 GM per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	T2	\$; QL (30 GM per 30 days)
<i>nystatin topical powder 100,000 unit/gram</i>	T2	\$; QL (60 GM per 30 days)
<b>NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM</b>	T2	\$; QL (60 GM per 30 days)
<i>posaconazole oral tablet, delayed release (DR/EC) 100 mg</i>	T5	PA; QL (93 EA per 30 days)
<i>terbinafine HCl oral tablet 250 mg</i>	T1	*; QL (90 EA per 365 days)
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	T2	\$
<i>terconazole vaginal suppository 80 mg</i>	T2	\$
<i>voriconazole intravenous recon soln 200 mg</i>	T5	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 mL (40 mg/mL)</i>	T5	PA
<i>voriconazole oral tablet 200 mg</i>	T2	PA; \$; QL (120 EA per 30 days)
<i>voriconazole oral tablet 50 mg</i>	T2	PA; \$; QL (480 EA per 30 days)
<b>ANTIGOUT AGENTS</b>		
<b>ANTIGOUT AGENTS</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	T1	*

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>colchicine oral tablet 0.6 mg</i>	T2	\$; QL (120 EA per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	T2	PA; \$
<b>MITIGARE ORAL CAPSULE 0.6 MG</b>	T3	QL (60 EA per 30 days)
<i>probenecid oral tablet 500 mg</i>	T2	\$
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	T2	\$
<b>ANTIMIGRAINE AGENTS</b>		
<b>ANTIMIGRAINE AGENTS</b>		
<b>NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG</b>	T3	PA; QL (16 EA per 30 days)
<b>UBRELVY ORAL TABLET 100 MG, 50 MG</b>	T4	PA; QL (16 EA per 30 days)
<b>ERGOT ALKALOIDS</b>		
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/mL)</i>	T5	PA; QL (8 ML per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	T2	PA; \$; QL (40 EA per 28 days)
<b>PROPHYLACTIC</b>		
<b>AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML</b>	T3	PA; QL (1 ML per 30 days)
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	T2	\$
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	T2	\$
<i>divalproex oral tablet,delayed release (DR/EC) 125 mg, 250 mg, 500 mg</i>	T2	\$
<b>EPRONTIA ORAL SOLUTION 25 MG/ML</b>	T4	PA; QL (480 ML per 30 days)
<b>NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG</b>	T3	PA; QL (16 EA per 30 days)
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	T2	\$
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	T2	\$
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	T1	*
<i>valproic acid (as sodium salt) oral solution 250 mg/5 mL</i>	T2	\$
<i>valproic acid oral capsule 250 mg</i>	T2	\$
<b>SEROTONIN (5-HT) RECEPTOR AGONIST</b>		
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	T2	\$; QL (12 EA per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	T2	\$; QL (18 EA per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	T2	\$; QL (18 EA per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	T2	\$; QL (12 EA per 30 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	T2	\$; QL (24 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	T2	\$; QL (12 EA per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 mL</i>	T2	\$; QL (9 ML per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 mL</i>	T2	\$; QL (6 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 mL</i>	T2	\$; QL (9 ML per 30 days)

Drug	Status	Requirements/Limits
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 mL	T2	\$; QL (6 ML per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 mL	T2	\$; QL (6 ML per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	T2	\$; QL (12 EA per 30 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	T2	\$; QL (12 EA per 30 days)
<b>ANTIMYASTHENIC AGENTS</b>		
<b>PARASYMPATHOMIMETICS</b>		
pyridostigmine bromide oral tablet 60 mg	T2	\$
<b>ANTIMYCOBACTERIALS</b>		
<b>ANTIMYCOBACTERIALS, OTHER</b>		
dapsone oral tablet 100 mg, 25 mg	T2	\$
<b>PRIFTIN ORAL TABLET 150 MG</b>	T4	
rifabutin oral capsule 150 mg	T2	\$
<b>ANTITUBERCULARS</b>		
ethambutol oral tablet 100 mg, 400 mg	T2	\$
isoniazid oral solution 50 mg/5 mL	T2	\$
isoniazid oral tablet 100 mg, 300 mg	T1	*
pyrazinamide oral tablet 500 mg	T2	\$
rifampin intravenous recon soln 600 mg	T2	\$
rifampin oral capsule 150 mg, 300 mg	T2	\$
<b>SIRTURO ORAL TABLET 100 MG, 20 MG</b>	T5	PA; LA
<b>TRECATOR ORAL TABLET 250 MG</b>	T4	
<b>ANTINEOPLASTICS</b>		
<b>ALKYLATING AGENTS</b>		
cyclophosphamide oral capsule 25 mg, 50 mg	T2	B/D; \$
cyclophosphamide oral tablet 25 mg, 50 mg	T4	B/D
<b>GLEOSTINE ORAL CAPSULE 10 MG, 40 MG</b>	T4	
<b>GLEOSTINE ORAL CAPSULE 100 MG</b>	T5	
<b>LEUKERAN ORAL TABLET 2 MG</b>	T4	
<b>MATULANE ORAL CAPSULE 50 MG</b>	T5	LA
<b>VALCHLOR TOPICAL GEL 0.016 %</b>	T5	PA; LA; QL (60 GM per 30 days)
<b>ANTIANDROGENS</b>		
abiraterone oral tablet 250 mg, 500 mg	T5	PA
bicalutamide oral tablet 50 mg	T2	\$
<b>ERLEADA ORAL TABLET 240 MG</b>	T5	PA
<b>ERLEADA ORAL TABLET 60 MG</b>	T5	PA; LA
nilutamide oral tablet 150 mg	T5	
<b>NUBEQA ORAL TABLET 300 MG</b>	T5	PA; LA
toremifene oral tablet 60 mg	T5	
<b>XTANDI ORAL CAPSULE 40 MG</b>	T5	PA; LA
<b>XTANDI ORAL TABLET 40 MG, 80 MG</b>	T5	PA; LA

Drug	Status	Requirements/Limits
<b>ANTIANGIOGENIC AGENTS</b>		
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 5 mg	T5	PA; LA; QL (28 EA per 28 days)
lenalidomide oral capsule 20 mg, 25 mg	T5	PA; LA; QL (21 EA per 28 days)
<b>POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG</b>	T5	PA; LA; QL (21 EA per 28 days)
<b>THALOMID ORAL CAPSULE 100 MG, 50 MG</b>	T5	PA; LA; QL (28 EA per 28 days)
<b>THALOMID ORAL CAPSULE 150 MG, 200 MG</b>	T5	PA; LA; QL (56 EA per 28 days)
<b>ANTIESTROGENS/MODIFIERS</b>		
<b>ORSERDU ORAL TABLET 345 MG, 86 MG</b>	T5	PA; LA
<b>SOLTAMOX ORAL SOLUTION 20 MG/10 ML</b>	T5	
tamoxifen oral tablet 10 mg, 20 mg	T2	\$
<b>ANTIMETABOLITES</b>		
<b>DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG</b>	T3	
hydroxyurea oral capsule 500 mg	T2	\$
<b>INQOVI ORAL TABLET 35-100 MG</b>	T5	PA; LA
mercaptopurine oral tablet 50 mg	T2	\$
<b>ONUREG ORAL TABLET 200 MG, 300 MG</b>	T5	PA; LA
<b>PURIXAN ORAL SUSPENSION 20 MG/ML</b>	T5	
<b>TABLOID ORAL TABLET 40 MG</b>	T4	
<b>ANTINEOPLASTICS, OTHER</b>		
<b>GAVRETO ORAL CAPSULE 100 MG</b>	T5	PA; LA
<b>IDHIFA ORAL TABLET 100 MG, 50 MG</b>	T5	PA; LA; QL (30 EA per 30 days)
<b>IWLFIN ORAL TABLET 192 MG</b>	T5	PA; QL (240 EA per 30 days)
<b>KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG</b>	T5	PA; QL (49 EA per 28 days)
<b>KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG</b>	T5	PA; QL (70 EA per 28 days)
<b>KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG</b>	T5	PA; QL (91 EA per 28 days)
<b>KRAZATI ORAL TABLET 200 MG</b>	T5	PA; LA
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	T2	\$
<b>LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG</b>	T5	PA; LA
<b>LUMAKRAS ORAL TABLET 120 MG</b>	T5	PA; LA
<b>LUMAKRAS ORAL TABLET 320 MG</b>	T5	PA
<b>LYNPARZA ORAL TABLET 100 MG, 150 MG</b>	T5	PA; LA; QL (120 EA per 30 days)
<b>LYSODREN ORAL TABLET 500 MG</b>	T5	
methotrexate sodium (PF) injection solution 25 mg/mL	T2	B/D; \$
methotrexate sodium injection solution 25 mg/mL	T2	B/D; \$
methotrexate sodium oral tablet 2.5 mg	T2	\$
<b>NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG</b>	T5	PA; QL (3 EA per 28 days)
<b>OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>ORGOVYX ORAL TABLET 120 MG</b>	T5	PA; LA
<b>RETEVMO ORAL CAPSULE 40 MG, 80 MG</b>	T5	PA; LA

Drug	Status	Requirements/Limits
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	T4	B/D
TUKYSA ORAL TABLET 150 MG, 50 MG	T5	PA; LA
WELIREG ORAL TABLET 40 MG	T5	PA; LA
XATMEP ORAL SOLUTION 2.5 MG/ML	T4	B/D
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	T5	PA; LA; QL (8 EA per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	T5	PA; LA; QL (4 EA per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	T5	PA; LA; QL (24 EA per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	T5	PA; LA; QL (32 EA per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	T5	PA
<b>AROMATASE INHIBITORS, 3RD GENERATION</b>		
<i>anastrozole oral tablet 1 mg</i>	T1	*
<i>exemestane oral tablet 25 mg</i>	T2	\$
<i>letrozole oral tablet 2.5 mg</i>	T1	*
<b>ENZYME INHIBITORS</b>		
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	T5	PA; LA; QL (21 EA per 28 days)
OGSIVEO ORAL TABLET 50 MG	T5	PA; QL (180 EA per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	T5	PA; LA
TIBSOVO ORAL TABLET 250 MG	T5	PA; LA
<b>MOLECULAR TARGET INHIBITORS</b>		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	T5	PA; QL (60 EA per 30 days)
ALECensa ORAL CAPSULE 150 MG	T5	PA; LA
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	T5	PA; LA
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	T5	PA; LA
AUGTYRO ORAL CAPSULE 40 MG	T5	PA; QL (60 EA per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	T5	PA; LA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	T5	PA; LA
BOSULIF ORAL CAPSULE 100 MG	T5	PA; QL (90 EA per 30 days)
BOSULIF ORAL CAPSULE 50 MG	T5	PA; QL (30 EA per 30 days)
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	T5	PA
BRAFTOVI ORAL CAPSULE 75 MG	T5	PA; LA
BRUKINSA ORAL CAPSULE 80 MG	T5	PA; LA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	T5	PA; LA; QL (30 EA per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	T5	PA; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG, 300 MG	T5	PA; LA
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	T5	PA; LA

Drug	Status	Requirements/Limits
<b>COPIKTRA ORAL CAPSULE 15 MG, 25 MG</b>	T5	PA; LA
<b>COTELLIC ORAL TABLET 20 MG</b>	T5	PA; LA
<b>DAURISMO ORAL TABLET 100 MG, 25 MG</b>	T5	PA; LA
<b>ERIVEDGE ORAL CAPSULE 150 MG</b>	T5	PA; LA
<i>erlotinib oral tablet 100 mg, 150 mg</i>	T5	PA; QL (30 EA per 30 days)
<i>erlotinib oral tablet 25 mg</i>	T5	PA; QL (90 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	T5	PA; QL (30 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	T5	PA; QL (150 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	T5	PA; QL (90 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	T5	PA; QL (60 EA per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	T5	B/D
<b>EXKIVITY ORAL CAPSULE 40 MG</b>	T5	PA; LA
<b>FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG</b>	T5	PA; LA; QL (21 EA per 28 days)
<i>gefitinib oral tablet 250 mg</i>	T5	PA
<b>GILOTrif ORAL TABLET 20 MG, 30 MG, 40 MG</b>	T5	PA; LA
<b>IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG</b>	T5	PA; LA; QL (21 EA per 28 days)
<b>ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG</b>	T5	PA; LA; QL (30 EA per 30 days)
<i>imatinib oral tablet 100 mg</i>	T5	PA; QL (90 EA per 30 days)
<i>imatinib oral tablet 400 mg</i>	T5	PA; QL (60 EA per 30 days)
<b>IMBRUVICA ORAL CAPSULE 140 MG</b>	T5	PA; LA; QL (120 EA per 30 days)
<b>IMBRUVICA ORAL CAPSULE 70 MG</b>	T5	PA; LA; QL (30 EA per 30 days)
<b>IMBRUVICA ORAL SUSPENSION 70 MG/ML</b>	T5	PA; LA; QL (216 ML per 27 days)
<b>IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG</b>	T5	PA; LA; QL (30 EA per 30 days)
<b>INLYTA ORAL TABLET 1 MG</b>	T5	PA; LA; QL (180 EA per 30 days)
<b>INLYTA ORAL TABLET 5 MG</b>	T5	PA; LA; QL (120 EA per 30 days)
<b>INREBIC ORAL CAPSULE 100 MG</b>	T5	PA; LA
<b>IRESSA ORAL TABLET 250 MG</b>	T5	PA; LA
<b>JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG</b>	T5	PA; LA; QL (60 EA per 30 days)
<b>JAYPIRCA ORAL TABLET 100 MG</b>	T5	PA; LA; QL (60 EA per 30 days)
<b>JAYPIRCA ORAL TABLET 50 MG</b>	T5	PA; LA; QL (30 EA per 30 days)
<b>KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)</b>	T5	PA; QL (21 EA per 28 days)
<b>KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)</b>	T5	PA; QL (42 EA per 28 days)
<b>KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)</b>	T5	PA; QL (63 EA per 28 days)
<b>KOSELUGO ORAL CAPSULE 10 MG, 25 MG</b>	T5	PA
<i>lapatinib oral tablet 250 mg</i>	T5	PA

Drug	Status	Requirements/Limits
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	T5	PA; LA; QL (30 EA per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	T5	PA; LA; QL (90 EA per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	T5	PA; LA; QL (60 EA per 30 days)
LORBRENA ORAL TABLET 100 MG, 25 MG	T5	PA; LA
LYTGOBI ORAL TABLET 4 MG	T5	PA; LA
LYTGOBI ORAL TABLET 4 MG (4X 4 MG TB), 4 MG (5X 4 MG TB)	T5	PA
MEKINIST ORAL RECON SOLN 0.05 MG/ML	T5	PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	T5	PA; LA
MEKTOVI ORAL TABLET 15 MG	T5	PA; LA
NERLYNX ORAL TABLET 40 MG	T5	PA; LA
NEXAVAR ORAL TABLET 200 MG	T5	PA; LA; QL (120 EA per 30 days)
ODOMZO ORAL CAPSULE 200 MG	T5	PA; LA
pazopanib oral tablet 200 mg	T5	PA; QL (120 EA per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	T5	PA; LA
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	T5	PA
QINLOCK ORAL TABLET 50 MG	T5	PA; LA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	T5	PA; LA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	T5	PA; LA; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE 25 MG	T5	PA
SCEMBLIX ORAL TABLET 20 MG	T5	PA; QL (60 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	T5	PA; QL (300 EA per 30 days)
sorafenib oral tablet 200 mg	T5	PA; QL (120 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	T5	PA
STIVARGA ORAL TABLET 40 MG	T5	PA; LA
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	T5	PA; QL (30 EA per 30 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	T5	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	T5	PA; LA
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	T5	PA
TAGRISSO ORAL TABLET 40 MG, 80 MG	T5	PA; LA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	T5	PA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	T5	PA; LA; QL (90 EA per 30 days)
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG	T5	PA; LA; QL (30 EA per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	T5	PA

Drug	Status	Requirements/Limits
TAZVERIK ORAL TABLET 200 MG	T5	PA; LA
TEPMETKO ORAL TABLET 225 MG	T5	PA; LA
TRUQAP ORAL TABLET 160 MG, 200 MG	T5	PA
TURALIO ORAL CAPSULE 125 MG	T5	PA
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	T5	PA
VENCLEXTA ORAL TABLET 10 MG	T4	PA; LA; QL (112 EA per 28 days)
VENCLEXTA ORAL TABLET 100 MG	T5	PA; LA; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	T5	PA; LA; QL (112 EA per 28 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	T5	PA; LA; QL (42 EA per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	T5	PA; LA; QL (56 EA per 28 days)
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	T5	PA; LA
VITRAKVI ORAL SOLUTION 20 MG/ML	T5	PA; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	T5	PA; LA
VONJO ORAL CAPSULE 100 MG	T5	PA; LA; QL (120 EA per 30 days)
VOTRIENT ORAL TABLET 200 MG	T5	PA; LA
XALKORI ORAL CAPSULE 200 MG, 250 MG	T5	PA; LA
XALKORI ORAL PELLET 150 MG	T5	PA; QL (180 EA per 30 days)
XALKORI ORAL PELLET 20 MG, 50 MG	T5	PA; QL (120 EA per 30 days)
XOSPATA ORAL TABLET 40 MG	T5	PA; LA
ZEJULA ORAL CAPSULE 100 MG	T5	PA; QL (90 EA per 30 days)
ZEJULA ORAL TABLET 100 MG	T5	PA; QL (90 EA per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	T5	PA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	T5	PA; LA
ZYDELIG ORAL TABLET 100 MG, 150 MG	T5	PA; LA
ZYKADIA ORAL TABLET 150 MG	T5	PA; LA
<b>RETINOIDS</b>		
bexarotene oral capsule 75 mg	T5	PA
bexarotene topical gel 1 %	T5	PA; QL (60 GM per 30 days)
tretinoin (antineoplastic) oral capsule 10 mg	T5	
<b>TREATMENT ADJUNCTS</b>		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	T2	\$
MESNEX ORAL TABLET 400 MG	T5	
<b>ANTIPARASITICS</b>		
<b>ANTHELMINTICS</b>		
albendazole oral tablet 200 mg	T5	
EMVERM ORAL TABLET,CHEWABLE 100 MG	T5	QL (12 EA per 365 days)
ivermectin oral tablet 3 mg	T2	PA; \$; QL (12 EA per 90 days)
praziquantel oral tablet 600 mg	T2	\$
<b>ANTIPROTOZOALS</b>		
atovaquone oral suspension 750 mg/5 mL	T2	\$

Drug	Status	Requirements/Limits
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	T2	\$
chloroquine phosphate oral tablet 250 mg, 500 mg	T2	\$
<b>COARTEM ORAL TABLET 20-120 MG</b>	T4	
hydroxychloroquine oral tablet 200 mg	T2	\$
mefloquine oral tablet 250 mg	T2	\$
nitazoxanide oral tablet 500 mg	T5	QL (6 EA per 30 days)
pentamidine inhalation recon soln 300 mg	T2	B/D; \$
pentamidine injection recon soln 300 mg	T2	\$
primaquine oral tablet 26.3 mg	T3	
quinine sulfate oral capsule 324 mg	T2	PA; \$
<b>ANTIPARKINSON AGENTS</b>		
<b>ANTICHOLINERGICS</b>		
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	T3	
trihexyphenidyl oral elixir 0.4 mg/mL	T3	
trihexyphenidyl oral tablet 2 mg, 5 mg	T3	
<b>ANTIPARKINSON AGENTS, OTHER</b>		
amantadine HCl oral capsule 100 mg	T2	\$; QL (120 EA per 30 days)
amantadine HCl oral solution 50 mg/5 mL	T2	\$
amantadine HCl oral tablet 100 mg	T2	\$
carbidopa oral tablet 25 mg	T2	\$
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	T2	\$
entacapone oral tablet 200 mg	T2	\$
<b>DOPAMINE AGONISTS</b>		
bromocriptine oral capsule 5 mg	T2	\$
bromocriptine oral tablet 2.5 mg	T2	\$
<b>NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR</b>	T4	
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	T1	*
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	T2	\$
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	T1	*
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	T2	\$
<b>DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS</b>		
carbidopa oral tablet 25 mg	T2	\$
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	T2	\$
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	T2	\$

Drug	Status	Requirements/Limits
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	T2	\$
<b>MONOAMINE OXIDASE B (MAO-B) INHIBITORS</b>		
rasagiline oral tablet 0.5 mg, 1 mg	T2	\$; QL (30 EA per 30 days)
selegiline HCl oral capsule 5 mg	T2	\$
selegiline HCl oral tablet 5 mg	T2	\$
<b>ANTIPSYCHOTICS</b>		
<b>1ST GENERATION/TYPICAL</b>		
chlorpromazine oral concentrate 100 mg/mL, 30 mg/mL	T4	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	T2	\$
fluphenazine decanoate injection solution 25 mg/mL	T2	\$
fluphenazine HCl injection solution 2.5 mg/mL	T2	\$
fluphenazine HCl oral concentrate 5 mg/mL	T2	\$
fluphenazine HCl oral elixir 2.5 mg/5 mL	T2	\$
fluphenazine HCl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	T2	\$
haloperidol decanoate intramuscular solution 100 mg/mL, 100 mg/mL (1 ml), 50 mg/mL, 50 mg/mL(1ML)	T2	\$
haloperidol lactate injection solution 5 mg/mL	T2	\$
haloperidol lactate oral concentrate 2 mg/mL	T2	\$
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	T2	\$
loxpipamine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	T2	\$
molindone oral tablet 10 mg, 25 mg, 5 mg	T2	\$
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	T2	\$
pimozide oral tablet 1 mg, 2 mg	T2	\$
prochlorperazine maleate oral tablet 10 mg, 5 mg	T2	\$
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	T2	\$
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	T2	\$
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	T2	\$
<b>2ND GENERATION/ATYPICAL</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	T5	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	T5	QL (3.2 ML per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	T5	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	T5	QL (1 EA per 28 days)
aripiprazole oral solution 1 mg/mL	T2	\$; QL (900 ML per 30 days)

Drug	Status	Requirements/Limits
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	T2	\$; QL (30 EA per 30 days)
aripiprazole oral tablet,disintegrating 10 mg, 15 mg	T5	QL (60 EA per 30 days)
<b>ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML</b>	T5	
<b>ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML</b>	T5	QL (3.9 ML per 56 days)
<b>ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML</b>	T5	QL (1.6 ML per 28 days)
<b>ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML</b>	T5	QL (2.4 ML per 28 days)
<b>ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML</b>	T5	QL (3.2 ML per 28 days)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	T2	\$; QL (60 EA per 30 days)
<b>CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)</b>	T4	PA
<b>INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML</b>	T5	QL (3.5 ML per 180 days)
<b>INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML</b>	T5	QL (5 ML per 180 days)
<b>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML</b>	T5	QL (0.75 ML per 28 days)
<b>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML</b>	T5	QL (1 ML per 28 days)
<b>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML</b>	T5	QL (1.5 ML per 28 days)
<b>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML</b>	T4	QL (0.25 ML per 28 days)
<b>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML</b>	T5	QL (0.5 ML per 28 days)
<b>INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML</b>	T5	QL (0.88 ML per 90 days)
<b>INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML</b>	T5	QL (1.32 ML per 90 days)
<b>INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML</b>	T5	QL (1.75 ML per 90 days)
<b>INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML</b>	T5	QL (2.63 ML per 90 days)
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	T2	\$; QL (30 EA per 30 days)
lurasidone oral tablet 80 mg	T2	\$; QL (60 EA per 30 days)

Drug	Status	Requirements/Limits
<b>NUPLAZID ORAL CAPSULE 34 MG</b>	T5	PA; LA; QL (30 EA per 30 days)
<b>NUPLAZID ORAL TABLET 10 MG</b>	T5	PA; LA; QL (30 EA per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	T2	\$; QL (3 EA per 1 day)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i>	T2	\$; QL (60 EA per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg, 7.5 mg</i>	T2	\$; QL (30 EA per 30 days)
<i>olanzapine oral tablet,disintegrating 10 mg</i>	T2	\$; QL (60 EA per 30 days)
<i>olanzapine oral tablet,disintegrating 15 mg, 20 mg, 5 mg</i>	T2	\$; QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	T2	\$; QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	T2	\$; QL (60 EA per 30 days)
<b>PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG</b>	T5	QL (1 EA per 30 days)
<i>quetiapine oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	T2	\$
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	T2	PA; \$; QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	T2	PA; \$; QL (60 EA per 30 days)
<b>REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG</b>	T5	QL (60 EA per 30 days)
<b>REXULTI ORAL TABLET 3 MG, 4 MG</b>	T5	QL (30 EA per 30 days)
<b>RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML</b>	T4	QL (2 EA per 28 days)
<b>RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML</b>	T5	QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/mL</i>	T2	\$; QL (240 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	T1	*
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg</i>	T2	\$; QL (90 EA per 30 days)
<i>risperidone oral tablet,disintegrating 1 mg, 2 mg, 3 mg</i>	T2	\$; QL (60 EA per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	T2	\$; QL (120 EA per 30 days)
<b>SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR</b>	T4	QL (30 EA per 30 days)
<b>UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML, 125 MG/0.35 ML, 150 MG/0.42 ML, 200 MG/0.56 ML, 250 MG/0.7 ML, 50 MG/0.14 ML, 75 MG/0.21 ML</b>	T5	PA
<b>VRAYLAR ORAL CAPSULE 1.5 MG</b>	T5	QL (60 EA per 30 days)
<b>VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG</b>	T5	QL (30 EA per 30 days)
<b>VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)</b>	T4	
<i>ziprasidone HCl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	T2	\$; QL (60 EA per 30 days)

Drug	Status	Requirements/Limits
<i>ziprasidone mesylate intramuscular recon soln 20 mg/mL (final conc.)</i>	T2	\$; QL (6 EA per 3 days)
<b>ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG</b>	T4	PA; QL (2 EA per 28 days)
<b>TREATMENT-RESISTANT</b>		
<i>clozapine oral tablet 100 mg</i>	T2	\$; QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	T2	\$; QL (120 EA per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	T2	\$
<i>clozapine oral tablet,disintegrating 100 mg</i>	T2	PA; \$; QL (270 EA per 30 days)
<i>clozapine oral tablet,disintegrating 12.5 mg, 25 mg</i>	T2	PA; \$
<i>clozapine oral tablet,disintegrating 150 mg</i>	T2	PA; \$; QL (180 EA per 30 days)
<i>clozapine oral tablet,disintegrating 200 mg</i>	T5	PA; QL (120 EA per 30 days)
<b>VERSACLOZ ORAL SUSPENSION 50 MG/ML</b>	T5	PA; QL (600 ML per 30 days)
<b>ANTISPASTICITY AGENTS</b>		
<b>ANTISPASTICITY AGENTS</b>		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	T2	\$
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	T2	\$
<i>tizanidine oral tablet 2 mg, 4 mg</i>	T2	\$
<b>ANTIVIRALS</b>		
<b>ANTI-CYTOMEGALOVIRUS (CMV) AGENTS</b>		
<b>PREVYMIS ORAL TABLET 240 MG, 480 MG</b>	T5	PA; QL (28 EA per 28 days)
<i>valganciclovir oral recon soln 50 mg/mL</i>	T5	
<i>valganciclovir oral tablet 450 mg</i>	T2	\$
<b>ANTI-HEPATITIS B (HBV) AGENTS</b>		
<i>adefovir oral tablet 10 mg</i>	T4	
<b>BARACLUDE ORAL SOLUTION 0.05 MG/ML</b>	T5	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	T2	\$
<i>lamivudine oral solution 10 mg/mL</i>	T2	\$
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	T2	\$
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	T2	\$
<b>VEMLIDY ORAL TABLET 25 MG</b>	T5	
<b>VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)</b>	T5	
<b>VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG</b>	T5	
<b>ANTI-HEPATITIS C (HCV) AGENTS</b>		
<b>EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG</b>	T5	PA
<b>EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG</b>	T5	PA
<b>HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG</b>	T5	PA
<b>HARVONI ORAL TABLET 90-400 MG</b>	T5	PA
<b>MAVYRET ORAL PELLETS IN PACKET 50-20 MG</b>	T5	PA
<b>MAVYRET ORAL TABLET 100-40 MG</b>	T5	PA
<i>ribavirin oral capsule 200 mg</i>	T2	\$

Drug	Status	Requirements/Limits
<i>ribavirin oral tablet 200 mg</i>	T2	\$
<b>VOSEVI ORAL TABLET 400-100-100 MG</b>	T5	PA
<b>ANTIHERPETIC AGENTS</b>		
<i>acyclovir oral capsule 200 mg</i>	T1	*
<i>acyclovir oral suspension 200 mg/5 mL</i>	T2	\$
<i>acyclovir oral tablet 400 mg, 800 mg</i>	T1	*
<i>acyclovir sodium intravenous solution 50 mg/mL</i>	T2	B/D; \$
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	T2	\$
<i>trifluridine ophthalmic (eye) drops 1 %</i>	T2	\$
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	T2	\$
<b>ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)</b>		
<b>BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG</b>	T5	
<b>DOVATO ORAL TABLET 50-300 MG</b>	T5	
<b>GENVOYA ORAL TABLET 150-150-200-10 MG</b>	T5	
<b>ISENTRESS HD ORAL TABLET 600 MG</b>	T5	
<b>ISENTRESS ORAL POWDER IN PACKET 100 MG</b>	T5	
<b>ISENTRESS ORAL TABLET 400 MG</b>	T5	
<b>ISENTRESS ORAL TABLET,CHEWABLE 100 MG</b>	T5	
<b>ISENTRESS ORAL TABLET,CHEWABLE 25 MG</b>	T4	
<b>STRIBILD ORAL TABLET 150-150-200-300 MG</b>	T5	
<b>SYMTUZA ORAL TABLET 800-150-200-10 MG</b>	T5	
<b>TIVICAY ORAL TABLET 10 MG</b>	T3	
<b>TIVICAY ORAL TABLET 25 MG, 50 MG</b>	T5	
<b>TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG</b>	T5	
<b>ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)</b>		
<b>COMPLERA ORAL TABLET 200-25-300 MG</b>	T5	
<b>EDURANT ORAL TABLET 25 MG</b>	T5	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	T2	\$
<i>efavirenz oral tablet 600 mg</i>	T2	\$
<i>etravirine oral tablet 100 mg, 200 mg</i>	T5	
<b>INTELENCE ORAL TABLET 25 MG</b>	T4	
<i>nevirapine oral suspension 50 mg/5 mL</i>	T2	\$
<i>nevirapine oral tablet 200 mg</i>	T2	\$
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	T2	\$
<b>PIFELTRO ORAL TABLET 100 MG</b>	T5	
<b>ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)</b>		
<i>abacavir oral solution 20 mg/mL</i>	T2	\$
<i>abacavir oral tablet 300 mg</i>	T2	\$

Drug	Status	Requirements/Limits
abacavir-lamivudine oral tablet 600-300 mg	T2	\$
<b>CIMDUO ORAL TABLET 300-300 MG</b>	T5	
<b>DELSTRIGO ORAL TABLET 100-300-300 MG</b>	T5	
<b>DESCOVY ORAL TABLET 120-15 MG, 200-25 MG</b>	T5	QL (30 EA per 30 days)
efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg	T5	
efavirenz-lamivu-tenofovir disop oral tablet 400-300-300 mg, 600-300-300 mg	T5	
emtricitabine oral capsule 200 mg	T2	\$
emtricitabine-tenofovir (TDF) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	T5	QL (30 EA per 30 days)
emtricitabine-tenofovir (TDF) oral tablet 200-300 mg	T4	QL (30 EA per 30 days)
<b>EMTRIVA ORAL SOLUTION 10 MG/ML</b>	T4	
<b>JULUCA ORAL TABLET 50-25 MG</b>	T5	
lamivudine oral solution 10 mg/mL	T2	\$
lamivudine oral tablet 100 mg, 150 mg, 300 mg	T2	\$
lamivudine-zidovudine oral tablet 150-300 mg	T2	\$
<b>ODEFSEY ORAL TABLET 200-25-25 MG</b>	T5	
tenofovir disoproxil fumarate oral tablet 300 mg	T2	\$
<b>VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)</b>	T5	
<b>VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG</b>	T5	
zidovudine oral capsule 100 mg	T2	\$
zidovudine oral syrup 10 mg/mL	T2	\$
zidovudine oral tablet 300 mg	T2	\$
<b>ANTI-HIV AGENTS, OTHER</b>		
<b>FUZEON SUBCUTANEOUS RECON SOLN 90 MG</b>	T5	
maraviroc oral tablet 150 mg, 300 mg	T5	
<b>RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG</b>	T5	
<b>SELZENTRY ORAL SOLUTION 20 MG/ML</b>	T5	
<b>SELZENTRY ORAL TABLET 25 MG</b>	T4	
<b>SELZENTRY ORAL TABLET 75 MG</b>	T5	
<b>SUNLENCA ORAL TABLET 300 MG</b>	T5	LA
<b>SUNLENCA ORAL TABLET 300 MG (4-TABLET PACK)</b>	T5	
<b>TRIUMEQ ORAL TABLET 600-50-300 MG</b>	T5	
<b>TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG</b>	T5	
<b>TYBOST ORAL TABLET 150 MG</b>	T3	
<b>ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)</b>		
<b>APTIVUS ORAL CAPSULE 250 MG</b>	T5	
atazanavir oral capsule 150 mg, 200 mg, 300 mg	T2	\$
darunavir oral tablet 600 mg	T5	QL (60 EA per 30 days)
darunavir oral tablet 800 mg	T5	QL (30 EA per 30 days)

Drug	Status	Requirements/Limits
<b>EVOTAZ ORAL TABLET 300-150 MG</b>	T5	
<i>fosamprenavir oral tablet 700 mg</i>	T5	
<b>LEXIVA ORAL SUSPENSION 50 MG/ML</b>	T4	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 mL</i>	T2	\$
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	T2	\$
<b>NORVIR ORAL POWDER IN PACKET 100 MG</b>	T4	
<b>PREZCOBIX ORAL TABLET 800-150 MG-MG</b>	T5	
<b>PREZISTA ORAL SUSPENSION 100 MG/ML</b>	T5	QL (400 ML per 30 days)
<b>PREZISTA ORAL TABLET 150 MG</b>	T5	QL (240 EA per 30 days)
<b>PREZISTA ORAL TABLET 600 MG</b>	T5	QL (60 EA per 30 days)
<b>PREZISTA ORAL TABLET 75 MG</b>	T4	QL (480 EA per 30 days)
<b>PREZISTA ORAL TABLET 800 MG</b>	T5	QL (30 EA per 30 days)
<b>REYATAZ ORAL POWDER IN PACKET 50 MG</b>	T5	
<i>ritonavir oral tablet 100 mg</i>	T2	\$
<b>VIRACEPT ORAL TABLET 250 MG, 625 MG</b>	T5	
<b>ANTI-INFLUENZA AGENTS</b>		
<i>amantadine HCl oral capsule 100 mg</i>	T2	\$; QL (120 EA per 30 days)
<i>amantadine HCl oral solution 50 mg/5 mL</i>	T2	\$
<i>amantadine HCl oral tablet 100 mg</i>	T2	\$
<i>oseltamivir oral capsule 30 mg</i>	T2	\$; QL (168 EA per 365 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	T2	\$; QL (84 EA per 365 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/mL</i>	T2	\$; QL (1080 ML per 365 days)
<b>RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION</b>	T3	QL (120 EA per 365 days)
<i>rimantadine oral tablet 100 mg</i>	T2	\$
<b>ANTIVIRALS</b>		
<b>PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG</b>	T1	*
<b>ANXIOLYTICS</b>		
<b>ANXIOLYTICS, OTHER</b>		
<i>buspirone oral tablet 10 mg, 15 mg, 5 mg</i>	T1	*
<i>buspirone oral tablet 30 mg, 7.5 mg</i>	T2	\$
<i>doxepin oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	T3	
<i>doxepin oral capsule 150 mg</i>	T4	
<i>doxepin oral concentrate 10 mg/mL</i>	T3	
<i>doxepin oral tablet 3 mg, 6 mg</i>	T2	\$; QL (30 EA per 30 days)
<i>hydroxyzine HCl oral solution 10 mg/5 mL</i>	T3	
<i>hydroxyzine HCl oral tablet 10 mg, 25 mg, 50 mg</i>	T3	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	T3	
<b>BENZODIAZEPINES</b>		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	T2	\$; QL (150 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	T2	\$; QL (90 EA per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>clonazepam oral tablet 2 mg</i>	T2	\$; QL (300 EA per 30 days)
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	T2	\$; QL (90 EA per 30 days)
<i>clonazepam oral tablet,disintegrating 2 mg</i>	T2	\$; QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	T2	PA; \$; QL (180 EA per 30 days)
<b>DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML</b>	T2	PA; \$; QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5 mL (1 mg/mL)</i>	T2	PA; \$; QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	T2	PA; \$; QL (120 EA per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	T2	\$
<b>LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML</b>	T2	\$; QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	T2	\$; QL (150 EA per 30 days)
<b>NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)</b>	T4	
<b>VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)</b>	T4	
<b>SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS)</b>		
<i>duloxetine oral capsule,delayed release(DRI/EC) 20 mg, 30 mg, 40 mg, 60 mg</i>	T2	\$; QL (60 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 mL</i>	T2	\$
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	T1	*
<i>paroxetine HCl oral suspension 10 mg/5 mL</i>	T4	PA; QL (900 ML per 30 days)
<i>paroxetine HCl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	T2	\$
<i>paroxetine HCl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	T4	QL (60 EA per 30 days)
<i>sertraline oral concentrate 20 mg/mL</i>	T2	\$
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	T1	*
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	T1	*
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	T2	\$
<b>BIPOLAR AGENTS</b>		
<b>BIPOLAR AGENTS, OTHER</b>		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	T2	\$; QL (60 EA per 30 days)
<i>lamotrigine oral tablet 25 mg</i>	T1	*
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	T2	\$; QL (30 EA per 30 days)
<i>lurasidone oral tablet 80 mg</i>	T2	\$; QL (60 EA per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	T2	\$; QL (3 EA per 1 day)

Drug	Status	Requirements/Limits
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg	T2	\$; QL (60 EA per 30 days)
olanzapine oral tablet 15 mg, 20 mg, 7.5 mg	T2	\$; QL (30 EA per 30 days)
olanzapine oral tablet,disintegrating 10 mg	T2	\$; QL (60 EA per 30 days)
olanzapine oral tablet,disintegrating 15 mg, 20 mg, 5 mg	T2	\$; QL (30 EA per 30 days)
<b>PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG</b>	T5	QL (1 EA per 30 days)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	T2	\$
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	T2	PA; \$; QL (30 EA per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	T2	PA; \$; QL (60 EA per 30 days)
<b>RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML</b>	T4	QL (2 EA per 28 days)
<b>RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML</b>	T5	QL (2 EA per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 mL, 25 mg/2 mL, 37.5 mg/2 mL, 50 mg/2 mL	T2	\$; QL (2 EA per 28 days)
risperidone oral solution 1 mg/mL	T2	\$; QL (240 ML per 30 days)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	T1	*
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg	T2	\$; QL (90 EA per 30 days)
risperidone oral tablet,disintegrating 1 mg, 2 mg, 3 mg	T2	\$; QL (60 EA per 30 days)
risperidone oral tablet,disintegrating 4 mg	T2	\$; QL (120 EA per 30 days)
<b>SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR</b>	T4	QL (30 EA per 30 days)
<b>VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)</b>	T4	
ziprasidone HCl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	T2	\$; QL (60 EA per 30 days)
ziprasidone mesylate intramuscular recon soln 20 mg/mL (final conc.)	T2	\$; QL (6 EA per 3 days)
<b>ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG</b>	T4	PA; QL (2 EA per 28 days)
<b>MOOD STABILIZERS</b>		
carbamazepine oral capsule, ER multiphase 12 hr 100 mg, 200 mg, 300 mg	T2	\$
carbamazepine oral suspension 100 mg/5 mL	T2	\$
carbamazepine oral tablet 200 mg	T2	\$
carbamazepine oral tablet extended release 12 hr 100 mg	T2	\$
carbamazepine oral tablet,chewable 100 mg	T2	\$
divalproex oral capsule, delayed rel sprinkle 125 mg	T2	\$

Drug	Status	Requirements/Limits
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	T2	\$
divalproex oral tablet, delayed release (DR/EC) 125 mg, 250 mg, 500 mg	T2	\$
<b>EPITOL ORAL TABLET 200 MG</b>	T2	\$
lamotrigine oral tablet 100 mg, 150 mg, 200 mg	T1	*
lamotrigine oral tablet extended release 24hr 50 mg	T2	\$
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	T2	\$
lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg	T2	\$
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	T1	*
lithium carbonate oral tablet 300 mg	T1	*
lithium carbonate oral tablet extended release 300 mg, 450 mg	T2	\$
lithium citrate oral solution 8 mEq/5 mL	T2	\$; QL (900 ML per 30 days)
<b>SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG</b>	T1	*
valproic acid (as sodium salt) oral solution 250 mg/5 mL	T2	\$
valproic acid oral capsule 250 mg	T2	\$
<b>BLOOD GLUCOSE REGULATORS</b>		
<b>ANTIDIABETIC AGENTS</b>		
acarbose oral tablet 100 mg, 25 mg, 50 mg	T2	\$
<b>BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML</b>	T3	PA; QL (3.4 ML per 28 days)
<b>BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML</b>	T4	PA; QL (2.4 ML per 30 days)
<b>BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML</b>	T4	PA; QL (1.2 ML per 30 days)
colesevelam oral powder in packet 3.75 gram	T2	\$
colesevelam oral tablet 625 mg	T2	\$
<b>FARXIGA ORAL TABLET 10 MG, 5 MG</b>	T3	QL (30 EA per 30 days)
glimepiride oral tablet 1 mg, 2 mg	T1	*; QL (90 EA per 30 days)
glimepiride oral tablet 4 mg	T1	*; QL (60 EA per 30 days)
glipizide oral tablet 10 mg	T1	*; QL (120 EA per 30 days)
glipizide oral tablet 2.5 mg	T1	*; QL (90 EA per 30 days)
glipizide oral tablet 5 mg	T1	*; QL (240 EA per 30 days)
glipizide oral tablet extended release 24hr 10 mg	T1	*; QL (60 EA per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg, 5 mg	T1	*; QL (90 EA per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	T1	*; QL (240 EA per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	T1	*; QL (120 EA per 30 days)
glyburide micronized oral tablet 1.5 mg, 3 mg	T2	\$; QL (120 EA per 30 days)
glyburide micronized oral tablet 6 mg	T2	\$; QL (60 EA per 30 days)

Drug	Status	Requirements/Limits
glyburide oral tablet 1.25 mg	T1	*; QL (480 EA per 30 days)
glyburide oral tablet 2.5 mg	T1	*; QL (240 EA per 30 days)
glyburide oral tablet 5 mg	T1	*; QL (120 EA per 30 days)
glyburide-metformin oral tablet 1.25-250 mg	T1	*; QL (240 EA per 30 days)
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	T1	*; QL (120 EA per 30 days)
<b>GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG</b>	T3	QL (30 EA per 30 days)
<b>GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML</b>	T3	
<b>GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML</b>	T3	
<b>GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML</b>	T3	
<b>JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG</b>	T3	QL (60 EA per 30 days)
<b>JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG</b>	T3	QL (30 EA per 30 days)
<b>JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG</b>	T3	QL (60 EA per 30 days)
<b>JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG</b>	T3	QL (30 EA per 30 days)
<b>JARDIANCE ORAL TABLET 10 MG</b>	T3	QL (60 EA per 30 days)
<b>JARDIANCE ORAL TABLET 25 MG</b>	T3	QL (30 EA per 30 days)
<b>JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG</b>	T3	QL (60 EA per 30 days)
<b>JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG</b>	T3	QL (60 EA per 30 days)
<b>JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG</b>	T3	QL (30 EA per 30 days)
metformin oral tablet 1,000 mg	T1	*; QL (75 EA per 30 days)
metformin oral tablet 500 mg	T1	*; QL (150 EA per 30 days)
metformin oral tablet 850 mg	T1	*; QL (90 EA per 30 days)
metformin oral tablet extended release 24 hr 500 mg	T1	*; QL (120 EA per 30 days)
metformin oral tablet extended release 24 hr 750 mg	T1	*; QL (60 EA per 30 days)
<b>MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML</b>	T3	PA
nateglinide oral tablet 120 mg, 60 mg	T1	*; QL (90 EA per 30 days)
<b>OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)</b>	T3	PA; QL (3 ML per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	T1	*; QL (30 EA per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg	T1	*; QL (120 EA per 30 days)
repaglinide oral tablet 2 mg	T1	*; QL (240 EA per 30 days)
<b>RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG</b>	T3	PA; QL (30 EA per 30 days)
<b>SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG</b>	T3	QL (60 EA per 30 days)
<b>SYNJARDY ORAL TABLET 5-500 MG</b>	T3	QL (120 EA per 30 days)
<b>SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG</b>	T3	QL (60 EA per 30 days)

Drug	Status	Requirements/Limits
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	T3	QL (30 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	T3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	T3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	T3	QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	T3	PA; QL (2 ML per 28 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	T3	PA
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	T3	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	T3	QL (60 EA per 30 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	T3	QL (15 ML per 30 days)
<b>BLOOD GLUCOSE REGULATORS</b>		
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	T3	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	T3	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	T3	
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	T4	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	T4	
<b>GLYCEMIC AGENTS</b>		
diazoxide oral suspension 50 mg/mL	T5	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	T3	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	T3	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	T3	
KORLYM ORAL TABLET 300 MG	T5	PA; LA
<b>INSULINS</b>		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	T3	
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	T3	
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (3 ML)	T3	
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	T3	

Drug	Status	Requirements/Limits
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	T3	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	T3	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	T3	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	T5	B/D
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	T5	
<i>insulin syringe-needle U-100 syringe 0.3 mL 29 gauge, 1 mL 29 gauge x 1/2", 1/2 mL 28 gauge</i>	T3	
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	T3	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	T3	
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	T3	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	T3	
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	T1	*
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	T3	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	T3	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	T1	*
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	T3	
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	T1	*
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	T3	
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	T3	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	T3	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	T3	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	T3	
<i>pen needle, diabetic needle 29 gauge x 1/2"</i>	T3	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	T3	QL (15 ML per 25 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	T3	

Drug	Status	Requirements/Limits
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	T3	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	T3	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	T3	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	T3	
<b>BLOOD PRODUCTS AND MODIFIERS</b>		
<b>ANTICOAGULANTS</b>		
dabigatran etexilate oral capsule 110 mg	T2	\$; QL (60 EA per 28 days)
dabigatran etexilate oral capsule 150 mg, 75 mg	T2	\$; QL (60 EA per 30 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	T3	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	T3	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	T3	QL (74 EA per 30 days)
enoxaparin subcutaneous syringe 100 mg/mL, 120 mg/0.8 mL, 150 mg/mL, 30 mg/0.3 mL, 40 mg/0.4 mL, 60 mg/0.6 mL, 80 mg/0.8 mL	T2	\$
fondaparinux subcutaneous syringe 10 mg/0.8 mL, 5 mg/0.4 mL, 7.5 mg/0.6 mL	T5	
fondaparinux subcutaneous syringe 2.5 mg/0.5 mL	T2	\$
heparin (porcine) injection solution 1,000 unit/mL, 10,000 unit/mL, 20,000 unit/mL, 5,000 unit/mL	T2	B/D; \$
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	T1	*
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	T1	*
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	T3	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	T3	QL (620 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	T3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 2.5 MG	T3	QL (60 EA per 30 days)
<b>BLOOD PRODUCTS AND MODIFIERS</b>		
OXBRYTA ORAL TABLET 300 MG, 500 MG	T5	QL (90 EA per 30 days)
OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG	T5	QL (150 EA per 30 days)
PROMACTA ORAL POWDER IN PACKET 12.5 MG	T5	PA; LA; QL (360 EA per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	T5	PA; LA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	T5	PA; LA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	T5	PA; LA; QL (60 EA per 30 days)
<b>BLOOD PRODUCTS AND MODIFIERS, OTHER</b>		
anagrelide oral capsule 0.5 mg, 1 mg	T2	\$
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	T3	
FABHALTA ORAL CAPSULE 200 MG	T5	PA; QL (60 EA per 30 days)

Drug	Status	Requirements/Limits
<b>PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML</b>	T3	PA
<b>PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML</b>	T5	PA
<b>PROMACTA ORAL POWDER IN PACKET 12.5 MG</b>	T5	PA; LA; QL (360 EA per 30 days)
<b>PROMACTA ORAL POWDER IN PACKET 25 MG</b>	T5	PA; LA; QL (180 EA per 30 days)
<b>PROMACTA ORAL TABLET 12.5 MG, 25 MG</b>	T5	PA; LA; QL (30 EA per 30 days)
<b>PROMACTA ORAL TABLET 50 MG, 75 MG</b>	T5	PA; LA; QL (60 EA per 30 days)
<b>ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML</b>	T5	PA
<b>ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML</b>	T5	PA
<b>HEMOSTASIS AGENTS</b>		
<i>tranexamic acid oral tablet 650 mg</i>	T2	\$
<b>PLATELET MODIFYING AGENTS</b>		
<i>aspirin-dipyridamole oral capsule, ER multiphase 12 hr 25-200 mg</i>	T2	\$
<b>BRILINTA ORAL TABLET 60 MG, 90 MG</b>	T3	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	T1	*
<i>clopidogrel oral tablet 75 mg</i>	T1	*
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	T3	
<b>DOPTELET (10 TAB PACK) ORAL TABLET 20 MG</b>	T5	PA; LA
<b>DOPTELET (15 TAB PACK) ORAL TABLET 20 MG</b>	T5	PA; LA
<b>DOPTELET (30 TAB PACK) ORAL TABLET 20 MG</b>	T5	PA; LA
<i>prasugrel oral tablet 10 mg, 5 mg</i>	T2	\$
<b>CARDIOVASCULAR AGENTS</b>		
<b>ALPHA-ADRENERGIC AGONISTS</b>		
<i>clonidine HCl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	T1	*
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	T2	\$
<i>droxidopa oral capsule 100 mg</i>	T5	PA; QL (90 EA per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	T5	PA; QL (180 EA per 30 days)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	T3	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	T2	\$
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	T1	*
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	T2	\$
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	T1	*
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	T1	*; QL (60 EA per 30 days)
<i>candesartan oral tablet 32 mg</i>	T1	*; QL (30 EA per 30 days)
<b>EDARBI ORAL TABLET 40 MG, 80 MG</b>	T4	QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	T1	*; QL (30 EA per 30 days)
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	T1	*

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>olmesartan oral tablet 20 mg, 40 mg</i>	T1	*; QL (30 EA per 30 days)
<i>olmesartan oral tablet 5 mg</i>	T1	*; QL (60 EA per 30 days)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	T1	*; QL (30 EA per 30 days)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	T1	*; QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	T1	*; QL (30 EA per 30 days)
<b>ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS</b>		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T1	*
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	T1	*
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	T1	*
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	T1	*
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	T1	*
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	T1	*
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	T1	*
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T1	*
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	T1	*
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	T1	*
<b>ANTIARRHYTHMICS</b>		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	T2	\$
<i>amiodarone oral tablet 100 mg, 400 mg</i>	T2	\$
<i>amiodarone oral tablet 200 mg</i>	T1	*
<b>CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG</b>	T2	\$
<i>digoxin oral solution 50 mcg/mL (0.05 mg/mL)</i>	T2	\$
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	T2	\$; QL (30 EA per 30 days)
<i>diltiazem HCl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	T2	\$
<i>diltiazem HCl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	T2	\$
<i>diltiazem HCl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	T2	\$
<i>diltiazem HCl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	T1	*
<i>diltiazem HCl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	T2	\$
<b>DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG</b>	T2	\$
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	T4	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	T2	\$
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	T2	\$
<b>MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</b>	T2	\$
<b>MULTAQ ORAL TABLET 400 MG</b>	T4	

Drug	Status	Requirements/Limits
<b>NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG</b>	T4	
<b>PACERONE ORAL TABLET 100 MG, 400 MG</b>	T2	\$
<b>PACERONE ORAL TABLET 200 MG</b>	T1	*
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i>	T2	\$
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	T2	\$
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	T2	\$
<b>SORINE ORAL TABLET 120 MG, 160 MG, 80 MG</b>	T1	*
<b>SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG</b>	T2	\$
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	T1	*
<b>TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</b>	T2	\$
<b>TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</b>	T2	\$
<i>verapamil oral capsule, 24 hr ER pellet CT 100 mg, 200 mg, 300 mg</i>	T2	\$
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	T2	\$
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	T1	*
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	T1	*
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	T2	\$
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	T1	*
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	T1	*
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	T1	*
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	T2	\$
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	T1	*
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	*
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T2	\$
<i>nebivolol oral tablet 10 mg, 2.5 mg, 5 mg</i>	T2	\$; QL (30 EA per 30 days)
<i>nebivolol oral tablet 20 mg</i>	T2	\$; QL (60 EA per 30 days)
<i>pindolol oral tablet 10 mg, 5 mg</i>	T2	\$
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	T2	\$
<i>propranolol oral solution 20 mg/5 mL (4 mg/mL), 40 mg/5 mL (8 mg/mL)</i>	T2	\$
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	T2	\$
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	T2	\$

Drug	Status	Requirements/Limits
<b>CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES</b>		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	T1	*
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	T2	\$
isradipine oral capsule 2.5 mg, 5 mg	T2	\$
nicardipine oral capsule 20 mg, 30 mg	T2	\$
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	T2	\$
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	T2	\$
nimodipine oral capsule 30 mg	T2	\$
nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	T2	\$
<b>NYMALIZE ORAL SYRINGE 60 MG/10 ML</b>	T5	
<b>CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES</b>		
<b>CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG</b>	T2	\$
diltiazem HCl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	T2	\$
diltiazem HCl oral capsule,extended release 24 hr 360 mg, 420 mg	T2	\$
diltiazem HCl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	T2	\$
diltiazem HCl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	T1	*
diltiazem HCl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg	T2	\$
<b>DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG</b>	T2	\$
<b>MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</b>	T2	\$
<b>TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</b>	T2	\$
<b>TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</b>	T2	\$
verapamil oral capsule, 24 hr ER pellet CT 100 mg, 200 mg, 300 mg	T2	\$
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	T2	\$
verapamil oral tablet 120 mg, 40 mg, 80 mg	T1	*
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	T1	*
<b>CARDIOVASCULAR AGENTS, OTHER</b>		
acetazolamide oral tablet 125 mg, 250 mg	T2	\$
aliskiren oral tablet 150 mg, 300 mg	T2	\$
amiloride-hydrochlorothiazide oral tablet 5-50 mg	T1	*

Drug	Status	Requirements/Limits
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	T1	*
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	T1	*; QL (30 EA per 30 days)
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	T1	*; QL (30 EA per 30 days)
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	T1	*; QL (30 EA per 30 days)
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	T1	*
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	T1	*
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	T1	*
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg	T1	*; QL (60 EA per 30 days)
candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32-25 mg	T1	*; QL (30 EA per 30 days)
<b>CORLANOR ORAL SOLUTION 5 MG/5 ML</b>	T4	
<b>CORLANOR ORAL TABLET 5 MG, 7.5 MG</b>	T4	
digoxin oral solution 50 mcg/mL (0.05 mg/mL)	T2	\$
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	T2	\$; QL (30 EA per 30 days)
<b>EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG</b>	T4	QL (30 EA per 30 days)
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	T1	*
<b>ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG</b>	T3	
<b>FILSPARI ORAL TABLET 200 MG, 400 MG</b>	T5	PA
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	T1	*
hydrochlorothiazide oral tablet 25 mg	T1	*
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	T1	*; QL (60 EA per 30 days)
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	T1	*; QL (30 EA per 30 days)
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	T1	*
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	T1	*
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	T2	\$
metyrosine oral capsule 250 mg	T5	PA
olmesartan-amldipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	T1	*; QL (30 EA per 30 days)
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	T1	*; QL (30 EA per 30 days)
pentoxifylline oral tablet extended release 400 mg	T1	*

Drug	Status	Requirements/Limits
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	T2	\$
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	T2	\$
telmisartan-amldipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	T1	*; QL (30 EA per 30 days)
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-25 mg	T1	*; QL (30 EA per 30 days)
telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg	T1	*; QL (60 EA per 30 days)
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	T1	*
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	T1	*
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	T1	*; QL (30 EA per 30 days)
<b>VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG</b>	T3	
<b>DIURETICS, LOOP</b>		
bumetanide injection solution 0.25 mg/mL	T2	\$
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	T2	\$
furosemide injection solution 10 mg/mL	T2	\$
furosemide oral solution 10 mg/mL, 40 mg/5 mL (8 mg/mL)	T1	*
furosemide oral tablet 20 mg, 40 mg, 80 mg	T1	*
tosemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	T1	*
<b>DIURETICS, POTASSIUM-SPARING</b>		
amiloride oral tablet 5 mg	T1	*
eplerenone oral tablet 25 mg, 50 mg	T2	\$
<b>KERENDIA ORAL TABLET 10 MG, 20 MG</b>	T3	QL (30 EA per 30 days)
spironolactone oral tablet 100 mg, 25 mg, 50 mg	T1	*
<b>DIURETICS, THIAZIDE</b>		
chlorthalidone oral tablet 25 mg, 50 mg	T2	\$
hydrochlorothiazide oral capsule 12.5 mg	T1	*
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	T1	*
indapamide oral tablet 1.25 mg, 2.5 mg	T1	*
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	T2	\$
<b>DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES</b>		
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	T2	\$
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	T2	\$
fenofibrate oral tablet 160 mg, 54 mg	T2	\$
fenofibric acid (choline) oral capsule, delayed release(DRI/EC) 135 mg, 45 mg	T2	\$
gemfibrozil oral tablet 600 mg	T1	*
<b>DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS</b>		
<b>ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG</b>	T5	QL (30 EA per 30 days)

Drug	Status	Requirements/Limits
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	T1	*; QL (30 EA per 30 days)
<b>EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG</b>	T4	QL (30 EA per 30 days)
fluvastatin oral capsule 20 mg, 40 mg	T1	*; QL (60 EA per 30 days)
fluvastatin oral tablet extended release 24 hr 80 mg	T1	*; QL (30 EA per 30 days)
<b>LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG</b>	T4	QL (30 EA per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	T1	*; QL (60 EA per 30 days)
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	T1	*; QL (30 EA per 30 days)
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	T1	*; QL (30 EA per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	T1	*; QL (30 EA per 30 days)
<b>ZYPITAMAG ORAL TABLET 2 MG, 4 MG</b>	T4	QL (30 EA per 30 days)
<b>DYSLIPIDEMICS, OTHER</b>		
cholestyramine (with sugar) oral powder in packet 4 gram	T2	\$
<b>CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM</b>	T2	\$
colesevelam oral powder in packet 3.75 gram	T2	\$
colesevelam oral tablet 625 mg	T2	\$
colestipol oral packet 5 gram	T2	\$
colestipol oral tablet 1 gram	T2	\$
ezetimibe oral tablet 10 mg	T2	\$
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	T1	*; QL (30 EA per 30 days)
icosapent ethyl oral capsule 0.5 gram, 1 gram	T2	\$
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	T2	\$; QL (60 EA per 30 days)
<b>PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML</b>	T3	PA
<b>PREVALITE ORAL POWDER IN PACKET 4 GRAM</b>	T2	\$
<b>VASODILATORS, DIRECT-ACTING ARTERIAL</b>		
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	T2	\$
minoxidil oral tablet 10 mg, 2.5 mg	T2	\$
<b>VASODILATORS, DIRECT-ACTING ARTERIAL/ VENOUS</b>		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	T2	\$
isosorbide mononitrate oral tablet 10 mg, 20 mg	T1	*
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	T1	*
<b>NITRO-BID TRANSDERMAL OINTMENT 2 %</b>	T3	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	T2	\$
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	T2	\$
<b>RECTIV RECTAL OINTMENT 0.4 % (W/W)</b>	T4	QL (30 GM per 30 days)

Drug	Status	Requirements/Limits
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES</b>		
dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	T2	PA; \$; QL (30 EA per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	T2	PA; \$; QL (60 EA per 30 days)
dextroamphetamine-amphetamine oral tablet 20 mg	T2	PA; \$; QL (90 EA per 30 days)
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg	T4	PA; QL (60 EA per 30 days)
lisdexamfetamine oral capsule 40 mg, 50 mg, 60 mg, 70 mg	T4	PA; QL (30 EA per 30 days)
lisdexamfetamine oral tablet, chewable 10 mg, 20 mg	T4	PA; QL (60 EA per 30 days)
lisdexamfetamine oral tablet, chewable 30 mg, 40 mg, 50 mg, 60 mg	T4	PA; QL (30 EA per 30 days)
<b>VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG</b>	T4	PA; QL (60 EA per 30 days)
<b>VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG</b>	T4	PA; QL (30 EA per 30 days)
<b>VYVANSE ORAL TABLET, CHEWABLE 10 MG, 20 MG, 30 MG</b>	T4	PA; QL (60 EA per 30 days)
<b>VYVANSE ORAL TABLET, CHEWABLE 40 MG, 50 MG, 60 MG</b>	T4	PA; QL (30 EA per 30 days)
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES</b>		
atomoxetine oral capsule 10 mg, 18 mg, 25 mg	T2	\$; QL (120 EA per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	T2	\$; QL (30 EA per 30 days)
atomoxetine oral capsule 40 mg	T2	\$; QL (60 EA per 30 days)
dexmethylphenidate oral tablet 10 mg	T2	PA; \$; QL (60 EA per 30 days)
dexmethylphenidate oral tablet 2.5 mg, 5 mg	T2	PA; \$; QL (120 EA per 30 days)
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 4 mg	T3	QL (30 EA per 30 days)
guanfacine oral tablet extended release 24 hr 3 mg	T3	QL (60 EA per 30 days)
methylphenidate HCl oral solution 10 mg/5 mL	T2	PA; \$; QL (900 mL per 30 days)
methylphenidate HCl oral solution 5 mg/5 mL	T2	PA; \$; QL (1800 mL per 30 days)
methylphenidate HCl oral tablet 10 mg, 5 mg	T2	PA; \$; QL (180 EA per 30 days)
methylphenidate HCl oral tablet 20 mg	T2	PA; \$; QL (90 EA per 30 days)
methylphenidate HCl oral tablet extended release 10 mg, 20 mg	T2	PA; \$; QL (90 EA per 30 days)
methylphenidate HCl oral tablet, chewable 10 mg, 2.5 mg, 5 mg	T2	PA; \$; QL (180 EA per 30 days)
<b>CENTRAL NERVOUS SYSTEM, OTHER</b>		
<b>AUSTEDO ORAL TABLET 12 MG, 9 MG</b>	T5	PA; LA; QL (120 EA per 30 days)
<b>AUSTEDO ORAL TABLET 6 MG</b>	T5	PA; LA; QL (60 EA per 30 days)
<b>AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG</b>	T5	PA; QL (120 EA per 30 days)
<b>AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG, 6 MG</b>	T5	PA; QL (60 EA per 30 days)

Drug	Status	Requirements/Limits
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	T5	PA; QL (42 EA per 28 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	T4	PA; QL (180 EA per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	T4	PA; QL (90 EA per 30 days)
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	T5	PA; LA; QL (28 EA per 28 days)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	T5	PA; LA; QL (30 EA per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	T4	PA; QL (60 EA per 30 days)
riluzole oral tablet 50 mg	T2	\$
SKYCLARYS ORAL CAPSULE 50 MG	T5	PA
tetrabenazine oral tablet 12.5 mg	T5	PA; QL (90 EA per 30 days)
tetrabenazine oral tablet 25 mg	T5	PA; QL (120 EA per 30 days)
<b>FIBROMYALGIA AGENTS</b>		
duloxetine oral capsule,delayed release(DR/EC) 20 mg, 30 mg, 40 mg, 60 mg	T2	\$; QL (60 EA per 30 days)
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	T2	\$; QL (120 EA per 30 days)
pregabalin oral capsule 200 mg	T2	\$; QL (90 EA per 30 days)
pregabalin oral capsule 225 mg, 300 mg	T2	\$; QL (60 EA per 30 days)
pregabalin oral solution 20 mg/mL	T2	\$; QL (900 ML per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	T4	PA; QL (60 EA per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	T4	PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG	T5	PA; LA; QL (120 EA per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	T5	PA; QL (14 EA per 28 days)
dalfampridine oral tablet extended release 12 hr 10 mg	T2	PA; \$
fingolimod oral capsule 0.5 mg	T5	PA; QL (28 EA per 28 days)
glatiramer subcutaneous syringe 20 mg/mL	T5	PA; QL (30 ML per 30 days)
glatiramer subcutaneous syringe 40 mg/mL	T5	PA; QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	T5	PA; QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	T5	PA; QL (12 ML per 28 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	T5	PA; LA; QL (6.4 ML per 365 days)
<b>DENTAL AND ORAL AGENTS</b>		
<b>DENTAL AND ORAL AGENTS</b>		
cevimeline oral capsule 30 mg	T2	\$
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	T1	*

Drug	Status	Requirements/Limits
<b>PERIOPHARM MUCOUS MEMBRANE MOUTHWASH 0.12 %</b>	T1	*
pilocarpine HCl oral tablet 5 mg, 7.5 mg	T2	\$
triamcinolone acetonide dental paste 0.1 %	T2	\$
<b>DERMATOLOGICAL AGENTS</b>		
<b>ACNE AND ROSACEA AGENTS</b>		
<b>ACUTANE ORAL CAPSULE 10 MG, 20 MG, 40 MG</b>	T2	PA; \$
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	T2	PA; \$
<b>AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG</b>	T2	PA; \$
azelaic acid topical gel 15 %	T2	\$; QL (50 GM per 30 days)
<b>CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG</b>	T2	PA; \$
erythromycin-benzoyl peroxide topical gel 3-5 %	T2	\$; QL (46.6 GM per 30 days)
<b>FINACEA TOPICAL FOAM 15 %</b>	T4	QL (50 GM per 30 days)
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	T2	PA; \$
tazarotene topical cream 0.1 %	T2	PA; \$; QL (60 GM per 30 days)
<b>TAZORAC TOPICAL CREAM 0.05 %</b>	T4	PA; QL (60 GM per 30 days)
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	T2	PA; \$; QL (45 GM per 30 days)
tretinoin topical gel 0.01 %, 0.025 %	T2	PA; \$; QL (45 GM per 30 days)
<b>ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG</b>	T2	PA; \$
<b>DERMATITIS AND PRUITUS AGENTS</b>		
<b>ALA-CORT TOPICAL CREAM 1 %</b>	T1	*
alclometasone topical cream 0.05 %	T2	\$; QL (60 GM per 30 days)
alclometasone topical ointment 0.05 %	T2	\$; QL (60 GM per 30 days)
ammonium lactate topical cream 12 %	T2	\$
ammonium lactate topical lotion 12 %	T2	\$
betamethasone dipropionate topical cream 0.05 %	T2	\$; QL (120 GM per 30 days)
betamethasone dipropionate topical lotion 0.05 %	T2	\$; QL (120 ML per 30 days)
betamethasone dipropionate topical ointment 0.05 %	T2	\$; QL (120 GM per 30 days)
betamethasone valerate topical cream 0.1 %	T2	\$; QL (120 GM per 30 days)
betamethasone valerate topical lotion 0.1 %	T2	\$; QL (120 ML per 30 days)
betamethasone valerate topical ointment 0.1 %	T2	\$; QL (120 GM per 30 days)
betamethasone, augmented topical cream 0.05 %	T2	\$; QL (120 GM per 30 days)
betamethasone, augmented topical gel 0.05 %	T2	\$; QL (120 GM per 30 days)
betamethasone, augmented topical lotion 0.05 %	T2	\$; QL (120 ML per 30 days)
betamethasone, augmented topical ointment 0.05 %	T2	\$; QL (120 GM per 30 days)
clobetasol scalp solution 0.05 %	T2	\$; QL (50 ML per 30 days)
clobetasol topical cream 0.05 %	T2	\$; QL (60 GM per 30 days)
clobetasol topical gel 0.05 %	T2	\$; QL (60 GM per 30 days)
clobetasol topical ointment 0.05 %	T2	\$; QL (60 GM per 30 days)
clobetasol-emollient topical cream 0.05 %	T2	\$; QL (60 GM per 30 days)

Drug	Status	Requirements/Limits
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	T5	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	T5	PA
ENSTILAR TOPICAL FOAM 0.005-0.064 %	T4	PA; QL (120 GM per 30 days)
fluocinolone and shower cap scalp oil 0.01 %	T2	\$; QL (118.28 ML per 30 days)
fluocinolone topical cream 0.01 %	T2	\$; QL (60 GM per 30 days)
fluocinolone topical cream 0.025 %	T2	\$; QL (120 GM per 30 days)
fluocinolone topical ointment 0.025 %	T2	\$; QL (120 GM per 30 days)
fluocinolone topical solution 0.01 %	T2	\$; QL (90 ML per 30 days)
fluocinonide topical cream 0.05 %	T2	\$; QL (120 GM per 30 days)
fluocinonide topical gel 0.05 %	T2	\$; QL (60 GM per 30 days)
fluocinonide topical ointment 0.05 %	T2	\$; QL (60 GM per 30 days)
fluocinonide topical solution 0.05 %	T2	\$; QL (60 ML per 30 days)
fluocinonide-emollient topical cream 0.05 %	T2	\$; QL (120 GM per 30 days)
fluticasone propionate topical cream 0.05 %	T2	\$
fluticasone propionate topical ointment 0.005 %	T2	\$
halobetasol propionate topical cream 0.05 %	T2	\$; QL (50 GM per 30 days)
halobetasol propionate topical ointment 0.05 %	T2	\$; QL (50 GM per 30 days)
hydrocortisone topical cream 1 %	T1	*
hydrocortisone topical cream with perineal applicator 2.5 %	T1	*
hydrocortisone topical lotion 2.5 %	T2	\$
hydrocortisone topical ointment 2.5 %	T2	\$
mometasone topical cream 0.1 %	T2	\$
mometasone topical ointment 0.1 %	T2	\$
mometasone topical solution 0.1 %	T2	\$
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	T2	\$
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	T2	\$
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	T2	\$
selenium sulfide topical lotion 2.5 %	T2	\$
tacrolimus topical ointment 0.03 %, 0.1 %	T2	\$; QL (100 GM per 30 days)
triamcinolone acetonide topical cream 0.025 %, 0.5 %	T1	*
triamcinolone acetonide topical cream 0.1 %	T1	*; QL (454 GM per 30 days)
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	T2	\$
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	T1	*
<b>DERMATOLOGICAL AGENTS</b>		
ACCCUTANE ORAL CAPSULE 20 MG, 40 MG	T2	PA; \$
<b>DERMATOLOGICAL AGENTS, OTHER</b>		
ALCOHOL PADS TOPICAL PADS, MEDICATED	T3	
calcipotriene scalp solution 0.005 %	T2	PA; \$; QL (120 ML per 30 days)

Drug	Status	Requirements/Limits
<i>calcipotriene topical ointment 0.005 %</i>	T2	PA; \$; QL (120 GM per 30 days)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	T2	\$; QL (45 GM per 30 days)
<i>fluorouracil topical cream 5 %</i>	T2	\$; QL (40 GM per 30 days)
<i>fluorouracil topical solution 2 %, 5 %</i>	T2	\$; QL (10 ML per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	T2	\$; QL (24 EA per 30 days)
<b>OTEZLA ORAL TABLET 30 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>PANRETIN TOPICAL GEL 0.1 %</b>	T5	PA; QL (60 GM per 30 days)
<i>podofilox topical gel 0.5 %</i>	T4	
<i>podofilox topical solution 0.5 %</i>	T2	\$; QL (7 ML per 28 days)
<b>REGRANEX TOPICAL GEL 0.01 %</b>	T5	PA; QL (30 GM per 30 days)
<b>SANTYL TOPICAL OINTMENT 250 UNIT/GRAM</b>	T4	QL (180 GM per 30 days)
<i>silver sulfadiazine topical cream 1 %</i>	T2	\$
<b>SSD TOPICAL CREAM 1 %</b>	T2	\$
<b>ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %</b>	T5	QL (7.5 GM per 28 days)
<b>PEDICULICIDES/SCABICIDES</b>		
<i>malathion topical lotion 0.5 %</i>	T2	\$; QL (59 ML per 30 days)
<i>permethrin topical cream 5 %</i>	T2	\$; QL (60 GM per 30 days)
<b>TOPICAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate topical gel 1 %</i>	T2	\$; QL (75 GM per 30 days)
<i>clindamycin phosphate topical lotion 1 %</i>	T2	\$; QL (60 ML per 30 days)
<i>clindamycin phosphate topical solution 1 %</i>	T2	\$; QL (60 ML per 30 days)
<b>ERY PADS TOPICAL SWAB 2 %</b>	T2	\$; QL (60 EA per 30 days)
<i>erythromycin with ethanol topical solution 2 %</i>	T2	\$; QL (60 ML per 30 days)
<i>mupirocin topical ointment 2 %</i>	T1	*; QL (220 GM per 30 days)
<b>SULFAMYLYON TOPICAL CREAM 85 MG/G</b>	T4	QL (453.6 GM per 30 days)
<b>ELECTROLYTES/MINERALS/METALS/VITAMINS</b>		
<b>ELECTROLYTE/ MINERAL REPLACEMENT</b>		
<i>carglumic acid oral tablet, dispersible 200 mg</i>	T5	PA; LA
<b>ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION</b>	T4	
<b>KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ</b>	T1	*
<b>KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ</b>	T1	*
<b>KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ</b>	T1	*
<b>KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ</b>	T2	\$
<b>KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ</b>	T1	*
<i>magnesium sulfate injection solution 500 mg/mL (50 %)</i>	T3	
<i>magnesium sulfate injection syringe 500 mg/mL (50 %)</i>	T3	

Drug	Status	Requirements/Limits
<b>PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION</b>	T4	
<b>PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION</b>	T4	
potassium chloride-D5-0.45%NaCl intravenous parenteral solution 10 mEq/L, 20 mEq/L, 30 mEq/L, 40 mEq/L	T2	\$
potassium chloride in 0.9%NaCl intravenous parenteral solution 20 mEq/L, 40 mEq/L	T2	\$
potassium chloride in 5 % dex intravenous parenteral solution 20 mEq/L	T2	\$
potassium chloride intravenous solution 2 mEq/mL, 2 mEq/mL (20 ML)	T2	\$
potassium chloride oral capsule, extended release 10 mEq, 8 mEq	T2	\$
potassium chloride oral liquid 20 mEq/15 mL, 40 mEq/15 mL	T2	\$
potassium chloride oral packet 20 mEq	T2	\$
potassium chloride oral tablet extended release 10 mEq, 20 mEq, 8 mEq	T1	*
potassium chloride oral tablet,ER particles/crystals 10 mEq, 20 mEq	T1	*
potassium chloride oral tablet,ER particles/crystals 15 mEq	T2	\$
potassium chloride-0.45 % NaCl intravenous parenteral solution 20 mEq/L	T2	\$
potassium chloride-D5-0.2%NaCl intravenous parenteral solution 20 mEq/L	T2	\$
potassium chloride-D5-0.9%NaCl intravenous parenteral solution 20 mEq/L	T2	\$
potassium chloride-D5-0.9%NaCl intravenous parenteral solution 40 mEq/L	T4	
potassium citrate oral tablet extended release 10 mEq (1,080 mg), 15 mEq, 5 mEq (540 mg)	T2	\$
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	T2	\$
sodium chloride 0.9 % intravenous parenteral solution	T2	\$
sodium chloride 3 % HYPERTONIC intravenous parenteral solution 3 %	T2	\$
sodium chloride 5 % HYPERTONIC intravenous parenteral solution 5 %	T2	\$
sodium chloride irrigation solution 0.9 %	T2	\$
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	T2	\$
<b>SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM</b>	T4	
<b>ELECTROLYTE/MINERAL/METAL MODIFIERS</b>		
<b>CHEMET ORAL CAPSULE 100 MG</b>	T4	

Drug	Status	Requirements/Limits
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	T5	PA
deferasirox oral tablet 180 mg, 360 mg	T5	PA
deferasirox oral tablet 90 mg	T2	PA; \$
deferasirox oral tablet, dispersible 125 mg	T4	PA
deferasirox oral tablet, dispersible 250 mg, 500 mg	T5	PA
<b>KLOR-CON ORAL PACKET 20 MEQ</b>	T2	\$
penicillamine oral tablet 250 mg	T5	
potassium chloride oral tablet,ER particles/crystals 15 mEq	T2	\$
trentine oral capsule 250 mg, 500 mg	T5	PA
<b>ELECTROLYTES/MINERALS/METALS/VITAMINS</b>		
<b>CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %</b>	T4	B/D
<b>CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %</b>	T4	B/D
<b>CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %</b>	T4	B/D
<b>CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %</b>	T4	B/D
<b>CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %</b>	T2	B/D; \$
D10 %-0.45 % sodium chloride intravenous parenteral solution	T2	\$
D2.5 %-0.45 % sodium chloride intravenous parenteral solution	T4	
D5 % and 0.9 % sodium chloride intravenous parenteral solution	T2	\$
D5 %-0.45 % sodium chloride intravenous parenteral solution	T2	\$
dextrose 10 % and 0.2 % NaCl intravenous parenteral solution	T3	
dextrose 10 % in water (D10W) intravenous parenteral solution 10 %	T2	\$
dextrose 5 % in water (D5W) intravenous piggyback 5 %	T2	\$
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	T2	\$
<b>INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %</b>	T4	B/D
<b>ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %</b>	T4	
levocarnitine (with sugar) oral solution 100 mg/mL	T2	B/D; \$
levocarnitine oral tablet 330 mg	T2	B/D; \$
<b>NUTRILIPID INTRAVENOUS EMULSION 20 %</b>	T4	B/D
<b>PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %</b>	T5	B/D
<b>PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION</b>	T4	B/D

Drug	Status	Requirements/Limits
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	T4	B/D
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	T4	B/D
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	T4	B/D
<b>PHOSPHATE BINDERS</b>		
calcium acetate(phosphat bind) oral capsule 667 mg	T2	\$; QL (360 EA per 30 days)
calcium acetate(phosphat bind) oral tablet 667 mg	T2	\$; QL (360 EA per 30 days)
sevelamer carbonate oral powder in packet 0.8 gram	T4	QL (540 EA per 30 days)
sevelamer carbonate oral powder in packet 2.4 gram	T4	QL (180 EA per 30 days)
sevelamer carbonate oral tablet 800 mg	T2	\$; QL (540 EA per 30 days)
VELPHORO ORAL TABLET,CHEWABLE 500 MG	T5	QL (180 EA per 30 days)
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	T3	
<b>POTASSIUM BINDERS</b>		
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	T3	
sodium polystyrene sulfonate oral powder	T2	\$
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	T2	\$
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	T3	
<b>VITAMINS</b>		
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	T1	*
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	T1	*
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	T1	*
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	T2	\$
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	T1	*
KLOR-CON ORAL PACKET 20 MEQ	T2	\$
potassium chloride oral tablet,ER particles/crystals 15 mEq	T2	\$
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	T3	
<b>GASTROINTESTINAL AGENTS</b>		
<b>ANTI-CONSTIPATION AGENTS</b>		
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	T2	\$
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	T2	\$
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 - 5.84 GRAM	T1	*
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 - 5.86 GRAM	T1	*

Drug	Status	Requirements/Limits
<b>GENERLAC ORAL SOLUTION 10 GRAM/15 ML</b>	T2	\$
<b>GOLYTELY ORAL RECON SOLN 236-22.74-6.74 - 5.86 GRAM</b>	T3	
<i>lactulose oral solution 10 gram/15 mL</i>	T2	\$
<b>LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG</b>	T4	QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	T2	\$
<b>MOVANTIK ORAL TABLET 12.5 MG, 25 MG</b>	T3	QL (30 EA per 30 days)
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86 gram</i>	T1	*
<i>peg-electrolyte soln oral recon soln 420 gram</i>	T1	*
<b>PLENUV ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM</b>	T4	
<b>RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML</b>	T5	PA
<b>RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML</b>	T5	PA
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	T2	\$
<b>SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM</b>	T4	
<b>ANTI-DIARRHEAL AGENTS</b>		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	T5	PA; QL (60 EA per 30 days)
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 mL</i>	T4	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	T3	
<i>loperamide oral capsule 2 mg</i>	T2	\$
<b>XERMELO ORAL TABLET 250 MG</b>	T5	PA; LA; QL (90 EA per 30 days)
<b>XIFAXAN ORAL TABLET 550 MG</b>	T5	PA
<b>ANTISPASMODICS, GASTROINTESTINAL</b>		
<i>dicyclomine oral capsule 10 mg</i>	T3	
<i>dicyclomine oral solution 10 mg/5 mL</i>	T4	
<i>dicyclomine oral tablet 20 mg</i>	T3	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T2	\$
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	T4	QL (10 EA per 30 days)
<b>GASTROINTESTINAL AGENTS, OTHER</b>		
<b>GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG</b>	T5	PA; LA
<i>metoclopramide HCl oral solution 5 mg/5 mL</i>	T2	\$
<i>metoclopramide HCl oral tablet 10 mg, 5 mg</i>	T1	*
<i>ursodiol oral capsule 300 mg</i>	T2	\$
<i>ursodiol oral tablet 250 mg, 500 mg</i>	T2	\$
<b>VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)</b>	T4	PA; QL (30 EA per 30 days)
<b>VOQUEZNA ORAL TABLET 10 MG, 20 MG</b>	T4	PA; QL (30 EA per 30 days)
<b>VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG</b>	T4	PA; QL (30 EA per 30 days)

Drug	Status	Requirements/Limits
<b>XIFAXAN ORAL TABLET 550 MG</b>	T5	PA
<b>HISTAMINE2 (H2) RECEPTOR ANTAGONISTS</b>		
famotidine oral suspension for reconstitution 40 mg/5 mL (8 mg/mL)	T2	\$; QL (300 ML per 30 days)
famotidine oral tablet 20 mg	T1	*; QL (120 EA per 30 days)
famotidine oral tablet 40 mg	T1	*; QL (60 EA per 30 days)
nizatidine oral capsule 150 mg, 300 mg	T2	\$
<b>PROTECTANTS</b>		
misoprostol oral tablet 100 mcg, 200 mcg	T2	\$
sucralfate oral tablet 1 gram	T2	\$
<b>PROTON PUMP INHIBITORS</b>		
esomeprazole magnesium oral capsule, delayed release(DR/EC) 20 mg, 40 mg	T2	\$; QL (30 EA per 30 days)
lansoprazole oral capsule, delayed release(DR/EC) 15 mg, 30 mg	T2	\$; QL (60 EA per 30 days)
lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg	T2	\$; QL (60 EA per 30 days)
omeprazole oral capsule, delayed release(DR/EC) 10 mg, 20 mg, 40 mg	T1	*
pantoprazole oral tablet, delayed release (DR/EC) 20 mg, 40 mg	T1	*
rabeprazole oral tablet, delayed release (DR/EC) 20 mg	T2	\$; QL (30 EA per 30 days)
<b>GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT</b>		
<b>GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT</b>		
<b>ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG</b>	T5	PA; LA
betaine oral powder 1 gram/scoop	T5	LA
<b>CERDELGA ORAL CAPSULE 84 MG</b>	T5	PA; LA
<b>CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT</b>	T3	
cromolyn inhalation solution for nebulization 20 mg/2 mL	T2	B/D; \$
cromolyn oral concentrate 100 mg/5 mL	T2	\$
<b>CYSTAGON ORAL CAPSULE 150 MG, 50 MG</b>	T4	PA; LA
<b>DAYBUE ORAL SOLUTION 200 MG/ML</b>	T5	PA
<b>ENDARI ORAL POWDER IN PACKET 5 GRAM</b>	T5	PA; LA
<b>JAVYGTOR ORAL POWDER IN PACKET 100 MG, 500 MG</b>	T5	PA; LA
<b>JAVYGTOR ORAL TABLET,SOLUBLE 100 MG</b>	T5	PA; LA
miglustat oral capsule 100 mg	T5	PA; QL (90 EA per 30 days)
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	T5	PA

Drug	Status	Requirements/Limits
<b>PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %</b>	T2	B/D; \$
<b>PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG</b>	T5	PA
sapropterin oral powder in packet 100 mg, 500 mg	T5	PA
sapropterin oral tablet,soluble 100 mg	T5	PA
sodium phenylbutyrate oral powder 0.94 gram/gram	T5	PA
sodium phenylbutyrate oral tablet 500 mg	T5	PA
<b>WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML</b>	T5	PA
<b>ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG</b>	T5	PA; LA
<b>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</b>	T4	
<b>ZILBRYSQ SUBCUTANEOUS SYRINGE 23 MG/0.574 ML, 32.4 MG/0.81 ML</b>	T5	PA
<b>ZOKINVY ORAL CAPSULE 50 MG, 75 MG</b>	T5	PA; QL (120 EA per 30 days)
<b>GENITOURINARY AGENTS</b>		
<b>ANTISPASMODICS, URINARY</b>		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	T2	\$; QL (30 EA per 30 days)
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	T2	\$; QL (30 EA per 30 days)
<b>GEMTESA ORAL TABLET 75 MG</b>	T3	PA; QL (30 EA per 30 days)
<b>MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML</b>	T3	QL (300 ML per 28 days)
<b>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG</b>	T3	QL (30 EA per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5 mL</i>	T2	\$
<i>oxybutynin chloride oral tablet 5 mg</i>	T2	\$
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	T2	\$; QL (60 EA per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	T2	\$; QL (30 EA per 30 days)
<i>solifenacin oral tablet 10 mg, 5 mg</i>	T2	\$; QL (30 EA per 30 days)
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	T2	\$; QL (30 EA per 30 days)
<i>tolterodine oral tablet 1 mg, 2 mg</i>	T2	\$; QL (60 EA per 30 days)
<i>trospium oral capsule,extended release 24hr 60 mg</i>	T2	\$; QL (30 EA per 30 days)
<i>trospium oral tablet 20 mg</i>	T2	\$; QL (60 EA per 30 days)
<b>BENIGN PROSTATIC HYPERPLASIA AGENTS</b>		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	T1	*; QL (30 EA per 30 days)
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	T1	*
<i>dutasteride oral capsule 0.5 mg</i>	T2	\$; QL (30 EA per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>dutasteride-tamsulosin oral capsule, ER multiphase 24 hr 0.5-0.4 mg</i>	T2	\$; QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	T1	*
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	T2	\$
<i>silodosin oral capsule 4 mg, 8 mg</i>	T2	\$; QL (30 EA per 30 days)
<i>tamsulosin oral capsule 0.4 mg</i>	T1	*
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	T1	*
<b>GENITOURINARY AGENTS, OTHER</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	T2	\$
<i>penicillamine oral tablet 250 mg</i>	T5	
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)</b>		
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)</b>		
<b>AGAMREE ORAL SUSPENSION 40 MG/ML</b>	T5	PA
<i>betamethasone dipropionate topical ointment 0.05 %</i>	T2	\$; QL (120 GM per 30 days)
<i>betamethasone, augmented topical cream 0.05 %</i>	T2	\$; QL (120 GM per 30 days)
<i>budesonide oral capsule, delayed, extend.release 3 mg</i>	T2	PA; \$; QL (90 EA per 30 days)
<i>budesonide oral tablet, delayed and ext.release 9 mg</i>	T5	PA; QL (30 EA per 30 days)
<i>dexamethasone oral solution 0.5 mg/5 mL</i>	T2	\$
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	T2	\$
<i>fludrocortisone oral tablet 0.1 mg</i>	T2	\$
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	T2	\$
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	T2	B/D; \$
<i>methylprednisolone oral tablets, dose pack 4 mg</i>	T2	\$
<i>prednisolone oral solution 15 mg/5 mL</i>	T2	B/D; \$
<i>prednisolone sodium phosphate oral solution 25 mg/5 mL (5 mg/mL), 5 mg base/5 mL (6.7 mg/5 mL)</i>	T2	B/D; \$
<b>PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML</b>		
<i>prednisone oral solution 5 mg/5 mL</i>	T4	B/D
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	T2	B/D; \$
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	T1	B/D; *
<b>RECORLEV ORAL TABLET 150 MG</b>	T5	PA; QL (240 EA per 30 days)
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)</b>		
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)</b>		
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 mL)</i>	T2	\$
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	T2	\$

Drug	Status	Requirements/Limits
<b>GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML</b>	T5	PA
<b>GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)</b>	T5	PA
<b>INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML</b>	T5	PA; LA
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PROSTAGLANDINS)</b>		
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PROSTAGLANDINS)</b>		
<i>misoprostol oral tablet 200 mcg</i>	T2	\$
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)</b>		
<b>ANDROGENS</b>		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	T2	\$
<b>DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML</b>	T2	PA; \$
<i>testosterone cypionate intramuscular oil 100 mg/mL, 200 mg/mL, 200 mg/mL (1 mL)</i>	T2	PA; \$
<i>testosterone enanthate intramuscular oil 200 mg/mL</i>	T2	PA; \$
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	T2	PA; \$; QL (300 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	T2	PA; \$; QL (150 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	T2	PA; \$; QL (300 GM per 30 days)
<b>ESTROGENS</b>		
<b>DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML</b>	T4	
<b>DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR</b>	T3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	T2	\$
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	T3	
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	T3	
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	T2	\$
<i>estradiol vaginal tablet 10 mcg</i>	T2	\$
<i>estradiol valerate intramuscular oil 10 mg/mL, 20 mg/mL, 40 mg/mL</i>	T2	\$
<b>LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR</b>	T3	

Drug	Status	Requirements/Limits
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	T5	PA; QL (56 EA per 28 days)
YUVAFEM VAGINAL TABLET 10 MCG	T2	\$
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)</b>		
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	T2	\$
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	T2	\$
AMABELZ ORAL TABLET 0.5-0.1 MG	T3	
APRI ORAL TABLET 0.15-0.03 MG	T2	\$
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	T2	\$
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	T2	\$
AVIANE ORAL TABLET 0.1-20 MG-MCG	T2	\$
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	T2	\$
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	T2	\$
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	T2	\$
CRYSELLE (28) ORAL TABLET 0.3-30 MG-MCG	T2	\$
CYRED EQ ORAL TABLET 0.15-0.03 MG	T2	\$
desog-e.estradiol/e.estriadiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	T2	\$
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	T2	\$
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	T2	\$
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	T2	\$
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	T2	\$
ENSKYCE ORAL TABLET 0.15-0.03 MG	T2	\$
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	T2	\$
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	T3	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	T2	\$
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	T2	\$
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	T2	\$
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	T3	
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	T2	\$
INCASSIA ORAL TABLET 0.35 MG	T2	\$
ISIBLOOM ORAL TABLET 0.15-0.03 MG	T2	\$
JASMIEL (28) ORAL TABLET 3-0.02 MG	T2	\$
JINTELI ORAL TABLET 1-5 MG-MCG	T3	
JULEBER ORAL TABLET 0.15-0.03 MG	T2	\$

Drug	Status	Requirements/Limits
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	T2	\$
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	T2	\$
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	T2	\$
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	T2	\$
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	T2	\$
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	T2	\$
KELNOR 1-50 (28) ORAL TABLET 1-50 MG-MCG	T2	\$
KURVELO (28) ORAL TABLET 0.15-0.03 MG	T2	\$
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	T2	\$
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	T2	\$
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	T2	\$
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	T2	\$
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG	T2	\$
LESSINA ORAL TABLET 0.1-20 MG-MCG	T2	\$
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	T2	\$
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	T2	\$
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	T2	\$
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	T2	\$
LEVORA-28 ORAL TABLET 0.15-0.03 MG	T2	\$
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	T2	\$
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	T2	\$
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	T2	\$
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	T2	\$
LORYNA (28) ORAL TABLET 3-0.02 MG	T2	\$
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	T2	\$
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	T2	\$
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	T2	\$
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	T2	\$
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	T2	\$
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	T2	\$

Drug	Status	Requirements/Limits
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	T2	\$
MILI ORAL TABLET 0.25-35 MG-MCG	T2	\$
MIMVEY ORAL TABLET 1-0.5 MG	T3	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	T2	\$
NIKKI (28) ORAL TABLET 3-0.02 MG	T2	\$
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	T3	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	T2	\$
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9)	T2	\$
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg	T2	\$
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	T2	\$
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	T2	\$
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	T2	\$
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG	T2	\$
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	T2	\$
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	T2	\$
NYMYO ORAL TABLET 0.25-35 MG-MCG	T2	\$
OCELLA ORAL TABLET 3-0.03 MG	T2	\$
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	T2	\$
PORTIA 28 ORAL TABLET 0.15-0.03 MG	T2	\$
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	T2	\$
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	T2	\$
SHAROBEL ORAL TABLET 0.35 MG	T2	\$
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	T2	\$
SRONYX ORAL TABLET 0.1-20 MG-MCG	T2	\$
SYEDA ORAL TABLET 3-0.03 MG	T2	\$
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	T2	\$
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	T2	\$
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	T2	\$
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	T2	\$
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	T2	\$

Drug	Status	Requirements/Limits
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	T2	\$
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	T2	\$
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	T2	\$
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	T2	\$
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	T2	\$
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	T2	\$
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	T2	\$
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	T2	\$
VESTURA (28) ORAL TABLET 3-0.02 MG	T2	\$
VIENVA ORAL TABLET 0.1-20 MG-MCG	T2	\$
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	T2	\$
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	T2	\$
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	T2	\$
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	T2	\$
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	T2	\$
<b>PROGESTINS</b>		
CAMILA ORAL TABLET 0.35 MG	T2	\$
DEBLITANE ORAL TABLET 0.35 MG	T2	\$
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	T4	
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML	T4	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	T4	
ERRIN ORAL TABLET 0.35 MG	T2	\$
INCASSIA ORAL TABLET 0.35 MG	T2	\$
LYLEQ ORAL TABLET 0.35 MG	T2	\$
LYZA ORAL TABLET 0.35 MG	T2	\$
medroxyprogesterone intramuscular suspension 150 mg/mL	T2	\$
medroxyprogesterone intramuscular syringe 150 mg/mL	T2	\$
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	T1	*
megestrol oral suspension 400 mg/10 mL (40 mg/mL)	T3	
megestrol oral suspension 625 mg/5 mL (125 mg/mL)	T4	PA
megestrol oral tablet 20 mg, 40 mg	T3	
NORA-BE ORAL TABLET 0.35 MG	T2	\$

Drug	Status	Requirements/Limits
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	T2	\$
<i>norethindrone acetate oral tablet 5 mg</i>	T2	\$
<b>SHAROBEL ORAL TABLET 0.35 MG</b>	T2	\$
<b>SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS</b>		
<b>DUAVEE ORAL TABLET 0.45-20 MG</b>	T4	PA
<i>raloxifene oral tablet 60 mg</i>	T2	\$
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (THYROID)</b>		
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (THYROID)</b>		
<b>EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG</b>	T1	*
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	T1	*
<b>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</b>	T1	*
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	T2	\$
<b>SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG</b>	T4	
<b>UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG</b>	T1	*
<b>HORMONAL AGENTS, SUPPRESSANT (ADRENAL)</b>		
<b>HORMONAL AGENTS, SUPPRESSANT (ADRENAL)</b>		
<b>LYSODREN ORAL TABLET 500 MG</b>	T5	
<b>HORMONAL AGENTS, SUPPRESSANT (PITUITARY)</b>		
<b>HORMONAL AGENTS, SUPPRESSANT (PITUITARY)</b>		
<i>bromocriptine oral capsule 5 mg</i>	T2	\$
<i>bromocriptine oral tablet 2.5 mg</i>	T2	\$
<i>cabergoline oral tablet 0.5 mg</i>	T2	\$
<b>ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG</b>	T4	PA
<b>ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG</b>	T4	PA
<b>ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG</b>	T4	PA
<b>ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)</b>	T4	PA
<b>FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG</b>	T4	

Drug	Status	Requirements/Limits
leuprolide subcutaneous kit 1 mg/0.2 mL	T2	PA; \$
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	T5	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	T5	PA
octreotide acetate injection solution 1,000 mcg/mL, 500 mcg/mL	T5	PA
octreotide acetate injection solution 100 mcg/mL, 200 mcg/mL, 50 mcg/mL	T2	PA; \$
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	T5	PA; LA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	T5	PA; LA
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	T5	
<b>HORMONAL AGENTS, SUPPRESSANT (THYROID)</b>		
<b>ANTITHYROID AGENTS</b>		
methimazole oral tablet 10 mg, 5 mg	T1	*
propylthiouracil oral tablet 50 mg	T2	\$
<b>IMMUNOLOGICAL AGENTS</b>		
<b>ANGIOEDEMA AGENTS</b>		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	T5	PA; LA; QL (24 EA per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	T5	PA; LA; QL (30 EA per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	T5	PA; LA; QL (20 EA per 30 days)
icatibant subcutaneous syringe 30 mg/3 mL	T5	PA; QL (27 ML per 30 days)
SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML	T5	PA; LA; QL (27 ML per 30 days)
<b>IMMUNOGLOBULINS</b>		
BIVIGAM INTRAVENOUS SOLUTION 10 %	T5	PA; LA
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	T5	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	T5	PA
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	T5	PA
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	T5	PA; LA
GAMMAPLEX INTRAVENOUS SOLUTION 10 %	T5	PA; LA
GAMMAPLEX INTRAVENOUS SOLUTION 10 % (100 ML), 10 % (200 ML)	T5	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	T5	PA
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	T5	PA
PANZYGA INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	T5	PA
PRIVIGEN INTRAVENOUS SOLUTION 10 %	T5	PA

Drug	Status	Requirements/Limits
<b>IMMUNOLOGICAL AGENTS, OTHER</b>		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	T5	PA; LA
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	T5	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	T5	PA
leflunomide oral tablet 10 mg, 20 mg	T2	\$; QL (30 EA per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	T5	PA; QL (30 EA per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	T5	PA; QL (28 EA per 28 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	T5	PA; QL (6 ML per 365 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	T5	PA; QL (6 ML per 365 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	T5	PA; QL (1.2 ML per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	T5	PA; QL (2.4 ML per 56 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	T5	PA; QL (1.5 ML per 84 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	T5	PA; QL (1.5 ML per 84 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	T5	PA; QL (3 ML per 84 days)
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	T5	PA; LA; QL (3 ML per 28 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	T5	PA; LA; QL (3 ML per 28 days)
XELJANZ ORAL SOLUTION 1 MG/ML	T5	PA; QL (480 ML per 24 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	T5	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	T5	PA; QL (30 EA per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	T5	PA
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	T5	PA; LA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	T5	PA; LA
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	T5	PA
<b>IMMUNOSTIMULANTS</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	T5	PA; LA
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	T5	PA; LA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T5	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	T5	PA

Drug	Status	Requirements/Limits
<b>IMMUNOSUPPRESSANTS</b>		
azathioprine oral tablet 50 mg	T2	B/D; \$
<b>BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML</b>	T5	PA; LA; QL (8 ML per 28 days)
<b>BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML</b>	T5	PA; LA; QL (8 ML per 28 days)
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	T2	B/D; \$
cyclosporine modified oral solution 100 mg/mL	T2	B/D; \$
cyclosporine oral capsule 100 mg, 25 mg	T2	B/D; \$
<b>DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML</b>	T5	PA
<b>DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML</b>	T5	PA
<b>ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)</b>	T5	PA; QL (8 ML per 28 days)
<b>ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML</b>	T5	PA; QL (8 ML per 28 days)
<b>ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)</b>	T5	PA; QL (8 ML per 28 days)
<b>ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)</b>	T5	PA; QL (8 ML per 28 days)
<b>ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG</b>	T4	B/D
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	T5	PA; QL (30 EA per 30 days)
everolimus (antineoplastic) oral tablet for suspension 2 mg	T5	PA; QL (150 EA per 30 days)
everolimus (antineoplastic) oral tablet for suspension 3 mg	T5	PA; QL (90 EA per 30 days)
everolimus (antineoplastic) oral tablet for suspension 5 mg	T5	PA; QL (60 EA per 30 days)
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	T5	B/D
<b>GENGRAF ORAL CAPSULE 100 MG, 25 MG</b>	T2	B/D; \$
<b>GENGRAF ORAL SOLUTION 100 MG/ML</b>	T2	B/D; \$
Hadlima PushTouch subcutaneous auto-injector 40 mg/0.8 mL	T5	PA; QL (6 ML per 28 days)
Hadlima subcutaneous syringe 40 mg/0.8 mL	T5	PA; QL (6 ML per 28 days)
<b>HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML</b>	T5	PA; QL (6 ML per 28 days)
<b>HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML</b>	T5	PA; QL (6 ML per 28 days)
<b>HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML</b>	T5	PA
<b>HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML</b>	T5	PA; QL (6 EA per 28 days)

Drug	Status	Requirements/Limits
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	T5	PA; QL (6 EA per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	T5	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	T5	PA
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	T5	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	T5	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	T5	PA; QL (6 EA per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	T5	PA; QL (4 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	T5	PA; QL (2 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	T5	PA; QL (6 EA per 28 days)
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	T5	PA
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2)	T5	PA
HYRIMOZ PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	T5	PA; QL (3.2 ML per 28 days)
HYRIMOZ SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	T5	PA; QL (3.2 ML per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML	T5	PA
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	T5	PA; QL (6 ML per 28 days)
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	T5	PA; QL (4 ML per 28 days)
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML	T5	PA; QL (2 ML per 28 days)
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	T5	PA; QL (6 ML per 28 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	T5	PA; QL (2.28 ML per 28 days)
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	T5	PA; QL (2.28 ML per 28 days)
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	T5	PA
mercaptopurine oral tablet 50 mg	T2	\$
methotrexate sodium (PF) injection solution 25 mg/mL	T2	B/D; \$

Drug	Status	Requirements/Limits
<i>methotrexate sodium injection solution 25 mg/mL</i>	T2	B/D; \$
<i>methotrexate sodium oral tablet 2.5 mg</i>	T2	\$
<i>mycophenolate mofetil oral capsule 250 mg</i>	T2	B/D; \$
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/mL</i>	T5	B/D
<i>mycophenolate mofetil oral tablet 500 mg</i>	T2	B/D; \$
<i>mycophenolate sodium oral tablet, delayed release (DR/EC) 180 mg, 360 mg</i>	T2	B/D; \$
<b>OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)</b>	T5	PA; QL (110 EA per 365 days)
<b>PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG</b>	T4	B/D
<b>RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %</b>	T3	
<b>RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %</b>	T3	
<b>REZUROCK ORAL TABLET 200 MG</b>	T5	PA; LA
<b>SANDIMMUNE ORAL SOLUTION 100 MG/ML</b>	T4	B/D
<i>sirolimus oral solution 1 mg/mL</i>	T5	B/D
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	T2	B/D; \$
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	T2	B/D; \$
<b>TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG</b>	T4	B/D
<b>XATMEP ORAL SOLUTION 2.5 MG/ML</b>	T4	B/D
<b>XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 22 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>VACCINES</b>		
<b>ABRYSVO INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML</b>	T3	
<b>ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML</b>	T3	
<b>ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML</b>	T3	
<b>ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML</b>	T3	
<b>AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML</b>	T3	
<i>BCG vaccine, live (PF) percutaneous suspension for reconstitution 50 mg</i>	T3	
<b>BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML</b>	T3	
<b>BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML</b>	T3	
<b>BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML</b>	T3	

Drug	Status	Requirements/Limits
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	T3	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	T3	B/D
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	T3	B/D
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	T3	B/D
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	T3	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	T3	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	T3	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	T3	B/D
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	T3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	T3	B/D
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	T3	
IPOP INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	T3	
IXCHIQ INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	T3	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	T3	
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	T3	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	T3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	T3	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	T3	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	T3	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	T3	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	T3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	T3	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	T3	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	T3	

Drug	Status	Requirements/Limits
PREHEVBrio (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	T3	B/D
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML	T3	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	T3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	T3	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	T3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	T3	B/D
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	T3	B/D
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	T3	B/D
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	T3	
ROTAteq VACCINE ORAL SOLUTION 2 ML	T3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	T3	QL (2 EA per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	T3	B/D
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	T3	B/D
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	T3	B/D
<i>tetanus, diphtheria tox ped(PF) intramuscular suspension 5-25 Lf unit/0.5 mL</i>	T3	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	T3	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	T3	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	T3	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	T3	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	T3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	T3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	T3	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	T3	

Drug	Status	Requirements/Limits
<b>YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)</b>	T3	
<b>INFLAMMATORY BOWEL DISEASE AGENTS</b>		
<b>AMINOSALICYLATES</b>		
balsalazide oral capsule 750 mg	T2	\$
mesalamine oral capsule (with del rel tablets) 400 mg	T2	\$; QL (180 EA per 30 days)
mesalamine oral capsule,extended release 24hr 0.375 gram	T2	\$; QL (120 EA per 30 days)
mesalamine oral tablet,delayed release (DR/EC) 1.2 gram	T2	\$; QL (120 EA per 30 days)
mesalamine rectal enema 4 gram/60 mL	T2	\$
mesalamine rectal suppository 1,000 mg	T2	\$
sulfasalazine oral tablet 500 mg	T2	\$
sulfasalazine oral tablet,delayed release (DR/EC) 500 mg	T2	\$
<b>GLUCOCORTICOIDS</b>		
budesonide oral capsule,delayed,extend.release 3 mg	T2	PA; \$; QL (90 EA per 30 days)
budesonide oral tablet,delayed and ext.release 9 mg	T5	PA; QL (30 EA per 30 days)
dexamethasone oral solution 0.5 mg/5 mL	T2	\$
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	T2	\$
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	T2	\$
hydrocortisone rectal enema 100 mg/60 mL	T2	\$
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	T2	B/D; \$
methylprednisolone oral tablets,dose pack 4 mg	T2	\$
prednisolone oral solution 15 mg/5 mL	T2	B/D; \$
prednisolone sodium phosphate oral solution 25 mg/5 mL (5 mg/mL), 5 mg base/5 mL (6.7 mg/5 mL)	T2	B/D; \$
<b>PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML</b>		
prednisone oral solution 5 mg/5 mL	T4	B/D
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	T2	B/D; \$
prednisone oral tablets,dose pack 10 mg, 5 mg	T1	*
prednisone oral tablets,dose pack 10 mg, 5 mg	T2	\$
<b>PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %</b>		
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	T2	\$
<b>METABOLIC BONE DISEASE AGENTS</b>		
<b>METABOLIC BONE DISEASE AGENTS</b>		
alendronate oral solution 70 mg/75 mL	T2	\$
alendronate oral tablet 10 mg, 35 mg, 70 mg	T1	*
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	T2	\$

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
calcitriol oral capsule 0.25 mcg, 0.5 mcg	T2	B/D; \$
calcitriol oral solution 1 mcg/mL	T2	B/D; \$
cinacalcet oral tablet 30 mg	T2	B/D; \$; QL (60 EA per 30 days)
cinacalcet oral tablet 60 mg	T4	B/D; QL (60 EA per 30 days)
cinacalcet oral tablet 90 mg	T5	B/D; QL (120 EA per 30 days)
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	T2	B/D; \$
<b>FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)</b>	T5	PA
<b>FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT</b>	T4	
ibandronate oral tablet 150 mg	T2	B/D; \$
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	T2	B/D; \$
<b>PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML</b>	T4	QL (1 ML per 180 days)
<b>RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG</b>	T5	
risedronate oral tablet 150 mg, 30 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg	T2	\$
risedronate oral tablet,delayed release (DR/EC) 35 mg	T2	\$
teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48mL)	T5	PA
<b>XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)</b>	T5	PA
<b>OPHTHALMIC AGENTS</b>		
<b>OPHTHALMIC AGENTS, OTHER</b>		
atropine ophthalmic (eye) drops 1 %	T2	\$
<b>CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %</b>	T5	PA; LA
<b>CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %</b>	T5	PA; LA
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/mL	T1	*
neomycin-bacitracin-poly-HC ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	T2	\$
neomycin-polymyxin B-dexameth ophthalmic (eye) drops,suspension 3.5mg/mL-10,000 unit/mL-0.1 %	T2	\$
neomycin-polymyxin B-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	T1	*
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/mL	T2	\$
neomycin-polymyxin-HC ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/mL	T2	\$
<b>NEO-POLYCIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1%</b>	T2	\$
<b>NEO-POLYCIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G</b>	T2	\$
polymyxin B sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/mL	T1	*
<b>RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %</b>	T3	

Drug	Status	Requirements/Limits
<b>RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %</b>	T3	
<b>ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %</b>	T4	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	T2	\$
<b>TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %</b>	T3	
<b>TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %</b>	T3	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	T2	\$
<b>ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %</b>	T3	
<b>OPHTHALMIC ANTI-ALLERGY AGENTS</b>		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	T2	\$
<i>cromolyn ophthalmic (eye) drops 4 %</i>	T1	*
<b>ZERVIADE OPHTHALMIC (EYE) DROPPERETTE 0.24 %</b>	T4	
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	T2	\$
<i>bacitracin-polymyxin B ophthalmic (eye) ointment 500-10,000 unit/gram</i>	T1	*
<b>BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %</b>	T3	
<b>CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %</b>	T3	
<i>ciprofloxacin HCl ophthalmic (eye) drops 0.3 %</i>	T1	*
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	T1	*
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	T2	\$
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	T1	*
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	T2	\$
<b>NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %</b>	T4	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/gram</i>	T2	\$
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/mL</i>	T2	\$
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	T2	\$
<b>POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM</b>	T1	*
<i>polymyxin B sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/mL</i>	T1	*
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	T2	\$
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	T2	\$
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	T1	*
<i>trifluridine ophthalmic (eye) drops 1 %</i>	T2	\$

Drug	Status	Requirements/Limits
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	T4	
<b>OPHTHALMIC ANTI-INFLAMMATORIES</b>		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	T3	
bromfenac ophthalmic (eye) drops 0.09 %	T2	\$
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	T4	
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	T2	\$
diclofenac sodium ophthalmic (eye) drops 0.1 %	T2	\$
diluprednate ophthalmic (eye) drops 0.05 %	T2	\$
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	T4	
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	T4	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	T2	\$
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	T2	\$
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	T3	
ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %	T2	\$
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	T3	
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	T2	\$
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	T3	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	T3	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	T3	
<b>OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS</b>		
betaxolol ophthalmic (eye) drops 0.5 %	T2	\$
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	T3	
carteolol ophthalmic (eye) drops 1 %	T2	\$
levobunolol ophthalmic (eye) drops 0.5 %	T2	\$
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	T1	*
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	T2	\$
<b>OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER</b>		
acetazolamide oral capsule, extended release 500 mg	T2	\$
acetazolamide oral tablet 125 mg, 250 mg	T2	\$
brimonidine ophthalmic (eye) drops 0.15 %	T2	\$
brimonidine ophthalmic (eye) drops 0.2 %	T1	*
brinzolamide ophthalmic (eye) drops,suspension 1 %	T2	\$
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	T3	
dorzolamide ophthalmic (eye) drops 2 %	T1	*

Drug	Status	Requirements/Limits
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/mL	T1	*
methazolamide oral tablet 25 mg, 50 mg	T2	\$
pilocarpine HCl ophthalmic (eye) drops 1 %, 2 %, 4 %	T2	\$
<b>RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %</b>	T3	
<b>ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %</b>	T4	
<b>SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %</b>	T3	
<b>OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS</b>		
latanoprost ophthalmic (eye) drops 0.005 %	T1	*
<b>LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %</b>	T3	
<b>RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %</b>	T3	
travoprost ophthalmic (eye) drops 0.004 %	T2	\$
<b>VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %</b>	T4	
<b>OTIC AGENTS</b>		
<b>OTIC AGENTS</b>		
acetic acid otic (ear) solution 2 %	T2	\$
<b>CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %</b>	T4	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	T2	\$
<b>FLAC OTIC OIL OTIC (EAR) DROPS 0.01 %</b>	T2	\$
fluocinolone acetonide oil otic (ear) drops 0.01 %	T2	\$
neomycin-polymyxin-HC otic (ear) drops,suspension 3.5-10,000-1 mg/mL-unit/mL-%	T2	\$
neomycin-polymyxin-HC otic (ear) solution 3.5-10,000-1 mg/mL-unit/mL-%	T2	\$
ofloxacin otic (ear) drops 0.3 %	T2	\$
<b>RESPIRATORY TRACT/ PULMONARY AGENTS</b>		
<b>ANTIHISTAMINES</b>		
azelastine nasal aerosol,spray 137 mcg (0.1 %)	T2	\$
cetirizine oral solution 1 mg/mL	T1	*
cyproheptadine oral syrup 2 mg/5 mL	T3	
cyproheptadine oral tablet 4 mg	T3	
desloratadine oral tablet 5 mg	T2	\$
hydroxyzine HCl oral solution 10 mg/5 mL	T3	
hydroxyzine HCl oral tablet 10 mg, 25 mg, 50 mg	T3	
hydroxyzine pamoate oral capsule 25 mg, 50 mg	T3	
levocetirizine oral solution 2.5 mg/5 mL	T2	\$
levocetirizine oral tablet 5 mg	T2	\$
olopatadine nasal spray,non-aerosol 0.6 %	T2	\$
promethazine oral syrup 6.25 mg/5 mL	T2	\$
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	T2	\$

Drug	Status	Requirements/Limits
<b>ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS</b>		
<b>ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION</b>	T3	QL (30 EA per 30 days)
<b>BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION</b>	T3	QL (10.7 GM per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 mL, 0.5 mg/2 mL</i>	T2	B/D; \$
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	T2	\$; QL (75 ML per 30 days)
<i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 250 mcg/actuation</i>	T2	\$; QL (240 EA per 30 days)
<i>fluticasone propionate inhalation blister with device 50 mcg/actuation</i>	T2	\$; QL (180 EA per 30 days)
<i>fluticasone propionate inhalation HFA aerosol inhaler 110 mcg/actuation, 220 mcg/actuation</i>	T2	\$; QL (24 GM per 30 days)
<i>fluticasone propionate inhalation HFA aerosol inhaler 44 mcg/actuation</i>	T2	\$; QL (21.2 GM per 30 days)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	T2	\$; QL (16 GM per 30 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	T2	\$; QL (34 GM per 30 days)
<b>OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG</b>	T4	QL (12.5 GM per 30 days)
<b>PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION</b>	T4	QL (2 EA per 30 days)
<b>PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION</b>	T4	QL (3 EA per 30 days)
<b>XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION</b>	T4	PA; QL (32 ML per 30 days)
<b>ANTILEUKOTRIENES</b>		
<i>montelukast oral granules in packet 4 mg</i>	T2	\$
<i>montelukast oral tablet 10 mg</i>	T1	*
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	T2	\$
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	T2	\$
<b>BRONCHODILATORS, ANTICHOLINERGIC</b>		
<b>ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION</b>	T4	QL (25.8 GM per 30 days)
<b>INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION</b>	T3	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	T2	B/D; \$
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	T2	\$
<b>BRONCHODILATORS, SYMPATHOMIMETIC</b>		
<i>albuterol sulfate inhalation HFA aerosol inhaler 90 mcg/actuation</i>	T2	\$; QL (18 GM per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>albuterol sulfate inhalation HFA aerosol inhaler 90 mcg/actuation (NDA020503)</i>	T2	\$
<i>albuterol sulfate inhalation HFA aerosol inhaler 90 mcg/actuation (NDA020983)</i>	T2	\$; QL (36 GM per 30 days)
<i>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</i>	T2	B/D; \$
<i>albuterol sulfate oral syrup 2 mg/5 mL</i>	T2	\$
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	T2	\$
<i>arformoterol inhalation solution for nebulization 15 mcg/2 mL</i>	T2	B/D; \$
<b>BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE</b>	T3	QL (60 EA per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.15 mL, 0.15 mg/0.3 mL, 0.3 mg/0.3 mL</i>	T2	\$
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 mL</i>	T4	B/D
<i>levalbuterol HCl inhalation solution for nebulization 0.31 mg/3 mL, 0.63 mg/3 mL, 1.25 mg/0.5 mL, 1.25 mg/3 mL</i>	T2	B/D; \$
<i>levalbuterol tartrate inhalation HFA aerosol inhaler 45 mcg/actuation</i>	T2	\$; QL (30 GM per 30 days)
<b>SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE</b>	T3	QL (60 EA per 30 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	T2	\$
<b>VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION</b>	T3	QL (36 GM per 30 days)
<b>CYSTIC FIBROSIS AGENTS</b>		
<b>BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG</b>	T5	PA
<b>CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML</b>	T5	PA; LA
<b>KALYDECO ORAL GRANULES IN PACKET 13.4 MG</b>	T5	PA; QL (26 EA per 28 days)
<b>KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG</b>	T5	PA; LA; QL (56 EA per 28 days)
<b>KALYDECO ORAL GRANULES IN PACKET 5.8 MG</b>	T5	PA; QL (56 EA per 28 days)
<b>KALYDECO ORAL TABLET 150 MG</b>	T5	PA; LA; QL (60 EA per 30 days)
<b>ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG</b>	T5	PA; LA; QL (56 EA per 28 days)
<b>ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG</b>	T5	PA; LA; QL (112 EA per 28 days)
<b>PULMOZYME INHALATION SOLUTION 1 MG/ML</b>	T5	PA
<b>SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)</b>	T5	PA; LA; QL (56 EA per 28 days)
<i>tobramycin in 0.225 % NaCl inhalation solution for nebulization 300 mg/5 mL</i>	T5	PA

Drug	Status	Requirements/Limits
<b>TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)</b>	T5	PA; QL (84 EA per 28 days)
<b>TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)</b>	T5	PA; LA; QL (84 EA per 28 days)
<b>MAST CELL STABILIZERS</b>		
cromolyn inhalation solution for nebulization 20 mg/2 mL	T2	B/D; \$
cromolyn oral concentrate 100 mg/5 mL	T2	\$
<b>PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE</b>		
roflumilast oral tablet 250 mcg, 500 mcg	T2	\$
<b>THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG</b>	T4	
theophylline oral solution 80 mg/15 mL	T2	\$
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	T2	\$
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	T2	\$
<b>PULMONARY ANTIHYPERTENSIVES</b>		
<b>ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG</b>	T5	PA; LA; QL (90 EA per 30 days)
ambrisentan oral tablet 10 mg, 5 mg	T5	PA; LA; QL (30 EA per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	T5	PA; LA; QL (60 EA per 30 days)
<b>OPSUMIT ORAL TABLET 10 MG</b>	T5	PA; LA; QL (30 EA per 30 days)
sildenafil (pulm.hypertension) oral tablet 20 mg	T2	PA; \$; QL (360 EA per 30 days)
<b>VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML</b>	T5	PA; LA
<b>PULMONARY FIBROSIS AGENTS</b>		
<b>FRUZAQLA ORAL CAPSULE 1 MG, 5 MG</b>	T5	PA
<b>OFEV ORAL CAPSULE 100 MG, 150 MG</b>	T5	PA; LA; QL (60 EA per 30 days)
pirfenidone oral capsule 267 mg	T5	PA; QL (270 EA per 30 days)
pirfenidone oral tablet 267 mg	T5	PA; QL (270 EA per 30 days)
pirfenidone oral tablet 534 mg, 801 mg	T5	PA; QL (90 EA per 30 days)
<b>ROZLYTREK ORAL PELLETS IN PACKET 50 MG</b>	T5	PA
<b>RESPIRATORY TRACT AGENTS, OTHER</b>		
acetylcysteine solution 100 mg/mL (10 %), 200 mg/mL (20 %)	T2	B/D; \$
<b>ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE</b>	T3	QL (60 EA per 30 days)
<b>ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION</b>	T3	QL (12 GM per 30 days)
<b>ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION</b>	T3	QL (60 EA per 30 days)

Drug	Status	Requirements/Limits
<b>BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG</b>	T3	QL (10.7 GM per 30 days)
<b>BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION</b>	T3	QL (10.7 GM per 30 days)
<i>budesonide-formoterol inhalation HFA aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	T2	\$
<b>DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML</b>	T5	PA
<b>DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML</b>	T5	PA
<i>fluticasone propionate-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	T2	\$
<b>TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG</b>	T3	QL (60 EA per 30 days)
<b>WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE</b>	T2	\$
<b>RESPIRATORY TRACT/ PULMONARY AGENTS</b>		
<b>BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION</b>	T3	QL (10.7 GM per 30 days)
<b>COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION</b>	T4	QL (8 GM per 30 days)
<b>FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML</b>	T5	PA; LA
<b>FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML</b>	T5	PA; LA
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 mL</i>	T2	B/D; \$
<b>SKELETAL MUSCLE RELAXANTS</b>		
<b>SKELETAL MUSCLE RELAXANTS</b>		
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	T3	
<i>methocarbamol oral tablet 500 mg</i>	T2	\$; QL (360 EA per 30 days)
<i>methocarbamol oral tablet 750 mg</i>	T2	\$; QL (240 EA per 30 days)
<b>SLEEP DISORDER AGENTS</b>		
<b>SLEEP PROMOTING AGENTS</b>		
<b>BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG</b>	T4	QL (30 EA per 30 days)
<b>DAYVIGO ORAL TABLET 10 MG, 5 MG</b>	T3	QL (30 EA per 30 days)
<i>doxepin oral tablet 3 mg, 6 mg</i>	T2	\$; QL (30 EA per 30 days)
<i>tasimelteon oral capsule 20 mg</i>	T5	PA; QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg</i>	T2	\$; QL (60 EA per 30 days)
<i>temazepam oral capsule 30 mg, 7.5 mg</i>	T2	\$; QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	T2	\$; QL (30 EA per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	T2	\$; QL (30 EA per 30 days)
<b>WAKEFULNESS PROMOTING AGENTS</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	T2	PA; \$; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	T2	PA; \$; QL (60 EA per 30 days)

Drug	Status	Requirements/Limits
<i>modafinil oral tablet 100 mg</i>	T2	PA; \$; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	T2	PA; \$; QL (60 EA per 30 days)
<i>sodium oxybate oral solution 500 mg/mL</i>	T5	PA; LA; QL (540 ML per 30 days)



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<i>entacapone</i>	29	<i>fenofibrate nanocrystallized</i>	49	<b>GAMMAKED</b>	69
<i>entecavir</i>	33			<b>GAMMAPLEX</b>	69

<b>GAMMAPLEX (WITH SORBITOL)</b>	69	<b>HUMIRA(CF) PEDI CROHNS STARTER</b>	72	<b>INREBIC</b>	26
<b>GAMUNEX-C</b>	69	<b>HUMIRA(CF) PEN</b>	72	<i>insulin syringe-needle U-100</i>	42
<b>GARDASIL 9 (PF)</b>	74	<b>HUMIRA(CF) PEN CROHNS-UC-HS</b>	72	<b>INTELENCE</b>	34
<i>gatifloxacin</i>	78	<b>HUMIRA(CF) PEN PEDIATRIC UC</b>	72	<b>INTRALIPID</b>	57
<b>GATTEX 30-VIAL</b>	59	<b>HUMIRA(CF) PEN PSOR-UV-ADOL HS</b>	72	<b>INVEGA HAFYERA</b>	31
<b>GAUZE PAD</b>	42	<b>HUMULIN R U-500 (CONC)</b>	42	<b>INVEGA SUSTENNA</b>	31
<b>GAVILYTE-C</b>	58	<b>INSULIN</b>	42	<b>INVEGA TRINZA</b>	31
<b>GAVILYTE-G</b>	58	<b>HUMULIN R U-500 (CONC)</b>	42	<b>IPOL</b>	74
<b>GAVRETO</b>	24	<b>KWIKPEN</b>	42	<i>ipratropium bromide</i>	81
<i>gefitinib</i>	26	<i>hydralazine</i>	50	<i>ipratropium-albuterol</i>	84
<i>gemfibrozil</i>	49	<i>hydrochlorothiazide</i>	48, 49	<i>irbesartan</i>	44
<b>GEMTESA</b>	61	<i>hydrocodone bitartrate</i>	7, 8	<i>irbesartan-hydrochlorothiazide</i>	48
<b>GENERLAC</b>	59	<i>hydrocodone-acetaminophen</i>	8	<b>IRESSA</b>	26
<b>GENGRAF</b>	71	<i>hydrocodone-ibuprofen</i>	8	<b>ISENTRESS</b>	34
<b>GENOTROPIN</b>	63	<i>hydrocortisone</i>	54, 62, 76	<b>ISENTRESS HD</b>	34
<b>GENOTROPIN MINIQUICK</b>	63	<i>hydromorphone</i>	8	<b>ISIBLOOM</b>	64
<i>gentamicin</i>	10, 78	<i>hydroxychloroquine</i>	29	<b>ISOLYTE S PH 7.4</b>	55
<i>gentamicin in NaCl (iso-osm)</i>	10	<i>hydroxyurea</i>	24	<b>ISOLYTE-P IN 5 % DEXTROSE</b>	57
<b>GENVOYA</b>	34	<i>hydroxyzine HCl</i>	36, 80	<i>isoniazid</i>	23
<b>GILOTRIF</b>	26	<i>hydroxyzine pamoate</i>	36, 80	<i>isosorbide dinitrate</i>	50
<i>glatiramer</i>	52	<b>HYRIMOZ</b>	72	<i>isosorbide mononitrate</i>	50
<b>GLATOPA</b>	52	<b>HYRIMOZ PEN</b>	72	<i>isotretinoin</i>	53
<b>GLEOSTINE</b>	23	<b>HYRIMOZ PEN CROHN'S-UC STARTER</b>	72	<i>isradipine</i>	47
<i>glimepiride</i>	39	<b>HYRIMOZ PEN PSORIASIS STARTER</b>	72	<i>itraconazole</i>	21
<i>glipizide</i>	39	<b>HYRIMOZ(CF)</b>	72	<i>ivermectin</i>	28
<i>glipizide-metformin</i>	39	<b>HYRIMOZ(CF) PEDI CROHN STARTER</b>	72	<b>IWILFIN</b>	24
<i>glyburide</i>	40	<b>HYRIMOZ(CF) PEN</b>	72	<b>IXCHIQ</b>	74
<i>glyburide micronized</i>	39	<b>HYSINGLA ER</b>	8	<b>IXIARO (PF)</b>	74
<i>glyburide-metformin</i>	40	<i>ibandronate</i>	77	<b>JAKAFI</b>	26
<i>glycopyrrolate</i>	59	<b>IBRANCE</b>	25, 26	<b>JANTOVEN</b>	43
<b>GLYXAMBI</b>	40	<b>IBU</b>	7	<b>JANUMET</b>	40
<b>GOLYTELY</b>	59	<i>ibuprofen</i>	7	<b>JANUMET XR</b>	40
<b>GRALISE</b>	16, 52	<i>icatibant</i>	69	<b>JANUVIA</b>	40
<i>granisetron HCl</i>	20	<b>ICLEVIA</b>	64	<b>JARDIANE</b>	40
<i>griseofulvin microsize</i>	21	<b>ICLUSIG</b>	26	<b>JASMIEL (28)</b>	64
<i>griseofulvin ultramicrosize</i>	21	<i>icosapent ethyl</i>	50	<b>JAVYGTOR</b>	60
<i>guanfacine</i>	44, 51	<b>IDHIFA</b>	24	<b>JAYPIRCA</b>	26
<b>GVOKE</b>	40, 41	<b>ILEVRO</b>	79	<b>JENTADUETO</b>	40
<b>GVOKE HYPOOPEN 2-PACK</b>	40, 41	<i>imatinib</i>	26	<b>JENTADUETO XR</b>	40
<b>GVOKE PFS 1-PACK SYRINGE</b>	40, 41	<b>IMBRUVICA</b>	26	<b>JINTELI</b>	64
<i>Hadlima</i>	71	<i>imipenem-cilastatin</i>	12	<b>JULEBER</b>	64
<i>Hadlima PushTouch</i>	71	<i>imipramine HCl</i>	20	<b>JULUCA</b>	35
<b>HADLIMA(CF)</b>	71	<i>imiquimod</i>	55	<b>JUNEL 1.5/30 (21)</b>	65
<b>HADLIMA(CF) PUSH TOUCH</b>	71	<b>IMOVAZ RABIES VACCINE (PF)</b>	74	<b>JUNEL 1/20 (21)</b>	65
<b>HAEGARDA</b>	69	<b>INCASSIA</b>	64, 67	<b>JUNEL FE 1.5/30 (28)</b>	65
<i>halobetasol propionate</i>	54	<b>INCRELEX</b>	63	<b>JUNEL FE 1/20 (28)</b>	65
<i>haloperidol</i>	30	<b>INCRUSE ELLIPTA</b>	81	<b>JYNNEOS (PF)</b>	74
<i>haloperidol decanoate</i>	30	<i>indapamide</i>	49	<b>KALYDECO</b>	82
<i>haloperidol lactate</i>	30	<i>indomethacin</i>	7	<b>KARIVA (28)</b>	65
<b>HARVONI</b>	33	<b>INFANRIX (DTAP) (PF)</b>	74	<b>KELNOR 1/35 (28)</b>	65
<b>HAVRIX (PF)</b>	74	<b>INGREZZA</b>	52	<b>KERENDIA</b>	49
<i>heparin (porcine)</i>	43	<b>INGREZZA INITIATION PACK</b>	52	<b>KESIMPTA PEN</b>	52
<b>HEPLISAV-B (PF)</b>	74	<b>INLYTA</b>	26	<i>ketoconazole</i>	21
<b>HIBERIX (PF)</b>	74	<b>INQOVI</b>	24	<i>ketorolac</i>	79
<b>HUMIRA</b>	72			<b>KEVZARA</b>	72
<b>HUMIRA PEN</b>	71			<b>KINERET</b>	72
<b>HUMIRA PEN PSOR-UVEITS-ADOL HS</b>	71			<b>KIRRIX (PF)</b>	74
<b>HUMIRA(CF)</b>	72			<b>KISQALI</b>	26
				<b>KISQALI FEMARA CO-PACK</b>	24

<b>KLOR-CON</b>	57, 58	<i>liothyronine</i>	68	<b>MESNEX</b>	28
<b>KLOR-CON 10</b>	55, 58	<i>lisdexamfetamine</i>	51	<i>metformin</i>	40
<b>KLOR-CON 8</b>	55, 58	<i>lisinopril</i>	45	<i>methadone</i>	8
<b>KLOR-CON M10</b>	55, 58	<i>lisinopril-hydrochlorothiazide</i>	48	<i>methazolamide</i>	80
<b>KLOR-CON M15</b>	55, 58	<i>lithium carbonate</i>	39	<i>methenamine hippurate</i>	10
<b>KLOR-CON M20</b>	55, 58	<i>lithium citrate</i>	39	<i>methimazole</i>	69
<b>KORLYM</b>	41	<b>LIVALO</b>	50	<i>methocarbamol</i>	84
<b>KOSELUGO</b>	26	<b>LOESTRIN 1.5/30 (21)</b>	65	<i>methotrexate sodium</i>	24, 73
<b>KRAZATI</b>	24	<b>LOESTRIN 1/20 (21)</b>	65	<i>methotrexate sodium (PF)</i>	24, 72
<b>KURVELO (28)</b>	65	<b>LOESTRIN FE 1.5/30 (28-DAY)</b>	65	<i>methsuximide</i>	15
<i>labetalol</i>	46	<b>LOESTRIN FE 1/20 (28-DAY)</b>	65	<i>methylphenidate HCl</i>	51
<i>lacosamide</i>	17	<b>LOKELMA</b>	58	<i>methylprednisolone</i>	62, 76
<i>lactulose</i>	59	<b>LONSURF</b>	24	<i>metoclopramide HCl</i>	20, 59
<i>lamivudine</i>	33, 35	<i>loperamide</i>	59	<i>metolazone</i>	49
<i>lamivudine-zidovudine</i>	35	<i>lopinavir-ritonavir</i>	36	<i>metoprolol succinate</i>	46
<i>lamotrigine</i>	14, 37, 39	<i>lorazepam</i>	16, 37	<i>metoprolol ta-hydrochlorothiaz</i>	48
<i>lansoprazole</i>	60	<b>LORAZEPAM INTENSOL</b>	16, 37	<i>metoprolol tartrate</i>	46
<b>LANTUS SOLOSTAR U-100</b>		<b>LORBRENA</b>	27	<i>metronidazole</i>	10
<b>INSULIN</b>	42	<b>LORYNA (28)</b>	65	<i>metronidazole in NaCl (iso-os)</i>	10
<b>LANTUS U-100 INSULIN</b>	42	<i>losartan</i>	44	<i>metyrosine</i>	48
<i>lapatinib</i>	26	<i>losartan-hydrochlorothiazide</i>	48	<i>micafungin</i>	21
<b>LARIN 1.5/30 (21)</b>	65	<b>LOTEMAX</b>	79	<b>MICROGESTIN 1.5/30 (21)</b>	65
<b>LARIN 1/20 (21)</b>	65	<i>lovastatin</i>	50	<b>MICROGESTIN 1/20 (21)</b>	65
<b>LARIN FE 1.5/30 (28)</b>	65	<b>LOW-OGESTREL (28)</b>	65	<b>MICROGESTIN FE 1.5/30 (28)</b>	65
<b>LARIN FE 1/20 (28)</b>	65	<i>loxapine succinate</i>	30	<b>MICROGESTIN FE 1/20 (28)</b>	66
<i>latanoprost</i>	80	<i>lubiprostone</i>	59	<i>midodrine</i>	44
<b>LEENA 28</b>	65	<b>LUMAKRAS</b>	24	<i>miglustat</i>	60
<i>leflunomide</i>	70	<b>LUMIGAN</b>	80	<b>MILI</b>	66
<i>lenalidomide</i>	24	<b>LUPRON DEPOT</b>	69	<b>MIMVEY</b>	66
<b>LENVIMA</b>	27	<b>LUPRON DEPOT (3 MONTH)</b>	69	<i>minocycline</i>	14
<b>LESSINA</b>	65	<i>lurasidone</i>	31, 37	<i>minoxidil</i>	50
<i>letrozole</i>	25	<b>LUTERA (28)</b>	65	<i>mirtazapine</i>	18
<i>leucovorin calcium</i>	24, 28	<b>LYLEQ</b>	67	<i>misoprostol</i>	60, 63
<b>LEUKERAN</b>	23	<b>LYLLANA</b>	63	<b>MITIGARE</b>	22
<i>leuprolide</i>	69	<b>LYNPARZA</b>	24	<b>M-M-R II (PF)</b>	74
<i>levalbuterol HCl</i>	82	<b>LYSODREN</b>	24, 68	<i>modafinil</i>	85
<i>levalbuterol tartrate</i>	82	<b>LYTGOBI</b>	27	<i>moexipril</i>	45
<b>LEVEMIR FLEXPEN</b>	42	<b>LYZA</b>	67	<i>molindone</i>	30
<b>LEVEMIR U-100 INSULIN</b>	42	<i>magnesium sulfate</i>	55	<i>mometasone</i>	54, 81
<i>levetiracetam</i>	14, 15	<i>malathion</i>	55	<i>montelukast</i>	81
<i>levobunolol</i>	79	<i>maraviroc</i>	35	<i>morphine</i>	8
<i>levocarnitine</i>	57	<b>MARLISSA (28)</b>	65	<i>morphine concentrate</i>	8
<i>levocarnitine (with sugar)</i>	57	<b>MARPLAN</b>	19	<b>MOTPOLY XR</b>	17
<i>levocetirizine</i>	80	<b>MATULANE</b>	23	<b>MOUNJARO</b>	40
<i>levofloxacin</i>	13	<b>MATZIM LA</b>	45, 47	<b>MOVANTIK</b>	59
<i>levofloxacin in D5W</i>	13	<b>MAVYRET</b>	33	<i>moxifloxacin</i>	13, 78
<b>LEVONEST (28)</b>	65	<i>meclizine</i>	20	<i>moxifloxacin-sod.chloride(iso)</i>	13
<i>levonorgestrel-ethinyl estrad</i>	65	<i>medroxyprogesterone</i>	67	<b>MULTAQ</b>	45
<i>levonorg-eth estrad triphasic</i>	65	<i>mefloquine</i>	29	<i>mupirocin</i>	55
<b>LEVORA-28</b>	65	<i>megestrol</i>	67	<i>mycophenolate mofetil</i>	73
<i>levothyroxine</i>	68	<b>MEKINIST</b>	27	<i>mycophenolate sodium</i>	73
<b>LEVOXYL</b>	68	<b>MEKTOVI</b>	27	<b>MYRBETRIQ</b>	61
<b>LEXIVA</b>	36	<i>meloxicam</i>	7	<i>nabumetone</i>	7
<i>lidocaine</i>	9	<i>memantine</i>	18	<i>nadolol</i>	46
<i>lidocaine HCl</i>	9	<b>MENACTRA (PF)</b>	74	<i>nafcillin</i>	12
<b>LIDOCAINE VISCOSUS</b>	9	<b>MENQUADFI (PF)</b>	74	<i>naloxone</i>	9
<i>lidocaine-prilocaine</i>	9	<b>MENVEO A-C-Y-W-135-DIP (PF)</b>	74	<i>naltrexone</i>	9
<i>linezolid</i>	10	<i>mercaptopurine</i>	24, 72	<b>NAMZARIC</b>	17
<i>linezolid in dextrose 5%</i>	10	<i>meropenem</i>	12	<i>naproxen</i>	7
<b>LINZESS</b>	59	<i>mesalamine</i>	76	<i>naproxen sodium</i>	7

<i>naratriptan</i>	22	<b>NOVOLOG MIX 70-30 U-100</b>	42	<i>pantoprazole</i>	60
<b>NATACYN</b>	78	<b>INSULN</b>	42	<b>PANZYGA</b>	69
<i>nateglinide</i>	40	<b>NOVOLOG MIX 70-30FLEXPEN</b>	42	<i>paricalcitol</i>	77
<b>NAYZILAM</b>	16, 37	<b>U-100</b>	42	<i>paroxetine HCl</i>	19, 37
<i>nebivolol</i>	46	<b>NOVOLOG PENFILL U-100</b>	42	<b>PAXLOVID</b>	36
<b>NECON 0.5/35 (28)</b>	66	<b>INSULIN</b>	42	<i>pazopanib</i>	27
<i>nefazodone</i>	19	<b>NOVOLOG U-100 INSULIN</b>		<b>PEDIARIX (PF)</b>	74
<i>neomycin</i>	10	<b>ASPART</b>	42	<b>PEDVAX HIB (PF)</b>	74
<i>neomycin-bacitracin-poly-HC</i>	77	<b>NOXAFIL</b>	21	<i>peg 3350-electrolytes</i>	59
<i>neomycin-bacitracin-polymyxin</i>	78	<b>NUBEQA</b>	23	<b>PEGASYS</b>	70
<i>neomycin-polymyxin B-dexameth</i>	77	<b>NUEDEXTA</b>	52	<i>peg-electrolyte soln</i>	59
<i>neomycin-polymyxin-gramicidin</i>	77, 78	<b>NUPLAZID</b>	32	<b>PEMAZYRE</b>	27
<i>neomycin-polymyxin-HC</i>	77, 80	<b>NURTEC ODT</b>	22	<i>pen needle, diabetic</i>	42
<b>NEO-POLYCIN</b>	77	<b>NUTRILIPID</b>	57	<b>PENBRAYA (PF)</b>	74
<b>NEO-POLYCIN HC</b>	77	<b>NUZYRA</b>	14	<i>penicillamine</i>	57, 62
<b>NERLYNX</b>	27	<b>NYAMYC</b>	21	<i>penicillin G pot in dextrose</i>	12
<b>NEUPRO</b>	29	<b>NYLIA 1/35 (28)</b>	66	<i>penicillin G potassium</i>	12
<i>nevirapine</i>	34	<b>NYLIA 7/7/7 (28)</b>	66	<i>penicillin G sodium</i>	12
<b>NEXAVAR</b>	27	<b>NYMALIZE</b>	47	<i>penicillin V potassium</i>	12
<i>niacin</i>	50	<b>NYMYO</b>	66	<b>PENTACEL (PF)</b>	74
<i>nicardipine</i>	47	<i>nystatin</i>	21	<i>pentamidine</i>	29
<b>NICOTROL</b>	9	<b>NYSTOP</b>	21	<i>pentoxifylline</i>	48
<b>NICOTROL NS</b>	9	<b>OCELLA</b>	66	<i>perindopril erbumine</i>	45
<i>nifedipine</i>	47	<b>OCTAGAM</b>	69	<b>PERIOGARD</b>	53
<b>NIKKI (28)</b>	66	<i>octreotide acetate</i>	69	<i>permethrin</i>	55
<i>nilutamide</i>	23	<b>ODEFSEY</b>	35	<i>perphenazine</i>	20, 30
<i>nimodipine</i>	47	<b>ODOMZO</b>	27	<b>PERSERIS</b>	32, 38
<b>NINLARO</b>	24	<b>OFEV</b>	83	<i>phenelzine</i>	19
<i>nisoldipine</i>	47	<i>ofloxacin</i>	78, 80	<i>phenobarbital</i>	16
<i>nitazoxanide</i>	29	<b>OGSIVEO</b>	25	<b>PHENYTEK</b>	17
<i>nitisinone</i>	60	<b>OJJAARA</b>	24	<i>phenytoin</i>	17
<b>NITRO-BID</b>	50	<i>olanzapine</i>	32, 37, 38	<i>phenytoin sodium extended</i>	17
<i>nitrofurantoin macrocrystal</i>	10	<i>olmesartan</i>	45	<b>PIFELTRO</b>	34
<i>nitrofurantoin monohyd/m-cryst</i>	10	<i>olmesartan-amlodipin-hcthiazid</i>	48	<i>pilocarpine HCl</i>	53, 80
<i>nitroglycerin</i>	50	<i>olmesartan-hydrochlorothiazide</i>	48	<i>pimozone</i>	30
<i>nizatidine</i>	60	<i>olopatadine</i>	80	<b>PIMTREA (28)</b>	66
<b>NORA-BE</b>	67	<i>omeprazole</i>	60	<i>pindolol</i>	46
<i>norethindrone (contraceptive)</i>	68	<b>OMNARIS</b>	81	<i>pioglitazone</i>	40
<i>norethindrone acetate</i>	68	<i>ondansetron</i>	20	<i>piperacillin-tazobactam</i>	12
<i>norethindrone ac-eth estradiol</i>	66	<i>ondansetron HCl</i>	20	<b>PIQRAY</b>	27
<i>norethindrone-e.estriadiol-iron</i>	66	<b>ONUREG</b>	24	<i>pirfenidone</i>	83
<i>norgestimate-ethynodiol estradiol</i>	66	<b>OPSUMIT</b>	83	<i>piroxicam</i>	7
<b>NORITATE</b>	10	<b>ORGOVYX</b>	24	<b>PLASMA-LYTE 148</b>	56
<b>NORPACE CR</b>	46	<b>ORIAHNN</b>	64	<b>PLASMA-LYTE A</b>	56
<b>NORTREL 0.5/35 (28)</b>	66	<b>ORKAMBI</b>	82	<b>PLENAMINE</b>	61
<b>NORTREL 1/35 (21)</b>	66	<b>ORSERDU</b>	24	<b>PLENVU</b>	59
<b>NORTREL 1/35 (28)</b>	66	<i>oseltamivir</i>	36	<i>podofilox</i>	55
<b>NORTREL 7/7/7 (28)</b>	66	<b>OTEZLA</b>	55	<b>POLYCIN</b>	78
<i>nortriptyline</i>	20	<b>OTEZLA STARTER</b>	73	<i>polymyxin B sulf-trimethoprim</i>	77, 78
<b>NORVIR</b>	36	<i>oxacillin</i>	12	<b>POMALYST</b>	24
<b>NOVOLIN 70/30 U-100 INSULIN</b>	42	<i>oxaprozin</i>	7	<b>PORTIA 28</b>	66
<b>NOVOLIN 70-30 FLEXPEN U-100</b>	42	<b>OXBRYTA</b>	43	<i>posaconazole</i>	21
<b>NOVOLIN N FLEXPEN</b>	42	<i>oxcarbazepine</i>	17	<i>potassium chlorid-D5-0.45%NaCl</i>	56
<b>NOVOLIN N NPH U-100 INSULIN</b>	42	<i>oxybutynin chloride</i>	61	<i>potassium chloride</i>	56, 57, 58
<b>NOVOLIN R FLEXPEN</b>	42	<i>oxycodone</i>	8	<i>potassium chloride in 0.9%NaCl</i>	56
<b>NOVOLIN R REGULAR U100</b>		<i>oxycodone-acetaminophen</i>	8, 9	<i>potassium chloride in 5 % dex</i>	56
<b>INSULIN</b>	42	<b>OZEMPIC</b>	40	<i>potassium chloride-0.45 % NaCl</i>	56
<b>NOVOLOG FLEXPEN U-100</b>		<b>PACERONE</b>	46	<i>potassium chloride-D5-0.2%NaCl</i>	56
<b>INSULIN</b>	42	<i>paliperidone</i>	32	<i>potassium chloride-D5-0.9%NaCl</i>	56
		<b>PANRETIN</b>	55	<i>potassium citrate</i>	56

<b>PRALUENT PEN</b>	50	<i>ramipril</i>	45	<b>SETLAKIN</b>	66
<i>pramipexole</i>	29	<i>ranolazine</i>	49	<i>sevelamer carbonate</i>	58
<i>prasugrel</i>	44	<i>rasagiline</i>	30	<b>SHAROBEL</b>	66, 68
<i>pravastatin</i>	50	<b>RAYALDEE</b>	77	<b>SHINGRIX (PF)</b>	75
<i>praziquantel</i>	28	<b>RECLIPSEN (28)</b>	66	<b>SIGNIFOR</b>	69
<i>prazosin</i>	44, 62	<b>RECOMBIVAX HB (PF)</b>	75	<i>sildenafil (pulm.hypertension)</i>	83
<i>prednisolone</i>	62, 76	<b>RECORLEV</b>	62	<i>silodosin</i>	62
<i>prednisolone acetate</i>	79	<b>RECTIV</b>	50	<i>silver sulfadiazine</i>	55
<i>prednisolone sodium phosphate</i>	62, 76, 79	<b>REGRANEX</b>	55	<b>SIMBRINZA</b>	80
<i>prednisone</i>	62, 76	<b>RELENZA DISKHALER</b>	36	<i>simvastatin</i>	50
<b>PREDNISONE INTENSOL</b>	62, 76	<b>RELISTOR</b>	59	<i>sirolimus</i>	73
<i>pregabalin</i>	15, 52	<i>repaglinide</i>	40	<b>SIRTURO</b>	23
<b>PREHEVBRIO (PF)</b>	75	<b>RESTASIS</b>	73, 78	<b>SIVEXTRO</b>	10
<b>PREMASOL 10 %</b>	57	<b>RESTASIS MULTIDOSE</b>	73, 77	<b>SKYCLARYS</b>	52
<b>PRENATAL VITAMIN PLUS LOW IRON</b>	58	<b>RETEVMO</b>	24	<b>SKYRIZI</b>	70
<b>PREVALITE</b>	50	<b>REXULTI</b>	32	<i>sodium chloride</i>	56
<b>PREVYMIS</b>	33	<b>REYATAZ</b>	36	<i>sodium chloride 0.45 %</i>	56
<b>PREZCOBIX</b>	36	<b>REZLIDHIA</b>	25	<i>sodium chloride 0.9 %</i>	56
<b>PREZISTA</b>	36	<b>REZUROCK</b>	73	<i>sodium chloride 3 %</i>	
<b>PRIFTIN</b>	23	<b>RHOPRESSA</b>	80	<b>HYPERTONIC</b>	56
<i>primaquine</i>	29	<i>ribavirin</i>	33, 34	<i>sodium chloride 5 %</i>	
<i>primidone</i>	16	<i>rifabutin</i>	23	<b>HYPERTONIC</b>	56
<b>PRIORIX (PF)</b>	75	<i>rifampin</i>	23	<i>sodium oxybate</i>	85
<b>PRIVIGEN</b>	69	<i>riluzole</i>	52	<i>sodium phenylbutyrate</i>	61
<i>probenecid</i>	22	<i>rimantadine</i>	36	<i>sodium polystyrene sulfonate</i>	58
<i>probenecid-colchicine</i>	22	<b>RINVOQ</b>	70	<i>sodium,potassium,mag sulfates</i>	56, 59
<i>procyclorperazine</i>	20	<i>risedronate</i>	77	<i>solifenacin</i>	61
<i>procyclorperazine maleate</i>	20, 30	<b>RISPERDAL CONSTA</b>	32, 38	<b>SOLIQUA 100/33</b>	42
<b>PROCRIT</b>	44	<i>risperidone</i>	32, 38	<b>SOLTAMOX</b>	24
<b>PROCTO-MED HC</b>	54, 76	<i>risperidone microspheres</i>	38	<b>SOMAVERT</b>	69
<b>PROCTOSOL HC</b>	54	<i>ritonavir</i>	36	<i>sorafenib</i>	27
<b>PROCTOZONE-HC</b>	54, 76	<i>rivastigmine</i>	18	<b>SORINE</b>	46
<b>PROGRAF</b>	73	<i>rivastigmine tartrate</i>	18	<i>sotalol</i>	46
<b>PROLASTIN-C</b>	61	<i>rizatriptan</i>	22	<b>SOTALOL AF</b>	46
<b>PROLENSA</b>	79	<b>ROCKLATAN</b>	78, 80	<i>spironolactone</i>	49
<b>PROLIA</b>	77	<i>roflumilast</i>	83	<i>spironolacton-hydrochlorothiaz</i>	49
<b>PROMACTA</b>	43, 44	<i>ropinirole</i>	29	<b>SPRINTEC (28)</b>	66
<i>promethazine</i>	20, 80	<i>rosuvastatin</i>	50	<b>SPRITAM</b>	15
<i>propafenone</i>	46	<b>ROTARIX</b>	75	<b>SPRYCEL</b>	27
<i>propranolol</i>	46	<b>ROTATEQ VACCINE</b>	75	<b>SPS (WITH SORBITOL)</b>	58
<i>propylthiouracil</i>	69	<b>ROWEEPRA</b>	15	<b>SRONYX</b>	66
<b>PROQUAD (PF)</b>	75	<b>ROZLYTREK</b>	27, 83	<b>SSD</b>	55
<b>PROSOL 20 %</b>	57	<b>RUBRACA</b>	27	<b>STELARA</b>	70
<i>protriptyline</i>	20	<i>rufinamide</i>	17	<b>STIVARGA</b>	27
<b>PULMICORT FLEXHALER</b>	81	<b>RUKOBIA</b>	35	<i>streptomycin</i>	10
<b>PULMOZYME</b>	82	<b>RYBELSUS</b>	40	<b>STRIBILD</b>	34
<b>PURIXAN</b>	24	<b>RYDAPT</b>	27	<b>SUBVENITE</b>	15, 39
<i>pyrazinamide</i>	23	<b>SAJAZIR</b>	69	<i>sucralfate</i>	60
<i>pyridostigmine bromide</i>	23	<b>SANDIMMUNE</b>	73	<i>sulfacetamide sodium</i>	78
<b>QINLOCK</b>	27	<b>SANTYL</b>	55	<i>sulfacetamide sodium (acne)</i>	13
<b>QUADRACEL (PF)</b>	75	<i>sapropterin</i>	61	<i>sulfacetamide-prednisolone</i>	78
<i>quetiapine</i>	18, 32, 38	<b>SAVELLA</b>	52	<i>sulfadiazine</i>	13
<i>quinapril</i>	45	<b>SCEMBLIX</b>	27	<i>sulfamethoxazole-trimethoprim</i>	13, 14
<i>quinidine sulfate</i>	46	<i>scopolamine base</i>	20, 59	<b>SULFAMYLYON</b>	55
<i>quinine sulfate</i>	29	<b>SECUADO</b>	32, 38	<i>sulfasalazine</i>	76
<b>RABAVERT (PF)</b>	75	<i>selegiline HCl</i>	30	<i>sulindac</i>	7
<i>rabeprozole</i>	60	<i>selenium sulfide</i>	54	<i>sumatriptan</i>	22
<i>raloxifene</i>	68	<b>SELZENTRY</b>	35	<i>sumatriptan succinate</i>	22, 23
		<b>SEREVENT DISKUS</b>	82	<i>sunitinib malate</i>	27
		<i>sertraline</i>	19, 37	<b>SUNLENCA</b>	35

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SYMTUZA	34	TOBRADEX ST	78	TWINRIX (PF)	75
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tamsulosin	62	tramadol	9	valsartan	45
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terbutaline	82	trifluoperazine	30	VERSACLOZ	33
terconazole	21	trifluridine	34, 78	VERZENIO	28
teriparatide	77	trihexyphenidyl	29	VESTURA (28)	67
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testosterone cypionate	63	TRIKAFTA	83	VIENVA	67
testosterone enanthate	63	TRI-LEGEST FE	66	vigabatrin	16
tetanus,diphtheria tox ped(PF)	75	TRI-LO-ESTARYLLA	66	VIGADRONE	16
tetrabenazine	52	TRI-LO-SPRINTEC	67	vilazodone	19
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THALOMID	24	TRI-MILI	67	VIRACEPT	36
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TIADYL T ER	46, 47	TRIUMEQ	35	VONJO	28
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TICOVAC	75	TRI-VYLIBRA	67	VOQUEZNA TRIPLE PAK	59
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<b>YLYLIBRA</b>	67	<b>ZYKADIA</b>	28
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<b>VYZULTA</b>	80	<b>ZYPITAMAG</b>	50
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<b>XOSPATA</b>	28		
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<b>ZEJULA</b>	28		
<b>ZELBORAF</b>	28		
<b>ZEMAIRA</b>	61		
<b>ZENATANE</b>	53		
<b>ZENPEP</b>	61		
<b>ZERVIADE</b>	78		
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<i> zonisamide</i>	17		
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### Multi-Language Insert

#### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-716-7737. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-716-7737. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-716-7737。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-716-7737。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-716-7737. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-716-7737. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-716-7737sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-716-7737. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

# HealthFirst

## Health Plans

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**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-716-7737 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-716-7737. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي سؤال تتعلق بالصحة أو جدول الأدوية لدينا.  
للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-716-7737. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-716/7737 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-716-7737. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-716-7737. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-716-7737. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-716-7737. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康保険と薬品処方薬プランに関するご質問にお答えするため、無料の通訳サービスがあります。通訳をご用命になるには、1-800-716-7737にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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**Health Plans**

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This formulary was updated on 4/01/2024. For more recent information or other questions, please contact Health First Health Plans Customer Service at 1.800.716.7737, Monday – Friday 8 a.m. to 8 p.m. and Saturday 8 a.m. – noon between April 1 and September 30, then Monday – Sunday 8 a.m. to 8 p.m. between October 1 and March 31. TTY users call 1.800.955.8771. You can also visit [hf.org/healthplans](http://hf.org/healthplans).