HealthFirst
Health Plans

Health First Classic H-1099-001 (HMO-POS), Health First Rewards H1099-014(HMO), Health First H1099-006 Value (HMO), Health First H1099-016 SunSaver (HMO), Health First Emerald Plus H1099-026 (HMO), Health First Emerald Plus H1099-028 (HMO)

Health First Health Plans 2027 Formulary

List of Covered Drugs or "Drug List"

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

Formulary ID 00027392, Version Number 12

This formulary was updated on 10/01/2026. 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/Medicare.

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 Health First Classic H1099-001 (HMO-POS), Health First Rewards H1099-014 (HMO), Health First Value H1099-006 (HMO), Health First SunSaver H1099-016 (HMO), Health First Emerald Plus H1099-026 (HMO), and Health First Emerald Plus H1099-028 (HMO).

This document includes a Drug List (formulary) for our plan which is current as of 10/01/2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2027, and from time to time during the year.

What is the Health First Health Plans formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by 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.

Can the formulary change?

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

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions. We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary. If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.
    - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Health First Health Plans’ formulary?” Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

Drugs removed from the market. If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.
    - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the 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 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 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 10/01/2026. 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/Medicare.

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 work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Health First Health Plans requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Health First Health Plans based on specific criteria 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 a coverage restriction including prior authorization, step therapy, or a quantity limit 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 applying the restriction would not be as effective for you and/or would cause you to have adverse effects.
You or your prescriber should contact us to ask for a tiering or formulary exception, including an exception to a coverage restriction. When you request an exception, your prescriber will need to explain the medical reasons why you need the exception. Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.
For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.
If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

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.

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/directory 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.

Drug	Status	Requirements/Limits
ANALGESICS		
ANALGESICS		
BUTALBITAL-ACETAMINOPHEN ORAL TABLET 50-325 MG	T4	
JOURNAVX ORAL TABLET 50 MG	T4	PA; QL (30 EA per 14 days)
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
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 epolamine transdermal patch 12 hour 1.3 %	T4	QL (60 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 SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)	T4	QL (224 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	
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)	T4	
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	T4	
flurbiprofen oral tablet 100 mg	T2	
IBU oral tablet 600 mg, 800 mg	T1	
ibuprofen oral suspension 100 mg/5 mL	T2	
ibuprofen oral tablet 300 mg	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	T4	
piroxicam oral capsule 10 mg, 20 mg	T2	
sulindac oral tablet 150 mg, 200 mg	T2	
OPIOID ANALGESICS, LONG-ACTING		
buprenorphine HCl sublingual tablet 2 mg, 8 mg	T2	
FENTANYL TRANSDERMAL PATCH 72 HOUR 100 MCG/HR, 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR	T4	PA; QL (10 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg	T5	PA; QL (30 EA per 30 days)
HYDROCODONE BITARTRATE ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	T4	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 (2 mg/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)
OPIOID ANALGESICS, SHORT-ACTING		
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)
BUTALBITAL-ACETAMINOPHEN ORAL TABLET 50-325 MG	T4	
butorphanol nasal spray,non-aerosol 10 mg/mL	T2	QL (10 ML per 30 days)
FENTANYL TRANSDERMAL PATCH 72 HOUR 100 MCG/HR, 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR	T4	PA; QL (10 EA per 30 days)
hydrocodone-acetaminophen oral solution 10-300 mg/15 mL	T2	
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	T4	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 (2 mg/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	T4	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)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

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)
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine HCl mucous membrane solution 2 %	T2	
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)
lidocaine-prilocaine topical cream 2.5-2.5 %	T2	PA; QL (30 GM per 30 days)
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
ACAMPROSATE ORAL TABLET,DELAYED RELEASE (DR/EC) 333 MG	T4	
disulfiram oral tablet 250 mg, 500 mg	T2	
naltrexone oral tablet 50 mg	T2	
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	T5	
OPIOID DEPENDENCE		
buprenorphine HCl sublingual tablet 2 mg, 8 mg	T2	
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	T2	
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	T2	
LOFEXIDINE ORAL TABLET 0.18 MG	T4	
naltrexone oral tablet 50 mg	T2	
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	T5	
OPIOID REVERSAL AGENTS		
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	T4	
naloxone injection solution 0.4 mg/mL	T2	
naloxone injection syringe 0.4 mg/mL, 1 mg/mL	T2	
OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION	T4	
SMOKING CESSATION AGENTS		
bupropion HCl (smoking deter) oral tablet extended release 12 hr 150 mg	T2	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
VARENICLINE TARTRATE ORAL TABLET 0.5 MG, 1 MG	T4	QL (56 EA per 28 days)
VARENICLINE TARTRATE ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	T4	
ANTIBACTERIALS		
AMINOGLYCOSIDES		
AMIKACIN INJECTION SOLUTION 500 MG/2 ML	T4	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	T4	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/100 ML, 60 MG/50 ML, 80 MG/100 ML, 80 MG/50 ML	T4	
GENTAMICIN INJECTION SOLUTION 40 MG/ML	T4	
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	T5	
tobramycin inhalation solution for nebulization 300 mg/4 mL	T5	PA
TOBRAMYCIN SULFATE INJECTION SOLUTION 10 MG/ML, 40 MG/ML	T4	
ANTIBACTERIALS, OTHER		
acetic acid otic (ear) solution 2 %	T2	
AZTREONAM INJECTION RECON SOLN 1 GRAM, 2 GRAM	T4	
BLUJEPA ORAL TABLET 750 MG	T5	PA
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	T4	
Clindamycin Pediatric oral recon soln 75 mg/5 mL	T2	
CLINDAMYCIN PHOSPHATE INJECTION SOLUTION 150 (MG/ML) (4 ML), 150 (MG/ML) (6 ML), 150 MG/ML	T4	
clindamycin phosphate vaginal cream 2 %	T2	
COLISTIN (COLISTIMETHATE NA) INJECTION RECON SOLN 150 MG	T4	
daptomycin intravenous recon soln 350 mg, 500 mg	T4	
FOSFOMYCIN TROMETHAMINE ORAL PACKET 3 GRAM	T4	
LINEZOLID IN DEXTROSE 5% INTRAVENOUS PIGGYBACK 600 MG/300 ML	T4	
linezolid oral suspension for reconstitution 100 mg/5 mL	T5	QL (1800 ML per 30 days)
LINEZOLID ORAL TABLET 600 MG	T4	QL (60 EA per 30 days)
methenamine hippurate oral tablet 1 gram	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
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	
NORITATE TOPICAL CREAM 1 %	T5	QL (60 GM per 30 days)
ORLYNVAH ORAL TABLET 500-500 MG	T5	PA
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	T5	PA; QL (30 EA per 30 days)
SIVEXTRO ORAL TABLET 200 MG	T5	PA; QL (30 EA per 30 days)
TIGECYCLINE INTRAVENOUS RECON SOLN 50 MG	T4	
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	T4	
vancomycin oral capsule 125 mg	T2	QL (120 EA per 30 days)
vancomycin oral capsule 250 mg	T2	QL (240 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	T3	PA
BETA-LACTAM, CEPHALOSPORINS		
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, 500 MG	T4	
CEFAZOLIN INTRAVENOUS RECON SOLN 10 GRAM	T4	
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	T4	
cefixime oral capsule 400 mg	T2	
cefixime oral suspension for reconstitution 100 mg/5 mL, 200 mg/5 mL	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
CEFOXITIN INTRAVENOUS RECON SOLN 1 GRAM, 10 GRAM, 2 GRAM	T4	
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	
ceftaroline fosamil intravenous recon soln 400 mg, 600 mg	T5	
CEFTAZIDIME INJECTION RECON SOLN 1 GRAM, 2 GRAM, 6 GRAM	T4	
CEFTRIAXONE INJECTION RECON SOLN 1 GRAM, 10 GRAM, 2 GRAM, 250 MG, 500 MG	T4	
cefuroxime axetil oral tablet 250 mg, 500 mg	T2	
CEFUROXIME SODIUM INJECTION RECON SOLN 750 MG	T4	
CEFUROXIME SODIUM INTRAVENOUS RECON SOLN 1.5 GRAM	T4	
cephalexin oral capsule 250 mg, 500 mg	T1	
cephalexin oral suspension for reconstitution 125 mg/5 mL, 250 mg/5 mL	T2	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	T5	
BETA-LACTAM, PENICILLINS		
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, 2 GRAM	T4	
AMPICILLIN-SULBACTAM INJECTION RECON SOLN 1.5 GRAM, 15 GRAM, 3 GRAM	T4	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
dicloxacillin oral capsule 250 mg, 500 mg	T2	
NAFCILLIN INJECTION RECON SOLN 1 GRAM, 2 GRAM	T4	
nafcillin injection recon soln 10 gram	T5	
OXACILLIN INJECTION RECON SOLN 1 GRAM, 10 GRAM, 2 GRAM	T4	
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	T4	
PENICILLIN G SODIUM INJECTION RECON SOLN 5 MILLION UNIT	T4	
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	T4	
CARBAPENEMS		
ERTAPENEM INJECTION RECON SOLN 1 GRAM	T4	
IMIPENEM-CILASTATIN INTRAVENOUS RECON SOLN 250 MG, 500 MG	T4	
MEROPENEM INTRAVENOUS RECON SOLN 1 GRAM, 500 MG	T3	
MACROLIDES		
AZITHROMYCIN INTRAVENOUS RECON SOLN 500 MG	T4	
azithromycin oral suspension for reconstitution 100 mg/5 mL, 200 mg/5 mL	T2	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	T1	
clarithromycin oral suspension for reconstitution 125 mg/5 mL, 250 mg/5 mL	T2	
clarithromycin oral tablet 250 mg, 500 mg	T2	
clarithromycin oral tablet extended release 24 hr 500 mg	T2	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	T5	
E.E.S. 400 ORAL TABLET 400 MG	T4	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	T4	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 mL, 400 mg/5 mL	T4	
ERYTHROMYCIN ORAL CAPSULE,DELAYED RELEASE(DR/EC) 250 MG	T4	
ERYTHROMYCIN ORAL TABLET 250 MG, 500 MG	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
ERYTHROMYCIN ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 333 MG, 500 MG	T4	
fidaxomicin oral tablet 200 mg	T5	
QUINOLONES		
BESIFLOXACIN OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	T3	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	T3	
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 500 MG/5 ML	T4	
ciprofloxacin HCl ophthalmic (eye) drops 0.3 %	T1	
ciprofloxacin HCl oral tablet 250 mg, 500 mg, 750 mg	T1	
CIPROFLOXACIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 200 MG/100 ML	T4	
LEVOFLOXACIN IN D5W INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML	T4	
levofloxacin ophthalmic (eye) drops 0.5 %	T2	
levofloxacin oral solution 250 mg/10 mL	T2	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	T1	
moxifloxacin oral tablet 400 mg	T2	
MOXIFLOXACIN-SOD.CHLORIDE(ISO) INTRAVENOUS PIGGYBACK 400 MG/250 ML	T4	
SULFONAMIDES		
sulfacetamide sodium (acne) topical suspension 10 %	T2	QL (118 ML per 30 days)
SULFADIAZINE ORAL TABLET 500 MG	T4	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 mL	T2	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	T1	
TETRACYCLINES		
DOXY-100 INTRAVENOUS RECON SOLN 100 MG	T4	
doxycycline hyclate oral capsule 100 mg, 50 mg	T2	
doxycycline hyclate oral tablet 100 mg, 20 mg	T2	
doxycycline monohydrate oral capsule 100 mg, 50 mg	T2	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	T2	
minocycline oral capsule 100 mg, 50 mg, 75 mg	T2	
NUZYRA INTRAVENOUS RECON SOLN 100 MG	T5	LA
NUZYRA ORAL TABLET 150 MG	T5	LA
TETRACYCLINE ORAL CAPSULE 250 MG, 500 MG	T4	
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
brivaracetam oral solution 10 mg/mL	T5	PA
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	T5	PA
BRIVIACT ORAL SOLUTION 10 MG/ML	T5	PA; QL (600 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	T5	PA; QL (60 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	T5	PA; LA; QL (360 EA per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	T5	PA; LA; QL (180 EA per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	T5	PA; LA; QL (360 EA per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	T5	PA; LA; QL (180 EA per 30 days)
divalproex oral capsule, delayed rel sprinkle 125 mg	T2	
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	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	T5	PA; LA; QL (600 ML per 30 days)
EPRONTIA ORAL SOLUTION 25 MG/ML	T4	PA; QL (480 ML per 30 days)
FELBAMATE ORAL SUSPENSION 600 MG/5 ML	T4	
felbamate oral tablet 400 mg, 600 mg	T2	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	T4	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	T1	
LAMOTRIGINE ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	T4	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	T2	
LAMOTRIGINE ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG	T4	
levetiracetam oral solution 100 mg/mL	T2	
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	
LEVETIRACETAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG	T4	
perampanel oral suspension 0.5 mg/mL	T5	PA; QL (720 ML per 30 days)
perampanel oral tablet 10 mg, 12 mg, 4 mg, 6 mg, 8 mg	T4	PA; QL (30 EA per 30 days)
PERAMPANEL ORAL TABLET 2 MG	T4	PA; QL (60 EA per 30 days)
Roweepra oral tablet 500 mg	T2	
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG	T4	QL (360 EA per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 500 MG	T4	QL (180 EA per 30 days)
SUBVENITE ORAL SUSPENSION 10 MG/ML	T4	
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	T4	
topiramate oral capsule, sprinkle 15 mg, 25 mg, 50 mg	T2	
topiramate oral solution 25 mg/mL	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
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	
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	T5	QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	T5	QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	T5	QL (60 EA per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	T4	QL (28 EA per 28 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	T5	QL (28 EA per 28 days)
ZTALMY ORAL SUSPENSION 50 MG/ML	T5	PA; LA; QL (1100 ML per 30 days)
CALCIUM CHANNEL MODIFYING AGENTS		
ethosuximide oral capsule 250 mg	T2	
ethosuximide oral solution 250 mg/5 mL	T2	
METHSUXIMIDE ORAL CAPSULE 300 MG	T4	
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)
ZONISADE ORAL SUSPENSION 100 MG/5 ML	T5	PA; QL (900 ML per 30 days)
GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS		
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)
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)
Diazepam Intensol oral concentrate 5 mg/mL	T2	QL (240 ML per 30 days)
diazepam oral solution 5 mg/5 mL (1 mg/mL)	T2	QL (1200 ML per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	T2	QL (120 EA per 30 days)
DIAZEPAM RECTAL KIT 12.5-15-17.5-20 MG, 2.5 MG, 5-7.5-10 MG	T4	
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
GABAPENTIN ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	T3	QL (30 EA per 30 days)
GABAPENTIN ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG	T3	QL (60 EA per 30 days)
GABAPENTIN ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	T3	QL (90 EA per 30 days)
GABAPENTIN ORAL TABLET EXTENDED RELEASE 24 HR 900 MG	T3	QL (120 EA per 30 days)
Lorazepam Intensol oral concentrate 2 mg/mL	T2	QL (150 ML per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	T2	QL (150 EA per 30 days)
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	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	
pregabalin oral capsule 200 mg	T2	QL (90 EA per 30 days)
pregabalin oral capsule 300 mg	T2	QL (60 EA per 30 days)
pregabalin oral solution 20 mg/mL	T2	QL (900 ML per 30 days)
primidone oral tablet 125 mg, 250 mg, 50 mg	T1	
SYMPAZAN ORAL FILM 10 MG, 20 MG	T5	PA; QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5 MG	T4	PA; QL (60 EA per 30 days)
TIAGABINE ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG	T4	
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)	T5	
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)
VIGADRONE ORAL POWDER IN PACKET 500 MG	T5	PA; LA; QL (180 EA per 30 days)
VIGADRONE ORAL TABLET 500 MG	T5	PA; QL (180 EA per 30 days)
VIGAFYDE ORAL SOLUTION 100 MG/ML	T4	PA
ZTALMY ORAL SUSPENSION 50 MG/ML	T5	PA; LA; QL (1100 ML per 30 days)
SODIUM CHANNEL AGENTS		
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, 200 mg, 400 mg	T2	
carbamazepine oral tablet,chewable 100 mg	T2	
CARBAMAZEPINE ORAL TABLET,CHEWABLE 200 MG	T4	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
DILANTIN ORAL CAPSULE 30 MG	T4	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	T4	
eslicarbazepine oral tablet 200 mg, 400 mg	T4	QL (30 EA per 30 days)
eslicarbazepine oral tablet 600 mg, 800 mg	T5	QL (60 EA per 30 days)
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)
OXCARBAZEPINE ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)	T4	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	T2	
OXCARBAZEPINE ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	T4	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	T4	
phenytoin oral suspension 125 mg/5 mL	T2	
phenytoin oral tablet,chewable 50 mg	T2	
phenytoin sodium extended oral capsule 100 mg	T2	
rufinamide oral suspension 40 mg/mL	T5	PA; QL (2400 ML per 30 days)
RUFINAMIDE ORAL TABLET 200 MG	T4	PA; QL (480 EA per 30 days)
rufinamide oral tablet 400 mg	T5	PA; QL (240 EA per 30 days)
ZONISADE ORAL SUSPENSION 100 MG/5 ML	T5	PA; QL (900 ML per 30 days)
zonisamide oral capsule 100 mg, 25 mg, 50 mg	T2	
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS, OTHER		
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)
LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 360 MG/1.8 ML	T5	PA; QL (7.2 ML per 28 days)
MEMANTINE-DONEPEZIL ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG	T4	
CHOLINESTERASE INHIBITORS		
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)
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	
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
RIVASTIGMINE TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	T4	QL (30 EA per 30 days)
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
MEMANTINE ORAL CAPSULE,SPRINKLE,ER 24HR 14 MG, 21 MG, 28 MG, 7 MG	T4	
memantine oral solution 2 mg/mL	T2	
memantine oral tablet 10 mg, 5 mg	T2	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
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	T4	QL (60 EA per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	T5	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	
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	T5	PA; QL (30 EA per 30 days)
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK 18.2 MG (32 TABS)	T5	PA
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	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	T5	PA
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	T2	PA; QL (60 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	T5	PA; QL (28 EA per 365 days)
MONOAMINE OXIDASE INHIBITORS		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	T5	PA; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	T4	QL (180 EA per 30 days)
phenelzine oral tablet 15 mg	T2	
tranylcypromine oral tablet 10 mg	T2	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS)		
citalopram oral solution 10 mg/5 mL	T2	
citalopram oral tablet 10 mg, 20 mg, 40 mg	T1	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	T2	QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG	T4	PA; QL (180 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 30 MG	T4	PA; QL (120 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	T4	PA; QL (90 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 60 MG	T4	PA; QL (60 EA per 30 days)
duloxetine oral capsule,delayed release(DR/EC) 120 mg, 80 mg, 90 mg	T2	QL (30 EA per 30 days)
duloxetine oral capsule,delayed release(DR/EC) 20 mg, 30 mg, 40 mg, 60 mg	T2	QL (60 EA per 30 days)
escitalopram oxalate oral solution 5 mg/5 mL	T2	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	T1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	T4	PA
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 80 MG	T4	PA; QL (30 EA per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG, 40 MG	T4	PA; QL (60 EA per 30 days)
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	T1	
fluoxetine oral solution 20 mg/5 mL (4 mg/mL)	T2	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	T2	
NEFAZODONE ORAL TABLET 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	T4	
PAROXETINE HCL ORAL SUSPENSION 10 MG/5 ML	T4	PA; QL (900 ML per 30 days)
paroxetine HCl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	T2	
PAROXETINE HCL ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	T4	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
RALDESY ORAL SOLUTION 10 MG/ML	T5	QL (1200 ML per 28 days)
SERTRALINE ORAL CONCENTRATE 20 MG/ML	T4	
sertraline oral tablet 100 mg, 25 mg, 50 mg	T1	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	T1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	T4	QL (30 EA per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	T1	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	T2	
vilazodone oral tablet 10 mg, 20 mg, 40 mg	T2	QL (30 EA per 30 days)
TRICYCLICS		
AMITRIPTYLINE ORAL TABLET 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG	T3	
AMOXAPINE ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	T3	
CLOMIPRAMINE ORAL CAPSULE 25 MG, 50 MG, 75 MG	T4	PA
DESIPRAMINE ORAL TABLET 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG	T4	
DOXEPIN ORAL CAPSULE 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	T3	
DOXEPIN ORAL CAPSULE 150 MG	T4	
DOXEPIN ORAL CONCENTRATE 10 MG/ML	T3	
doxepin oral tablet 3 mg, 6 mg	T2	QL (30 EA per 30 days)
imipramine HCl oral tablet 10 mg, 25 mg, 50 mg	T2	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	T2	
NORTRIPTYLINE ORAL SOLUTION 10 MG/5 ML	T4	
PROTRIPTYLINE ORAL TABLET 10 MG, 5 MG	T4	
TRIMIPRAMINE ORAL CAPSULE 100 MG	T4	QL (60 EA per 30 days)
TRIMIPRAMINE ORAL CAPSULE 25 MG, 50 MG	T4	QL (120 EA per 30 days)
ANTIEMETICS		
ANTIEMETICS, OTHER		
CHLORPROMAZINE ORAL CONCENTRATE 100 MG/ML, 30 MG/ML	T4	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	T2	
meclizine oral tablet 12.5 mg, 25 mg	T2	
metoclopramide HCl oral solution 5 mg/5 mL	T2	
metoclopramide HCl oral tablet 10 mg, 5 mg	T1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	T2	
prochlorperazine maleate oral tablet 10 mg, 5 mg	T2	
prochlorperazine rectal suppository 25 mg	T2	
promethazine oral syrup 6.25 mg/5 mL	T2	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
SCOPOLAMINE BASE TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	T4	QL (10 EA per 30 days)
EMETOGENIC THERAPY ADJUNCTS		
APREPITANT ORAL CAPSULE 125 MG, 40 MG, 80 MG	T4	B/D
APREPITANT ORAL CAPSULE,DOSE PACK 125 MG (1)- 80 MG (2)	T4	B/D
DRONABINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	T4	B/D; QL (60 EA per 30 days)
granisetron HCl oral tablet 1 mg	T2	B/D
ondansetron HCl oral solution 4 mg/5 mL	T2	B/D
ondansetron HCl oral tablet 4 mg, 8 mg	T2	B/D
ondansetron oral tablet,disintegrating 4 mg, 8 mg	T2	B/D
ANTIFUNGALS		
ANTIFUNGALS		
AMPHOTERICIN B INJECTION RECON SOLN 50 MG	T4	B/D
amphotericin B liposome intravenous suspension for reconstitution 50 mg	T5	B/D
CASPOFUNGIN INTRAVENOUS RECON SOLN 50 MG, 70 MG	T4	
ciclopirox topical cream 0.77 %	T2	QL (90 GM per 30 days)
ciclopirox topical suspension 0.77 %	T2	QL (60 ML per 30 days)
clotrimazole mucous membrane troche 10 mg	T2	QL (150 EA per 30 days)
clotrimazole topical cream 1 %	T2	QL (45 GM per 30 days)
clotrimazole topical solution 1 %	T2	QL (30 ML per 30 days)
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	T5	PA
FLUCONAZOLE IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 200 MG/100 ML, 400 MG/200 ML	T4	
fluconazole oral suspension for reconstitution 10 mg/mL, 40 mg/mL	T2	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	T2	
flucytosine oral capsule 250 mg, 500 mg	T5	PA
GRISEOFULVIN MICROSIZE ORAL SUSPENSION 125 MG/5 ML	T4	
GRISEOFULVIN MICROSIZE ORAL TABLET 500 MG	T4	
GRISEOFULVIN ULTRAMICROSIZE ORAL TABLET 125 MG, 250 MG	T4	
ITRACONAZOLE ORAL CAPSULE 100 MG	T4	PA
ketoconazole oral tablet 200 mg	T2	PA
ketoconazole topical cream 2 %	T2	QL (60 GM per 30 days)
ketoconazole topical shampoo 2 %	T1	QL (120 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
MICAFUNGIN INTRAVENOUS RECON SOLN 100 MG, 50 MG	T4	
Nyamyc topical powder 100,000 unit/gram	T2	QL (60 GM per 30 days)
nystatin oral suspension 100,000 unit/mL	T2	
nystatin oral tablet 500,000 unit	T2	
nystatin topical cream 100,000 unit/gram	T2	QL (30 GM per 30 days)
nystatin topical ointment 100,000 unit/gram	T2	QL (30 GM per 30 days)
nystatin topical powder 100,000 unit/gram	T2	QL (60 GM per 30 days)
Nystop topical powder 100,000 unit/gram	T2	QL (60 GM per 30 days)
posaconazole oral tablet,delayed release (DR/EC) 100 mg	T5	PA; QL (93 EA per 30 days)
terbinafine HCl oral tablet 250 mg	T1	QL (90 EA per 365 days)
terconazole vaginal cream 0.4 %, 0.8 %	T2	
terconazole vaginal suppository 80 mg	T2	
voriconazole intravenous recon soln 200 mg	T4	PA
voriconazole oral suspension for reconstitution 200 mg/5 mL (40 mg/mL)	T5	PA
VORICONAZOLE ORAL TABLET 200 MG	T4	PA; QL (120 EA per 30 days)
VORICONAZOLE ORAL TABLET 50 MG	T4	PA; QL (480 EA per 30 days)
ANTIGOUT AGENTS		
ANTIGOUT AGENTS		
allopurinol oral tablet 100 mg, 300 mg	T1	
colchicine oral capsule 0.6 mg	T2	
colchicine oral tablet 0.6 mg	T2	QL (120 EA per 30 days)
febuxostat oral tablet 40 mg, 80 mg	T2	
probenecid oral tablet 500 mg	T2	
probenecid-colchicine oral tablet 500-0.5 mg	T2	
ANTIMIGRAINE AGENTS		
ANTIMIGRAINE AGENTS		
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)	T4	
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	T3	PA; QL (16 EA per 30 days)
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	T3	
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	T3	
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3)	T3	
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	T3	PA; QL (16 EA per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	T3	PA; QL (28 EA per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	T3	PA; QL (56 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
ERGOT ALKALOIDS		
BREKIYA SUBCUTANEOUS AUTO-INJECTOR 1 MG/ML	T5	PA; QL (24 ML per 28 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/mL)	T4	PA; QL (8 ML per 30 days)
ERGOTAMINE-CAFFEINE ORAL TABLET 1-100 MG	T3	PA; QL (40 EA per 28 days)
PROPHYLACTIC		
divalproex oral capsule, delayed rel sprinkle 125 mg	T2	
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	
EPRONTIA ORAL SOLUTION 25 MG/ML	T4	PA; QL (480 ML per 30 days)
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	T2	
topiramate oral capsule, sprinkle 15 mg, 25 mg, 50 mg	T2	
topiramate oral solution 25 mg/mL	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	
SEROTONIN (5-HT) RECEPTOR AGONIST		
naratriptan oral tablet 1 mg, 2.5 mg	T2	QL (12 EA per 30 days)
rizatriptan oral tablet 10 mg, 5 mg	T2	QL (18 EA per 30 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	T2	QL (18 EA per 30 days)
SUMATRIPTAN NASAL SPRAY,NON-AEROSOL 20 MG/ACTUATION	T4	QL (12 EA per 30 days)
SUMATRIPTAN NASAL SPRAY,NON-AEROSOL 5 MG/ACTUATION	T4	QL (24 EA per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	T2	QL (12 EA per 30 days)
SUMATRIPTAN SUCCINATE SUBCUTANEOUS PEN INJECTOR 6 MG/0.5 ML	T4	QL (6 ML per 30 days)
SUMATRIPTAN SUCCINATE SUBCUTANEOUS SOLUTION 6 MG/0.5 ML	T4	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)
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
pyridostigmine bromide oral tablet 60 mg	T2	
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
dapsone oral tablet 100 mg, 25 mg	T2	
RIFABUTIN ORAL CAPSULE 150 MG	T4	
rifapentine oral tablet 150 mg	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
ANTITUBERCULARS		
ethambutol oral tablet 100 mg, 400 mg	T2	
isoniazid oral solution 50 mg/5 mL	T2	
isoniazid oral tablet 100 mg, 300 mg	T1	
pretomanid oral tablet 200 mg	T4	QL (30 EA per 30 days)
PYRAZINAMIDE ORAL TABLET 500 MG	T4	
RIFAMPIN INTRAVENOUS RECON SOLN 600 MG	T4	
rifampin oral capsule 150 mg, 300 mg	T2	
SIRTURO ORAL TABLET 100 MG, 20 MG	T5	PA; LA
ANTINEOPLASTICS		
ALKYLATING AGENTS		
cyclophosphamide oral capsule 25 mg, 50 mg	T2	B/D
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	T4	B/D
LEUKERAN ORAL TABLET 2 MG	T5	
LOMUSTINE ORAL CAPSULE 10 MG	T4	
lomustine oral capsule 100 mg	T5	
lomustine oral capsule 40 mg	T4	
MATULANE ORAL CAPSULE 50 MG	T5	LA
VALCHLOR TOPICAL GEL 0.016 %	T5	PA; LA; QL (60 GM per 30 days)
ANTIANDROGENS		
abiraterone oral tablet 250 mg, 500 mg	T5	PA
ABIRTEGA ORAL TABLET 250 MG	T4	PA
bicalutamide oral tablet 50 mg	T2	
ERLEADA ORAL TABLET 240 MG	T5	PA
ERLEADA ORAL TABLET 60 MG	T5	PA; LA
EULEXIN ORAL CAPSULE 125 MG	T5	PA
nilutamide oral tablet 150 mg	T5	
NUBEQA ORAL TABLET 300 MG	T5	PA; LA
toremifene oral tablet 60 mg	T4	
XTANDI ORAL CAPSULE 40 MG	T5	PA; LA
XTANDI ORAL TABLET 40 MG, 80 MG	T5	PA; LA
YONSA ORAL TABLET 125 MG	T4	PA
ANTIANGIOGENIC AGENTS		
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)
pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg	T5	PA; QL (21 EA per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	T5	PA; QL (21 EA per 28 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	T5	PA; LA
ZENBEXUS ORAL CAPSULE 0.75 MG, 1 MG	T5	PA; QL (21 EA per 28 days)
ANTIESTROGENS/MODIFIERS		
INLURIYO ORAL TABLET 200 MG	T5	PA; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
ORSERDU ORAL TABLET 345 MG, 86 MG	T5	PA; LA
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	T5	
tamoxifen oral tablet 10 mg, 20 mg	T2	
toremifene oral tablet 60 mg	T5	
ANTIMETABOLITES		
BESREMI PEN SUBCUTANEOUS PEN INJECTOR 500 MCG/0.5 ML	T5	PA
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	T5	PA; LA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	T3	
fluorouracil topical cream 0.5 %	T2	
fluorouracil topical cream 5 %	T2	QL (40 GM per 30 days)
fluorouracil topical solution 2 %, 5 %	T2	QL (10 ML per 30 days)
hydroxyurea oral capsule 500 mg	T2	
mercaptopurine oral suspension 20 mg/mL	T5	
mercaptopurine oral tablet 50 mg	T2	
ONUREG ORAL TABLET 200 MG, 300 MG	T5	PA; LA
TABLOID ORAL TABLET 40 MG	T4	
ANTINEOPLASTICS, OTHER		
hydroxyurea oral capsule 500 mg	T2	
IDHIFA ORAL TABLET 100 MG, 50 MG	T5	PA; LA; QL (30 EA per 30 days)
INQOVI ORAL TABLET 35-100 MG	T5	PA; LA
IWILFIN ORAL TABLET 192 MG	T5	PA; QL (240 EA per 30 days)
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	T2	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	T5	PA; LA
LUMAKRAS ORAL TABLET 240 MG	T5	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	T5	PA; LA; QL (120 EA per 30 days)
LYSODREN ORAL TABLET 500 MG	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	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	T5	PA; QL (3 EA per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	T5	PA; QL (30 EA per 30 days)
ORGOVYX ORAL TABLET 120 MG	T5	PA; LA
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	T5	PA
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	T4	B/D
VORANIGO ORAL TABLET 10 MG	T5	PA; QL (120 EA per 30 days)
VORANIGO ORAL TABLET 40 MG	T5	PA; QL (30 EA per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	T4	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
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 (10 MG X 4)	T5	PA
XPOVIO ORAL TABLET 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 80 MG/WEEK (80 MG X 1)	T5	PA; QL (8 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
AROMATASE INHIBITORS, 3RD GENERATION		
anastrozole oral tablet 1 mg	T1	
EXEMESTANE ORAL TABLET 25 MG	T4	
letrozole oral tablet 2.5 mg	T1	
ENZYME INHIBITORS		
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	T5	PA; LA; QL (21 EA per 28 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	T5	PA; QL (60 EA per 30 days)
TIBSOVO ORAL TABLET 250 MG	T5	PA; LA
MOLECULAR TARGET INHIBITORS		
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 160 MG	T5	PA
AUGTYRO ORAL CAPSULE 40 MG	T5	PA; QL (240 EA per 30 days)
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	T5	PA
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, 50 MG	T5	PA
BOSULIF ORAL TABLET 100 MG, 500 MG	T5	PA
bosutinib oral tablet 400 mg	T5	PA
BRAFTOVI ORAL CAPSULE 75 MG	T5	PA; LA
BRUKINSA ORAL TABLET 160 MG	T5	PA
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
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	T5	PA; LA

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
COTELLIC ORAL TABLET 20 MG	T5	PA; LA
DANZITEN ORAL TABLET 71 MG, 95 MG	T5	PA; QL (120 EA per 30 days)
dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg	T5	PA
DAURISMO ORAL TABLET 100 MG, 25 MG	T5	PA; LA
ENSACOVE ORAL CAPSULE 100 MG, 25 MG	T5	PA; QL (60 EA per 30 days)
ERIVEDGE ORAL CAPSULE 150 MG	T5	PA; LA
erlotinib oral tablet 100 mg, 150 mg	T5	PA; QL (30 EA per 30 days)
erlotinib oral tablet 25 mg	T5	PA; QL (90 EA per 30 days)
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	T4	B/D
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg	T5	B/D
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	T5	PA; LA; QL (21 EA per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	T5	PA
GAVRETO ORAL CAPSULE 100 MG	T5	PA; LA
gefitinib oral tablet 250 mg	T5	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	T5	PA; LA
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	T5	PA
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	T5	PA
HERNEXEOS ORAL TABLET 60 MG	T5	PA
HYRNUO ORAL TABLET 10 MG	T5	PA
IBRANCE ORAL CAPSULE 125 MG	T5	PA; LA; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	T5	PA; LA; QL (21 EA per 28 days)
IBTROZI ORAL CAPSULE 200 MG	T5	PA; QL (90 EA per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	T5	PA; LA; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	T5	PA; LA; QL (30 EA per 30 days)
imatinib oral tablet 100 mg	T5	PA; QL (90 EA per 30 days)
imatinib oral tablet 400 mg	T5	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	T5	PA; LA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	T5	PA; LA; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	T5	PA; LA; QL (216 ML per 27 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	T5	PA; LA; QL (30 EA per 30 days)
IMKELDI ORAL SOLUTION 80 MG/ML	T5	PA
INLYTA ORAL TABLET 1 MG	T5	PA; LA; QL (180 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
INLYTA ORAL TABLET 5 MG	T5	PA; LA; QL (120 EA per 30 days)
INREBIC ORAL CAPSULE 100 MG	T5	PA; LA
ITOVEBI ORAL TABLET 3 MG	T5	PA; QL (90 EA per 30 days)
ITOVEBI ORAL TABLET 9 MG	T5	PA; QL (30 EA per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	T5	PA; LA; QL (60 EA per 30 days)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	T5	PA; QL (30 EA per 30 days)
JAYPIRCA ORAL TABLET 100 MG	T5	PA; LA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 50 MG	T5	PA; LA; QL (30 EA per 30 days)
JIDEYTRO ORAL TABLET 100 MG	T5	PA; QL (30 EA per 30 days)
JIDEYTRO ORAL TABLET 25 MG	T5	PA; QL (90 EA per 30 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	T5	PA; QL (21 EA per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	T5	PA; QL (42 EA per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	T5	PA; QL (63 EA per 28 days)
KOMZIFTI ORAL CAPSULE 200 MG	T5	PA; QL (90 EA per 30 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	T5	PA
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG, 7.5 MG	T5	PA
KRAZATI ORAL TABLET 200 MG	T5	PA; LA
lapatinib oral tablet 250 mg	T5	PA
LAZCLUZE ORAL TABLET 240 MG	T5	PA; QL (30 EA per 30 days)
LAZCLUZE ORAL TABLET 80 MG	T5	PA; QL (120 EA per 30 days)
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)
LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 125 MG/DAY(100 MG X1-25MG X3), 125 MG/DAY(100 MG X1-25MG X9), 150 MG/DAY(100 MG X1-25MG X2), 150 MG/DAY(100 MG X1-25MG X3), 150 MG/DAY(100 MG X1-25MG X9)	T5	PA
LORBRENA ORAL TABLET 100 MG, 25 MG	T5	PA; LA
LUMAKRAS ORAL TABLET 120 MG	T5	PA; LA
LUMAKRAS ORAL TABLET 240 MG, 320 MG	T5	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	T5	PA; LA; QL (120 EA per 30 days)
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	T5	PA; LA
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	T5	PA
MEKINIST ORAL RECON SOLN 0.05 MG/ML	T5	PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	T5	PA; LA

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
MEKTOVI ORAL TABLET 15 MG	T5	PA; LA
MODEYSO ORAL CAPSULE 125 MG	T5	PA
NERLYNX ORAL TABLET 40 MG	T5	PA; LA
nilotinib d-tartrate oral capsule 150 mg, 200 mg, 50 mg	T5	PA
nilotinib HCl oral capsule 150 mg, 200 mg, 50 mg	T5	PA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	T5	PA; QL (3 EA per 28 days)
ODOMZO ORAL CAPSULE 200 MG	T5	PA; LA
OGSIVEO ORAL TABLET 100 MG, 150 MG	T5	PA; QL (60 EA per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	T5	PA
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	T5	PA
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	T5	PA; QL (30 EA per 30 days)
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
PHYRAGO ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	T5	PA
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
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	T5	PA
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	T5	PA
REZLIDHIA ORAL CAPSULE 150 MG	T5	PA; LA
REZUROCK ORAL TABLET 200 MG	T5	PA; LA
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	T5	PA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	T5	PA; LA
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	T5	PA
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 100 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)
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

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
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)
TEPMETKO ORAL TABLET 225 MG	T5	PA; LA
TIBSOVO ORAL TABLET 250 MG	T5	PA; LA
TRUQAP ORAL TABLET 160 MG, 200 MG	T5	PA
TUKYSA ORAL TABLET 150 MG, 50 MG	T5	PA; LA
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)
VIJOICE ORAL GRANULES IN PACKET 50 MG	T5	PA
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	T5	PA
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	T5	PA; LA
VITRAKVI ORAL SOLUTION 20 MG/ML	T5	PA; LA
VONJO ORAL CAPSULE 100 MG	T5	PA; LA; QL (120 EA per 30 days)
WELIREG ORAL TABLET 40 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
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 (10 MG X 4)	T5	PA
XPOVIO ORAL TABLET 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 80 MG/WEEK (80 MG X 1)	T5	PA; QL (8 EA per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	T5	PA; LA; QL (32 EA per 28 days)
YULITHIRA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	T4	PA; QL (30 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)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
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
RETINOIDS		
bexarotene oral capsule 75 mg	T5	PA
bexarotene topical gel 1 %	T5	PA; QL (60 GM per 30 days)
PANRETIN TOPICAL GEL 0.1 %	T5	PA; QL (60 GM per 30 days)
tretinoin (antineoplastic) oral capsule 10 mg	T5	
TREATMENT ADJUNCTS		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	T2	
mesna oral tablet 400 mg	T4	
ANTIPARASITICS		
ANTHELMINTICS		
ALBENDAZOLE ORAL TABLET 200 MG	T4	
EMVERM ORAL TABLET,CHEWABLE 100 MG	T5	
ivermectin oral tablet 3 mg	T2	PA
PRAZIQUANTEL ORAL TABLET 600 MG	T4	
ANTIPROTOZOALS		
ATOVAQUONE ORAL SUSPENSION 750 MG/5 ML	T4	
ATOVAQUONE-PROGUANIL ORAL TABLET 250-100 MG, 62.5-25 MG	T4	
chloroquine phosphate oral tablet 250 mg, 500 mg	T2	
COARTEM ORAL TABLET 20-120 MG	T4	
hydroxychloroquine oral tablet 200 mg	T2	
IMPAVIDO ORAL CAPSULE 50 MG	T4	
mefloquine oral tablet 250 mg	T2	
nitazoxanide oral tablet 500 mg	T5	QL (6 EA per 30 days)
PENTAMIDINE INHALATION RECON SOLN 300 MG	T4	B/D
PENTAMIDINE INJECTION RECON SOLN 300 MG	T4	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	T3	
PYRIMETHAMINE ORAL TABLET 25 MG	T4	
QUININE SULFATE ORAL CAPSULE 324 MG	T4	PA
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
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	
ANTIPARKINSON AGENTS, OTHER		
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	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
CARBIDOPA ORAL TABLET 25 MG	T4	
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	T4	
ENTACAPONE ORAL TABLET 200 MG	T4	
DOPAMINE AGONISTS		
BROMOCRIPTINE ORAL CAPSULE 5 MG	T4	
BROMOCRIPTINE ORAL TABLET 2.5 MG	T4	
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	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	T4	
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	T4	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
CARBIDOPA ORAL TABLET 25 MG	T4	
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	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	T2	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	T5	QL (300 EA per 30 days)
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
RASAGILINE ORAL TABLET 0.5 MG, 1 MG	T4	QL (30 EA per 30 days)
selegiline HCl oral capsule 5 mg	T2	
selegiline HCl oral tablet 5 mg	T2	
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
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	T4	
FLUPHENAZINE HCL INJECTION SOLUTION 2.5 MG/ML	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
FLUPHENAZINE HCL ORAL CONCENTRATE 5 MG/ML	T4	
FLUPHENAZINE HCL ORAL ELIXIR 2.5 MG/5 ML	T4	
FLUPHENAZINE HCL ORAL TABLET 1 MG, 10 MG, 2.5 MG, 5 MG	T4	
HALOPERIDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML	T4	
HALOPERIDOL LACTATE INJECTION SOLUTION 5 MG/ML	T4	
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	
loxapine 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	
2ND GENERATION/ATYPICAL		
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	T4	QL (60 EA per 30 days)
aripiprazole oral tablet,disintegrating 15 mg	T5	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	T5	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	T5	QL (3.9 ML per 56 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	T5	QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	T5	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	T5	QL (3.2 ML per 28 days)
ASENAPINE MALEATE SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	T4	QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	T5	PA; QL (30 EA per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	T5	PA
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	T5	PA
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	T5	QL (0.75 ML per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	T5	QL (1 ML per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	T5	QL (1.5 ML per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	T5	QL (2.25 ML per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	T4	QL (0.25 ML per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	T5	QL (0.5 ML per 28 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	T5	PA; QL (60 EA per 30 days)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	T4	PA
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	T4	PA
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	T4	PA
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	T5	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	T5	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	T5	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	T5	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	T5	QL (1.5 ML per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	T4	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	T5	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	T5	QL (0.88 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	T5	QL (1.32 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	T5	QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	T5	QL (2.63 ML per 90 days)
LURASIDONE ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	T4	QL (30 EA per 30 days)
LURASIDONE ORAL TABLET 80 MG	T4	QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	T5	QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	T5	PA; LA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	T5	PA; LA; QL (30 EA per 30 days)
OLANZAPINE INTRAMUSCULAR RECON SOLN 10 MG	T4	QL (3 EA per 1 day)
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	T4	QL (60 EA per 30 days)
OLANZAPINE ORAL TABLET,DISINTEGRATING 15 MG, 20 MG, 5 MG	T4	QL (30 EA per 30 days)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	T5	PA
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	T2	QL (30 EA per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	T2	QL (60 EA per 30 days)
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	T5	QL (1 EA per 30 days)
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)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	T5	PA; QL (60 EA per 30 days)
REXULTI ORAL TABLET 3 MG, 4 MG	T5	PA; QL (30 EA per 30 days)
RISPERIDONE MICROSPHERES INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	T4	QL (2 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 mL, 50 mg/2 mL	T5	QL (2 EA per 28 days)
RISPERIDONE ORAL SOLUTION 1 MG/ML	T4	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	T4	QL (90 EA per 30 days)
RISPERIDONE ORAL TABLET,DISINTEGRATING 1 MG, 2 MG, 3 MG	T4	QL (60 EA per 30 days)
RISPERIDONE ORAL TABLET,DISINTEGRATING 4 MG	T4	QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	T5	QL (30 EA per 30 days)
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	T5	PA
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG	T3	QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	T3	QL (30 EA per 30 days)
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.)	T4	QL (6 EA per 3 days)
TREATMENT-RESISTANT		
clozapine oral tablet 100 mg	T2	QL (270 EA per 30 days)
clozapine oral tablet 200 mg	T2	QL (120 EA per 30 days)
clozapine oral tablet 25 mg, 50 mg	T2	
clozapine oral tablet,disintegrating 100 mg	T2	PA; QL (270 EA per 30 days)
clozapine oral tablet,disintegrating 12.5 mg, 25 mg	T2	PA
clozapine oral tablet,disintegrating 150 mg	T2	PA; QL (180 EA per 30 days)
CLOZAPINE ORAL TABLET,DISINTEGRATING 200 MG	T4	PA; QL (120 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	T5	PA; QL (600 ML per 30 days)
ANTISPASTICITY AGENTS		
ANTISPASTICITY AGENTS		
baclofen oral tablet 10 mg, 20 mg, 5 mg	T2	
DANTROLENE ORAL CAPSULE 100 MG, 25 MG, 50 MG	T4	
tizanidine oral tablet 2 mg, 4 mg	T2	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
LIVTENCITY ORAL TABLET 200 MG	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG	T5	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG	T5	PA; QL (28 EA per 28 days)
valganciclovir oral recon soln 50 mg/mL	T5	
valganciclovir oral tablet 450 mg	T2	
ANTI-HEPATITIS B (HBV) AGENTS		
ADEFOVIR ORAL TABLET 10 MG	T4	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	T5	
ENTECAVIR ORAL TABLET 0.5 MG, 1 MG	T4	
HEPCLUDEX SUBCUTANEOUS RECON SOLN 8.5 MG	T5	PA; QL (28 EA per 28 days)
lamivudine oral solution 10 mg/mL	T2	
lamivudine oral tablet 100 mg, 150 mg, 300 mg	T2	
tenofovir disoproxil fumarate oral tablet 300 mg	T2	
VEMLIDY ORAL TABLET 25 MG	T5	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	T5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T5	
ANTI-HEPATITIS C (HCV) AGENTS		
ledipasvir-sofosbuvir oral tablet 90-400 mg	T5	PA
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	T5	PA
MAVYRET ORAL TABLET 100-40 MG	T5	PA
ribavirin oral capsule 200 mg	T2	
ribavirin oral tablet 200 mg	T2	
sofosbuvir-velpatasvir oral tablet 400-100 mg	T5	PA
VOSEVI ORAL TABLET 400-100-100 MG	T5	PA
ANTIHERPETIC AGENTS		
acyclovir oral capsule 200 mg	T1	
acyclovir oral suspension 200 mg/5 mL	T2	
acyclovir oral tablet 400 mg, 800 mg	T1	
ACYCLOVIR SODIUM INTRAVENOUS SOLUTION 50 MG/ML	T4	B/D
famciclovir oral tablet 125 mg, 250 mg, 500 mg	T2	
trifluridine ophthalmic (eye) drops 1 %	T2	
valacyclovir oral tablet 1 gram, 500 mg	T2	
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	T5	
DOVATO ORAL TABLET 50-300 MG	T5	
GENVOYA ORAL TABLET 150-150-200-10 MG	T5	
ISENTRESS HD ORAL TABLET 600 MG	T5	
ISENTRESS ORAL POWDER IN PACKET 100 MG	T5	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
ISENTRESS ORAL TABLET 400 MG	T5	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	T5	
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	T4	
JULUCA ORAL TABLET 50-25 MG	T5	
STRIBILD ORAL TABLET 150-150-200-300 MG	T5	
SYMTUZA ORAL TABLET 800-150-200-10 MG	T5	
TIVICAY ORAL TABLET 50 MG	T5	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	T5	
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
DELSTRIGO ORAL TABLET 100-300-300 MG	T5	
EDURANT ORAL TABLET 25 MG	T5	
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	T5	
efavirenz oral tablet 600 mg	T2	
EFAVIRENZ-EMTRICITABIN-TENOFOV ORAL TABLET 600-200-300 MG	T4	
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	T5	
emtricita-rilpivirine-tenof DF oral tablet 200-25-300 mg	T5	
etravirine oral tablet 100 mg, 200 mg	T5	
IDVYNSO ORAL TABLET 100-0.25 MG	T5	
INTELENCE ORAL TABLET 25 MG	T4	
NEVIRAPINE ORAL SUSPENSION 50 MG/5 ML	T4	
nevirapine oral tablet 200 mg	T2	
NEVIRAPINE ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	T4	
PIFELTRO ORAL TABLET 100 MG	T5	
rilpivirine HCl oral tablet 25 mg	T5	
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
abacavir oral solution 20 mg/mL	T2	
abacavir oral tablet 300 mg	T2	
abacavir-lamivudine oral tablet 600-300 mg	T2	
CIMDUO ORAL TABLET 300-300 MG	T5	
DELSTRIGO ORAL TABLET 100-300-300 MG	T5	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	T5	QL (30 EA per 30 days)
EFAVIRENZ-EMTRICITABIN-TENOFOV ORAL TABLET 600-200-300 MG	T4	
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	T5	
emtricitabine oral capsule 200 mg	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
EMTRICITABINE-TENOFOVIR (TDF) ORAL TABLET 100-150 MG, 167-250 MG, 200-300 MG	T4	QL (30 EA per 30 days)
emtricitabine-tenofovir (TDF) oral tablet 133-200 mg	T5	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	T4	
JULUCA ORAL TABLET 50-25 MG	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	
ODEFSEY ORAL TABLET 200-25-25 MG	T5	
tenofovir disoproxil fumarate oral tablet 300 mg	T2	
TRIUMEQ ORAL TABLET 600-50-300 MG	T5	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	T4	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	T5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T5	
zidovudine oral capsule 100 mg	T2	
zidovudine oral syrup 10 mg/mL	T2	
zidovudine oral tablet 300 mg	T2	
ANTI-HIV AGENTS, OTHER		
maraviroc oral tablet 150 mg, 300 mg	T5	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	T5	
SELZENTRY ORAL SOLUTION 20 MG/ML	T5	
SUNLENCA ORAL TABLET 300 MG (4-TABLET PACK)	T5	
SUNLENCA ORAL TABLET 300 MG, 300 MG (5-TABLET PACK)	T5	LA
TRIUMEQ ORAL TABLET 600-50-300 MG	T5	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	T4	
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS ORAL CAPSULE 250 MG	T5	
ATAZANAVIR ORAL CAPSULE 150 MG, 200 MG, 300 MG	T4	
DARUNAVIR ORAL TABLET 600 MG	T4	QL (60 EA per 30 days)
darunavir oral tablet 800 mg	T5	QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	T5	
fosamprenavir oral tablet 700 mg	T5	
KALETRA ORAL SOLUTION 400-100 MG/5 ML	T4	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	T2	
NORVIR ORAL POWDER IN PACKET 100 MG	T4	
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG	T5	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
PREZISTA ORAL SUSPENSION 100 MG/ML	T5	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	T5	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	T4	QL (480 EA per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	T5	
ritonavir oral tablet 100 mg	T2	
SYMTUZA ORAL TABLET 800-150-200-10 MG	T5	
VIRACEPT ORAL TABLET 250 MG, 625 MG	T5	
ANTI-INFLUENZA AGENTS		
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	
oseltamivir oral capsule 30 mg	T2	QL (168 EA per 365 days)
oseltamivir oral capsule 45 mg, 75 mg	T2	QL (84 EA per 365 days)
oseltamivir oral suspension for reconstitution 6 mg/mL	T2	QL (1080 ML per 365 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	T3	QL (120 EA per 365 days)
rimantadine oral tablet 100 mg	T2	
ANTIVIRAL, CORONAVIRUS AGENTS		
Paxlovid oral tablets,dose pack 150 mg (10)- 100 mg (10), 150 mg (6)- 100 mg (5), 300 mg (150 mg x 2)- 100 mg	T1	
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
buspirone oral tablet 10 mg, 15 mg, 5 mg	T1	
buspirone oral tablet 30 mg, 7.5 mg	T2	
DOXEPIN ORAL CAPSULE 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	T3	
DOXEPIN ORAL CAPSULE 150 MG	T4	
DOXEPIN ORAL CONCENTRATE 10 MG/ML	T3	
doxepin oral tablet 3 mg, 6 mg	T2	QL (30 EA per 30 days)
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	
BENZODIAZEPINES		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	T2	QL (150 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)
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
Diazepam Intensol oral concentrate 5 mg/mL	T2	QL (240 ML per 30 days)
diazepam oral solution 5 mg/5 mL (1 mg/mL)	T2	QL (1200 ML per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	T2	QL (120 EA per 30 days)
DIAZEPAM RECTAL KIT 12.5-15-17.5-20 MG, 2.5 MG, 5-7.5-10 MG	T4	
Lorazepam Intensol oral concentrate 2 mg/mL	T2	QL (150 ML per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	T2	QL (150 EA per 30 days)
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	T4	
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)	T5	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS)		
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG	T4	PA; QL (180 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 30 MG	T4	PA; QL (120 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	T4	PA; QL (90 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 60 MG	T4	PA; QL (60 EA per 30 days)
duloxetine oral capsule,delayed release(DR/EC) 20 mg, 30 mg, 40 mg, 60 mg	T2	QL (60 EA per 30 days)
escitalopram oxalate oral solution 5 mg/5 mL	T2	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	T1	
PAROXETINE HCL ORAL SUSPENSION 10 MG/5 ML	T4	PA; QL (900 ML per 30 days)
paroxetine HCl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	T2	
PAROXETINE HCL ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	T4	QL (60 EA per 30 days)
SERTRALINE ORAL CONCENTRATE 20 MG/ML	T4	
sertraline oral tablet 100 mg, 25 mg, 50 mg	T1	
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	T1	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	T2	
BIPOLAR AGENTS		
BIPOLAR AGENTS, OTHER		
ASENAPINE MALEATE SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	T4	QL (60 EA per 30 days)
lamotrigine oral tablet 25 mg	T1	
LURASIDONE ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	T4	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
LURASIDONE ORAL TABLET 80 MG	T4	QL (60 EA per 30 days)
OLANZAPINE INTRAMUSCULAR RECON SOLN 10 MG	T4	QL (3 EA per 1 day)
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	T4	QL (60 EA per 30 days)
OLANZAPINE ORAL TABLET,DISINTEGRATING 15 MG, 20 MG, 5 MG	T4	QL (30 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)
RISPERIDONE MICROSPHERES INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	T4	QL (2 EA per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 mL, 50 mg/2 mL	T5	QL (2 EA per 28 days)
RISPERIDONE ORAL SOLUTION 1 MG/ML	T4	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	T4	QL (90 EA per 30 days)
RISPERIDONE ORAL TABLET,DISINTEGRATING 1 MG, 2 MG, 3 MG	T4	QL (60 EA per 30 days)
RISPERIDONE ORAL TABLET,DISINTEGRATING 4 MG	T4	QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	T5	QL (30 EA per 30 days)
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.)	T4	QL (6 EA per 3 days)
MOOD STABILIZERS		
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	
CARBAMAZEPINE ORAL TABLET,CHEWABLE 200 MG	T4	
divalproex oral capsule, delayed rel sprinkle 125 mg	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

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	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	T1	
LAMOTRIGINE ORAL TABLET EXTENDED RELEASE 24HR 50 MG	T4	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	T2	
LAMOTRIGINE ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG	T4	
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	
SUBVENITE ORAL SUSPENSION 10 MG/ML	T4	
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	T4	
valproic acid (as sodium salt) oral solution 250 mg/5 mL	T2	
valproic acid oral capsule 250 mg	T2	
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
acarbose oral tablet 100 mg, 25 mg, 50 mg	T2	
COLESEVELAM ORAL POWDER IN PACKET 3.75 GRAM	T4	
COLESEVELAM ORAL TABLET 625 MG	T4	
DAPAGLIFLOZIN ORAL TABLET 10 MG, 5 MG	T3	QL (30 EA per 30 days)
dapagliflozin-metformin oral tablet, IR - ER, biphasic 24hr 10-1,000 mg, 5-1,000 mg, 5-500 mg	T3	QL (60 EA per 30 days)
dapagliflozin-metformin oral tablet, IR - ER, biphasic 24hr 10-500 mg	T3	QL (30 EA per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	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)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

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)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	T3	QL (30 EA per 30 days)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	T3	
JARDIANCE ORAL TABLET 10 MG	T3	QL (60 EA per 30 days)
JARDIANCE ORAL TABLET 25 MG	T3	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG	T3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	T3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	T3	QL (30 EA per 30 days)
LIRAGLUTIDE SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	T3	PA; QL (9 ML per 28 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)
nateglinide oral tablet 120 mg, 60 mg	T1	QL (90 EA per 30 days)
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG	T3	PA; QL (30 EA per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	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)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	T3	PA; QL (28 EA per 28 days)
sitagliptin phos-metformin oral tablet 50-1,000 mg, 50-500 mg	T3	QL (60 EA per 30 days)
sitagliptin phos-metformin oral tablet, ER multiphase 24 hr 100-1,000 mg, 50-1,000 mg, 50-500 mg	T3	
sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg	T3	QL (30 EA per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	T3	QL (15 ML per 25 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG	T3	QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	T3	QL (120 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	T3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	T3	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
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)
WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG	T3	PA; QL (30 EA per 30 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 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)
ZEPBOUND KWIKPEN SUBCUTANEOUS PEN INJECTOR 10 MG/0.6 ML (40 MG/2.4 ML), 12.5 MG/0.6 ML (50 MG/2.4 ML), 15 MG/0.6 ML (60 MG/2.4 ML), 2.5 MG/0.6 ML (10 MG/2.4 ML), 5 MG/0.6 ML (20 MG/2.4 ML), 7.5 MG/0.6 ML (30 MG/2.4 ML)	T4	PA
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	T4	PA
BLOOD GLUCOSE REGULATORS		
ALCOHOL PADS TOPICAL PADS, MEDICATED	T3	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	T3	
MIFEPRISTONE ORAL TABLET 300 MG	T4	
GLYCEMIC AGENTS		
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	
MIFEPRISTONE ORAL TABLET 300 MG	T4	
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 25 MG, 75 MG	T5	PA
INSULINS		
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	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	T3	
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) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	T5	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	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	
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 INSULN 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	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	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	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

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	
BLOOD PRODUCTS AND MODIFIERS		
ANTICOAGULANTS		
dabigatran etexilate oral capsule 110 mg, 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)
ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG, 1.5 MG (0.5 MG X 3)	T3	QL (120 EA per 30 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 2 MG (0.5 MG X 4)	T3	QL (240 EA per 30 days)
ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG	T3	QL (120 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	T4	
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	
RIVAROXABAN ORAL TABLET 2.5 MG	T3	QL (60 EA per 30 days)
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	T1	
BLOOD PRODUCTS AND MODIFIERS		
PROMACTA ORAL POWDER IN PACKET 12.5 MG	T5	PA; QL (360 EA per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	T5	PA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	T5	PA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	T5	PA; QL (60 EA per 30 days)
BLOOD PRODUCTS AND MODIFIERS, OTHER		
anagrelide oral capsule 0.5 mg, 1 mg	T2	
ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML	T5	PA
AQVESME ORAL TABLET 100 MG	T5	PA; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
eltrombopag olamine oral powder in packet 12.5 mg	T5	PA; QL (360 EA per 30 days)
eltrombopag olamine oral powder in packet 25 mg	T5	PA; QL (180 EA per 30 days)
eltrombopag olamine oral tablet 12.5 mg, 25 mg	T5	PA; QL (30 EA per 30 days)
eltrombopag olamine oral tablet 50 mg, 75 mg	T5	PA; QL (60 EA per 30 days)
FABHALTA ORAL CAPSULE 200 MG	T5	PA; QL (60 EA per 30 days)
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	T5	
LEUKINE INJECTION RECON SOLN 250 MCG	T5	PA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	T3	
RETACRIT INJECTION SOLUTION 20,000 UNIT/ML	T4	
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	T5	
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	T5	PA
HEMOSTASIS AGENTS		
tranexamic acid oral tablet 650 mg	T2	
PLATELET MODIFYING AGENTS		
ASPIRIN-DIPYRIDAMOLE ORAL CAPSULE, ER MULTIPHASE 12 HR 25-200 MG	T4	
cilostazol oral tablet 100 mg, 50 mg	T1	
clopidogrel oral tablet 300 mg	T2	QL (2 EA per 28 days)
clopidogrel oral tablet 75 mg	T1	
DIPYRIDAMOLE ORAL TABLET 25 MG, 50 MG, 75 MG	T3	
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	T5	PA; LA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	T5	PA; LA
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	T5	PA; LA
DOPTELET SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG	T5	PA
prasugrel HCl oral tablet 10 mg, 5 mg	T2	
ticagrelor oral tablet 60 mg, 90 mg	T2	
WAYRILZ ORAL TABLET 400 MG	T5	PA
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
clonidine HCl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	T1	
CLONIDINE TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR, 0.2 MG/24 HR, 0.3 MG/24 HR	T4	
DROXIDOPA ORAL CAPSULE 100 MG	T4	PA; QL (90 EA per 30 days)
droxidopa oral capsule 200 mg, 300 mg	T5	PA; QL (180 EA per 30 days)
GUANFACINE ORAL TABLET 1 MG, 2 MG	T3	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	T2	
VANRAFIA ORAL TABLET 0.75 MG	T4	PA; QL (28 EA per 28 days)
ALPHA-ADRENERGIC BLOCKING AGENTS		
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	T1	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
prazosin oral capsule 1 mg, 2 mg, 5 mg	T2	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	T1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
azilsartan medoxomil oral tablet 40 mg, 80 mg	T4	
candesartan oral tablet 16 mg, 4 mg, 8 mg	T1	QL (60 EA per 30 days)
candesartan oral tablet 32 mg	T1	QL (30 EA per 30 days)
FILSPARI ORAL TABLET 200 MG, 400 MG	T5	PA
irbesartan oral tablet 150 mg, 300 mg, 75 mg	T1	QL (30 EA per 30 days)
losartan oral tablet 100 mg, 25 mg, 50 mg	T1	
olmesartan oral tablet 20 mg, 40 mg	T1	QL (30 EA per 30 days)
olmesartan oral tablet 5 mg	T1	QL (60 EA per 30 days)
telmisartan oral tablet 20 mg, 40 mg, 80 mg	T1	QL (30 EA per 30 days)
valsartan oral tablet 160 mg, 40 mg, 80 mg	T1	QL (60 EA per 30 days)
valsartan oral tablet 320 mg	T1	QL (30 EA per 30 days)
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	T1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	T1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	T1	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	T1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	T1	
moexipril oral tablet 15 mg, 7.5 mg	T1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	T1	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	T1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	T1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	T1	
ANTIARRHYTHMICS		
acebutolol oral capsule 200 mg, 400 mg	T2	
amiodarone oral tablet 100 mg, 400 mg	T2	
amiodarone oral tablet 200 mg	T1	
Cartia XT oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	T2	
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)
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	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
diltiazem HCl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	T2	
DILT-XR oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	T2	
DISOPYRAMIDE PHOSPHATE ORAL CAPSULE 100 MG, 150 MG	T4	
DOFETILIDE ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	T4	
flecainide oral tablet 100 mg, 150 mg, 50 mg	T2	
Matzim LA oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	T2	
MULTAQ ORAL TABLET 400 MG	T4	
Pacerone oral tablet 100 mg	T2	
Pacerone oral tablet 200 mg	T1	
PROPAFENONE ORAL CAPSULE,EXTENDED RELEASE 12 HR 225 MG, 325 MG, 425 MG	T4	
propafenone oral tablet 150 mg, 225 mg, 300 mg	T2	
propranolol oral capsule,extended release 24 hr 120 mg	T2	
quinidine sulfate oral tablet 200 mg, 300 mg	T4	
Sotalol AF oral tablet 120 mg, 160 mg, 80 mg	T2	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	T1	
Tiadylt ER oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	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	
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol oral capsule 200 mg, 400 mg	T2	
atenolol oral tablet 100 mg, 25 mg, 50 mg	T1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	T1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	T1	
labetalol oral tablet 100 mg, 200 mg, 300 mg	T2	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	T1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	T1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	T2	
nebivolol oral tablet 10 mg, 2.5 mg, 5 mg	T2	QL (30 EA per 30 days)
nebivolol oral tablet 20 mg	T2	QL (60 EA per 30 days)
pindolol oral tablet 10 mg, 5 mg	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	T2	
propranolol oral solution 20 mg/5 mL (4 mg/mL), 40 mg/5 mL (8 mg/mL)	T2	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	T2	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	T2	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
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	T4	
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	T4	
NIMODIPINE ORAL SOLUTION 60 MG/20 ML	T4	
NISOLDIPINE ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	T4	
NYMALIZE ORAL SYRINGE 60 MG/10 ML	T5	
QIVIGY INTRAVENOUS SOLUTION 10 %	T5	PA
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
Cartia XT oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	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 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	T2	
DILT-XR oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	T2	
Matzim LA oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	T2	
Tiadylt ER oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	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	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
verapamil oral tablet 120 mg, 40 mg, 80 mg	T1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	T1	
CARDIOVASCULAR AGENTS, OTHER		
acetazolamide oral tablet 125 mg, 250 mg	T2	
ALISKIREN ORAL TABLET 150 MG, 300 MG	T4	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	T1	
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)
ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML	T5	PA
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 fumarate oral tablet 2.5 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)
CORLANOR ORAL SOLUTION 5 MG/5 ML	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)
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	T4	QL (30 EA per 30 days)
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	T1	
FILSPARI ORAL TABLET 200 MG, 400 MG	T5	PA
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 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)
IVABRADINE ORAL TABLET 5 MG, 7.5 MG	T3	
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	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	T2	
metyrosine oral capsule 250 mg	T5	PA
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	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	
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	T2	
REDEMPLO SUBCUTANEOUS SYRINGE 25 MG/0.5 ML	T5	PA; QL (0.5 ML per 84 days)
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	T2	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	T2	
telmisartan-amlodipine 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	
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 50 MG/0.8 ML, 80 MG/0.8 ML	T5	PA; QL (0.8 ML per 28 days)
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)
VANRAFIA ORAL TABLET 0.75 MG	T5	PA; QL (28 EA per 28 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	T3	
WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG	T3	PA; QL (30 EA per 30 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	T3	PA
ZEPBOUND KWIKPEN SUBCUTANEOUS PEN INJECTOR 10 MG/0.6 ML (40 MG/2.4 ML), 12.5 MG/0.6 ML (50 MG/2.4 ML), 15 MG/0.6 ML (60 MG/2.4 ML), 2.5 MG/0.6 ML (10 MG/2.4 ML), 5 MG/0.6 ML (20 MG/2.4 ML), 7.5 MG/0.6 ML (30 MG/2.4 ML)	T4	PA
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	T4	PA
DIURETICS, LOOP		
BUMETANIDE INJECTION SOLUTION 0.25 MG/ML	T4	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
FUROSEMIDE INJECTION SOLUTION 10 MG/ML	T4	
furosemide oral solution 10 mg/mL, 40 mg/5 mL (8 mg/mL)	T1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	T1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	T1	
DIURETICS, POTASSIUM-SPARING		
amiloride oral tablet 5 mg	T1	
eplerenone oral tablet 25 mg, 50 mg	T2	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	T3	QL (30 EA per 30 days)
spironolactone oral tablet 100 mg, 25 mg, 50 mg	T1	
DIURETICS, THIAZIDE		
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	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
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(DR/EC) 135 MG, 45 MG	T4	
gemfibrozil oral tablet 600 mg	T1	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	T1	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)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	T1	QL (60 EA per 30 days)
PITAVASTATIN CALCIUM ORAL TABLET 1 MG, 2 MG, 4 MG	T4	
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)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	T4	QL (30 EA per 30 days)
DYSLIPIDEMICS, OTHER		
cholestyramine (with sugar) oral powder in packet 4 gram	T2	
Cholestyramine Light oral powder in packet 4 gram	T2	
COLESEVELAM ORAL POWDER IN PACKET 3.75 GRAM	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
COLESEVELAM ORAL TABLET 625 MG	T4	
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	T4	
NEXLETOL ORAL TABLET 180 MG	T4	
NIACIN ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG, 500 MG, 750 MG	T4	QL (60 EA per 30 days)
OMEGA-3 ACID ETHYL ESTERS ORAL CAPSULE 1 GRAM	T4	
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	T3	PA
Prevalite oral powder in packet 4 gram	T2	
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
eplerenone oral tablet 25 mg, 50 mg	T2	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	T3	QL (30 EA per 30 days)
spironolactone oral tablet 100 mg, 25 mg, 50 mg	T1	
VASODILATORS, DIRECT-ACTING ARTERIAL		
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	T2	
minoxidil oral tablet 10 mg, 2.5 mg	T2	
VASODILATORS, DIRECT-ACTING ARTERIAL/ VENOUS		
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	
NITRO-BID TRANSDERMAL OINTMENT 2 %	T3	
NITROGLYCERIN RECTAL OINTMENT 0.4 % (W/W)	T4	
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	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	T3	
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
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)
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
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)
atomoxetine oral solution 4 mg/mL	T2	QL (700 ML per 28 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)
CENTRAL NERVOUS SYSTEM AGENTS		
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 80 MG	T5	PA; QL (30 EA per 30 days)
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO ORAL TABLET 12 MG, 9 MG	T5	PA; LA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	T5	PA; LA; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	T5	PA; QL (120 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	T5	PA; QL (30 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	T5	PA; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	T5	PA; QL (240 EA per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	T5	PA; QL (42 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
carbamazepine oral tablet extended release 12 hr 100 mg	T2	
dextromethorphan-quinidine oral capsule 20-10 mg	T5	PA; QL (60 EA per 30 days)
FORZINITY SUBCUTANEOUS SOLUTION 80 MG/ML	T5	PA
gabapentin oral capsule 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 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 450 MG, 750 MG	T3	QL (60 EA per 30 days)
GABAPENTIN ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	T3	QL (90 EA per 30 days)
GABAPENTIN ORAL TABLET EXTENDED RELEASE 24 HR 900 MG	T3	QL (120 EA per 30 days)
INGREZZA INITIATION PK(TARDIV) 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)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	T5	PA; QL (30 EA per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	T3	PA; QL (16 EA per 30 days)
riluzole oral tablet 50 mg	T2	
SKYCLARYS ORAL CAPSULE 50 MG	T5	PA
TETRABENAZINE ORAL TABLET 12.5 MG	T4	PA; QL (90 EA per 30 days)
tetrabenazine oral tablet 25 mg	T5	PA; QL (120 EA per 30 days)
VEOZAH ORAL TABLET 45 MG	T4	PA
ZILBRYSQ SUBCUTANEOUS SYRINGE 23 MG/0.574 ML, 32.4 MG/0.81 ML	T5	PA
FIBROMYALGIA AGENTS		
duloxetine oral capsule,delayed release(DR/EC) 20 mg, 30 mg, 40 mg, 60 mg	T2	QL (60 EA per 30 days)
milnacipran oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	T4	PA; 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

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
MULTIPLE SCLEROSIS AGENTS		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	T5	PA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	T5	PA
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG	T5	PA; LA; QL (120 EA per 30 days)
DALFAMPRIDINE ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	T3	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)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	T5	PA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	T5	PA
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	T5	PA
DENTAL AND ORAL AGENTS		
DENTAL AND ORAL AGENTS		
CEVIMELINE ORAL CAPSULE 30 MG	T4	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	T1	
doxycycline hyclate oral tablet 20 mg	T2	
Periogard mucous membrane mouthwash 0.12 %	T1	
PILOCARPINE HCL ORAL TABLET 5 MG, 7.5 MG	T4	
triamcinolone acetonide dental paste 0.1 %	T2	
DERMATOLOGICAL AGENTS		
ACNE AND ROSACEA AGENTS		
ACITRETIN ORAL CAPSULE 10 MG, 17.5 MG, 25 MG	T4	PA
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	T4	PA
AZELAIC ACID TOPICAL GEL 15 %	T4	QL (50 GM per 30 days)
ERYTHROMYCIN-BENZOYL PEROXIDE TOPICAL GEL 3-5 %	T4	QL (46.6 GM per 30 days)
FINACEA TOPICAL FOAM 15 %	T4	QL (50 GM per 30 days)
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	T2	PA
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
sulfacetamide sodium (acne) topical suspension 10 %	T2	QL (118 ML per 30 days)
TAZAROTENE TOPICAL CREAM 0.05 %, 0.1 %	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)
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	T4	PA
DERMATITIS AND PRURITUS AGENTS		
Ala-Cort topical cream 1 %	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)
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 %	T5	PA; QL (120 GM per 30 days)
EUCRISA TOPICAL OINTMENT 2 %	T4	
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
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 butyrate topical cream 0.1 %	T2	
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	
hydrocortisone topical solution 2.5 %	T2	
hydrocortisone valerate topical cream 0.2 %	T2	
hydrocortisone valerate topical ointment 0.2 %	T2	
mometasone topical cream 0.1 %	T2	
mometasone topical ointment 0.1 %	T2	
mometasone topical solution 0.1 %	T2	
PIMECROLIMUS TOPICAL CREAM 1 %	T4	
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 %	T4	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	
DERMATOLOGICAL AGENTS, OTHER		
ALCOHOL PADS TOPICAL PADS, MEDICATED	T3	
calcipotriene scalp solution 0.005 %	T2	PA; QL (120 ML per 30 days)
CALCIPOTRIENE TOPICAL OINTMENT 0.005 %	T4	PA; QL (120 GM per 30 days)
clotrimazole-betamethasone topical cream 1-0.05 %	T2	QL (45 GM per 30 days)
diclofenac sodium topical gel 3 %	T2	
ENSTILAR TOPICAL FOAM 0.005-0.064 %	T5	PA; QL (120 GM per 30 days)
fluorouracil topical cream 0.5 %	T2	
fluorouracil topical cream 5 %	T2	QL (40 GM per 30 days)
fluorouracil topical solution 2 %, 5 %	T2	QL (10 ML per 30 days)
imiquimod topical cream in packet 5 %	T2	QL (24 EA per 30 days)
OTEZLA ORAL TABLET 20 MG, 30 MG	T5	PA; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51)	T5	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	T5	PA; QL (110 EA per 365 days)
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG	T5	PA
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	T5	PA; QL (30 EA per 30 days)
PANRETIN TOPICAL GEL 0.1 %	T5	PA; QL (60 GM per 30 days)
PODOFILOX TOPICAL GEL 0.5 %	T4	
podofilox topical solution 0.5 %	T2	QL (7 ML per 28 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	T4	QL (180 GM per 30 days)
silver sulfadiazine topical cream 1 %	T2	
SSD topical cream 1 %	T2	
PEDICULICIDES/SCABICIDES		
MALATHION TOPICAL LOTION 0.5 %	T4	QL (59 ML per 30 days)
permethrin topical cream 5 %	T2	QL (60 GM per 30 days)
TOPICAL ANTI-INFECTIVES		
ciclopirox topical cream 0.77 %	T2	QL (90 GM per 30 days)
ciclopirox topical suspension 0.77 %	T2	QL (60 ML per 30 days)
clindamycin phosphate topical gel 1 %	T2	QL (75 GM per 30 days)
clindamycin phosphate topical gel, once daily 1 %	T2	QL (75 ML per 30 days)
clindamycin phosphate topical lotion 1 %	T2	QL (60 ML per 30 days)
clindamycin phosphate topical solution 1 %	T2	QL (60 ML per 30 days)
ERY PADS TOPICAL SWAB 2 %	T4	QL (60 EA per 30 days)
erythromycin with ethanol topical solution 2 %	T2	QL (60 ML per 30 days)
mupirocin topical ointment 2 %	T1	QL (220 GM per 30 days)
SULFAMYLON TOPICAL CREAM 85 MG/G	T4	QL (453.6 GM per 30 days)
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/ MINERAL REPLACEMENT		
carglumic acid oral tablet, dispersible 200 mg	T5	PA; LA
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	T4	B/D
D10 %-0.45 % SODIUM CHLORIDE INTRAVENOUS PARENTERAL SOLUTION	T4	
D2.5 %-0.45 % SODIUM CHLORIDE INTRAVENOUS PARENTERAL SOLUTION	T4	
D5 % AND 0.9 % SODIUM CHLORIDE INTRAVENOUS PARENTERAL SOLUTION	T4	
D5 %-0.45 % SODIUM CHLORIDE INTRAVENOUS PARENTERAL SOLUTION	T4	
DEXTROSE 10 % AND 0.2 % NACL INTRAVENOUS PARENTERAL SOLUTION	T4	
DEXTROSE 10 % IN WATER (D10W) INTRAVENOUS PARENTERAL SOLUTION 10 %	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS PARENTERAL SOLUTION	T4	
DEXTROSE 5%-0.2 % SOD CHLORIDE INTRAVENOUS PARENTERAL SOLUTION	T4	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	T4	B/D
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	T4	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	T4	
Klor-Con 10 oral tablet extended release 10 mEq	T2	
Klor-Con 8 oral tablet extended release 8 mEq	T2	
Klor-Con M10 oral tablet,ER particles/crystals 10 mEq	T2	
Klor-Con M15 oral tablet,ER particles/crystals 15 mEq	T2	
Klor-Con M20 oral tablet,ER particles/crystals 20 mEq	T2	
LEVOCARNITINE ORAL TABLET 330 MG	T3	B/D
MAGNESIUM SULFATE INJECTION SOLUTION 500 MG/ML (50 %)	T3	
MAGNESIUM SULFATE INJECTION SYRINGE 500 MG/ML (50 %)	T3	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	T4	
POTASSIUM CHLORID-D5-0.45%NACL INTRAVENOUS PARENTERAL SOLUTION 10 MEQ/L, 20 MEQ/L, 40 MEQ/L	T4	
POTASSIUM CHLORIDE IN 0.9%NACL INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L, 40 MEQ/L	T4	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 2 MEQ/ML, 2 MEQ/ML (20 ML)	T4	
potassium chloride oral capsule, extended release 10 mEq, 8 mEq	T2	
POTASSIUM CHLORIDE ORAL LIQUID 20 MEQ/15 ML, 40 MEQ/15 ML	T4	
POTASSIUM CHLORIDE ORAL PACKET 20 MEQ	T4	
potassium chloride oral tablet extended release 10 mEq, 15 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	T4	
potassium citrate oral tablet extended release 10 mEq (1,080 mg), 15 mEq, 5 mEq (540 mg)	T2	
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	T5	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	T4	B/D
SODIUM CHLORIDE 0.45 % INTRAVENOUS PARENTERAL SOLUTION 0.45 %	T4	
SODIUM CHLORIDE 3 % HYPERTONIC INTRAVENOUS PARENTERAL SOLUTION 3 %	T4	
SODIUM CHLORIDE 5 % HYPERTONIC INTRAVENOUS PARENTERAL SOLUTION 5 %	T4	
SODIUM CHLORIDE IRRIGATION SOLUTION 0.9 %	T4	
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	T4	B/D
ELECTROLYTE/MINERAL/METAL MODIFIERS		
CHEMET ORAL CAPSULE 100 MG	T4	
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	T5	PA
DEFERASIROX ORAL TABLET 180 MG, 360 MG, 90 MG	T3	PA
DEFERASIROX ORAL TABLET, DISPERSIBLE 125 MG	T4	PA
deferasirox oral tablet, dispersible 250 mg, 500 mg	T5	PA
KLOR-CON ORAL PACKET 20 MEQ	T3	
penicillamine oral tablet 250 mg	T5	
potassium chloride oral tablet,ER particles/crystals 15 mEq	T2	
tolvaptan (polycys kidney dis) oral tablet 15 mg, 30 mg	T5	PA
tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (AM)/ 15 mg (PM), 30 mg (AM)/ 15 mg (PM), 45 mg (AM)/ 15 mg (PM), 60 mg (AM)/ 30 mg (PM), 90 mg (AM)/ 30 mg (PM)	T5	PA
tolvaptan oral tablet 15 mg, 30 mg	T5	PA
trientine oral capsule 250 mg	T5	PA
ELECTROLYTES/MINERALS/METALS/VITAMINS		
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	T4	B/D
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	T4	B/D
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	T4	B/D
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	T4	B/D
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	T4	B/D
D10 %-0.45 % SODIUM CHLORIDE INTRAVENOUS PARENTERAL SOLUTION	T4	
D2.5 %-0.45 % SODIUM CHLORIDE INTRAVENOUS PARENTERAL SOLUTION	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
D5 % AND 0.9 % SODIUM CHLORIDE INTRAVENOUS PARENTERAL SOLUTION	T4	
D5 %-0.45 % SODIUM CHLORIDE INTRAVENOUS PARENTERAL SOLUTION	T4	
DEXTROSE 10 % AND 0.2 % NACL INTRAVENOUS PARENTERAL SOLUTION	T4	
DEXTROSE 10 % IN WATER (D10W) INTRAVENOUS PARENTERAL SOLUTION 10 %	T4	
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS PARENTERAL SOLUTION	T4	
DEXTROSE 5%-0.2 % SOD CHLORIDE INTRAVENOUS PARENTERAL SOLUTION	T4	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	T4	B/D
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	T4	
LEVOCARNITINE (WITH SUGAR) ORAL SOLUTION 100 MG/ML	T3	B/D
LEVOCARNITINE ORAL TABLET 330 MG	T3	B/D
NUTRILIPID INTRAVENOUS EMULSION 20 %	T4	B/D
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	T5	B/D
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	T4	B/D
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
PHOSPHATE BINDERS		
calcium acetate(phosphat bind) oral capsule 667 mg	T2	
calcium acetate(phosphat bind) oral tablet 667 mg	T2	
sevelamer carbonate oral tablet 800 mg	T2	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	T3	
POTASSIUM BINDERS		
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	T3	
sodium polystyrene sulfonate oral powder 15 gram	T2	
sodium polystyrene sulfonate oral suspension 15 gram/60 mL	T2	
SPS (with sorbitol) oral suspension 15-20 gram/60 mL	T2	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	T3	
VITAMINS		
Klor-Con 10 oral tablet extended release 10 mEq	T1	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
potassium chloride oral tablet extended release 15 mEq	T1	
potassium chloride oral tablet,ER particles/crystals 15 mEq	T2	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	T3	
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		
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	
lactulose oral solution 10 gram/15 mL	T2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	T3	QL (30 EA per 30 days)
LUBIPROSTONE ORAL CAPSULE 24 MCG, 8 MCG	T4	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	T3	QL (30 EA per 30 days)
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	T1	
peg-electrolyte soln oral recon soln 420 gram	T1	
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	T4	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	T5	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	T5	PA
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	T2	
SODIUM,POTASSIUM,MAG SULFATES ORAL RECON SOLN 17.5-3.13-1.6 GRAM 2 PACK (480ML)	T4	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	T4	
ANTI-DIARRHEAL AGENTS		
ALOSETRON ORAL TABLET 0.5 MG	T4	PA; QL (60 EA per 30 days)
alosetron oral tablet 1 mg	T5	PA; QL (60 EA per 30 days)
DIPHENOXYLATE-ATROPINE ORAL LIQUID 2.5-0.025 MG/5 ML	T4	
DIPHENOXYLATE-ATROPINE ORAL TABLET 2.5-0.025 MG	T3	
loperamide oral capsule 2 mg	T2	
XERMELO ORAL TABLET 250 MG	T5	PA; LA; QL (90 EA per 30 days)
XIFAXAN ORAL TABLET 200 MG, 550 MG	T3	PA
ANTISPASMODICS, GASTROINTESTINAL		
DICYCLOMINE ORAL CAPSULE 10 MG	T3	
DICYCLOMINE ORAL SOLUTION 10 MG/5 ML	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
DICYCLOMINE ORAL TABLET 20 MG, 40 MG	T3	
glycopyrrolate oral tablet 1 mg, 2 mg	T2	
SCOPOLAMINE BASE TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	T4	QL (10 EA per 30 days)
GASTROINTESTINAL AGENTS, OTHER		
bismuth subcit K-metronidz-tcn oral capsule 140-125-125 mg	T4	QL (120 EA per 30 days)
CTEXLI ORAL TABLET 250 MG	T5	PA
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	T5	PA; LA
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	
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	T5	PA
metoclopramide HCl oral solution 5 mg/5 mL	T2	
metoclopramide HCl oral tablet 10 mg, 5 mg	T1	
NITROGLYCERIN RECTAL OINTMENT 0.4 % (W/W)	T4	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	T1	
peg-electrolyte soln oral recon soln 420 gram	T1	
PYLERA ORAL CAPSULE 140-125-125 MG	T4	PA; QL (120 EA per 30 days)
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	T5	PA
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	T4	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	T4	QL (168 EA per 30 days)
URSODIOL ORAL CAPSULE 300 MG	T3	
URSODIOL ORAL TABLET 250 MG, 500 MG	T3	
VELSIPITY ORAL TABLET 2 MG	T5	PA; QL (30 EA per 30 days)
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	T4	PA; QL (30 EA per 30 days)
VOQUEZNA ORAL TABLET 10 MG, 20 MG	T4	PA; QL (30 EA per 30 days)
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	T4	PA; QL (30 EA per 30 days)
VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL	T4	
XIFAXAN ORAL TABLET 550 MG	T3	PA
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
famotidine oral suspension for reconstitution 40 mg/5 mL (8 mg/mL)	T2	
famotidine oral tablet 20 mg, 40 mg	T1	
nizatidine oral capsule 150 mg, 300 mg	T2	
PROTECTANTS		
misoprostol oral tablet 100 mcg, 200 mcg	T2	
sucralfate oral tablet 1 gram	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
PROTON PUMP INHIBITORS		
esomeprazole magnesium oral capsule,delayed release(DR/EC) 20 mg, 40 mg	T2	
lansoprazole oral capsule,delayed release(DR/EC) 15 mg, 30 mg	T2	
lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg	T2	
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	
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
AQNEURSA ORAL GRANULES IN PACKET 1 GRAM	T5	PA
AQVESME ORAL TABLET 100 MG	T5	PA; QL (60 EA per 30 days)
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	T5	PA; LA
ATTRUBY ORAL TABLET 356 MG	T5	PA; QL (120 EA per 30 days)
betaine oral powder 1 gram/scoop	T5	LA
CERDELGA ORAL CAPSULE 84 MG	T5	PA; LA
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	T3	
cromolyn inhalation solution for nebulization 20 mg/2 mL	T2	B/D
cromolyn oral concentrate 100 mg/5 mL	T2	
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	T5	PA; LA
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	T3	PA; LA
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	T5	PA; LA
DAYBUE ORAL SOLUTION 200 MG/ML	T5	PA
DAYBUE STIX ORAL POWDER IN PACKET 5,000 MG, 6,000 MG, 8,000 MG	T5	PA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	T3	
ENDARI ORAL POWDER IN PACKET 5 GRAM	T5	PA; LA
EVRYSDI ORAL TABLET 5 MG	T5	PA; QL (30 EA per 30 days)
glutamine (sickle cell) oral powder in packet 5 gram	T5	PA
miglustat oral capsule 100 mg	T5	PA; QL (90 EA per 30 days)
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	T5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	T5	PA
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	T4	B/D
sapropterin oral powder in packet 100 mg, 500 mg	T5	PA
sapropterin oral tablet,soluble 100 mg	T5	PA
SEPHIENCE ORAL POWDER IN PACKET 1,000 MG, 250 MG	T5	PA
SKYCLARYS ORAL CAPSULE 50 MG	T5	PA
sodium phenylbutyrate oral powder 0.94 gram/gram	T5	PA
sodium phenylbutyrate oral tablet 500 mg	T5	PA
VIJOICE ORAL GRANULES IN PACKET 50 MG	T5	PA
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML	T5	PA
WELIREG ORAL TABLET 40 MG	T5	PA; LA
XROMI ORAL SOLUTION 100 MG/ML	T4	PA
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	T5	PA; LA
ZILBRYSQ SUBCUTANEOUS SYRINGE 23 MG/0.574 ML, 32.4 MG/0.81 ML	T5	PA
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	T5	PA; QL (120 EA per 30 days)
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
DARIFENACIN ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 7.5 MG	T4	QL (30 EA per 30 days)
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	T2	QL (30 EA per 30 days)
GEMTESA ORAL TABLET 75 MG	T4	QL (30 EA per 30 days)
mirabegron oral suspension,extended rel recon 8 mg/mL	T3	QL (300 ML per 28 days)
MIRABEGRON ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	T3	QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	T3	QL (300 ML per 28 days)
oxybutynin chloride oral syrup 5 mg/5 mL	T2	
oxybutynin chloride oral tablet 5 mg	T2	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg	T2	QL (60 EA per 30 days)
oxybutynin chloride oral tablet extended release 24hr 5 mg	T2	QL (30 EA per 30 days)
solifenacin oral tablet 10 mg, 5 mg	T2	QL (30 EA per 30 days)
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	T2	QL (30 EA per 30 days)
tolterodine oral tablet 1 mg, 2 mg	T2	QL (60 EA per 30 days)
TROSPIUM ORAL CAPSULE,EXTENDED RELEASE 24HR 60 MG	T4	QL (30 EA per 30 days)
trospium oral tablet 20 mg	T2	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
BENIGN PROSTATIC HYPERTROPHY AGENTS		
alfuzosin oral tablet extended release 24 hr 10 mg	T1	QL (30 EA per 30 days)
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	T1	
dutasteride oral capsule 0.5 mg	T2	QL (30 EA per 30 days)
DUTASTERIDE-TAMSULOSIN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG	T4	QL (30 EA per 30 days)
finasteride oral tablet 5 mg	T1	
prazosin oral capsule 1 mg, 2 mg, 5 mg	T2	
SILODOSIN ORAL CAPSULE 4 MG, 8 MG	T4	QL (30 EA per 30 days)
TADALAFIL ORAL TABLET 2.5 MG, 5 MG	T4	PA
tamsulosin oral capsule 0.4 mg	T1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	T1	
GENITOURINARY AGENTS, OTHER		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	T2	
penicillamine oral tablet 250 mg	T5	
potassium citrate oral tablet extended release 10 mEq (1,080 mg), 15 mEq, 5 mEq (540 mg)	T2	
VENXXIVA ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG	T5	PA
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
AGAMREE ORAL SUSPENSION 40 MG/ML	T5	PA
BUDESONIDE ORAL CAPSULE,DELAYED,EXTEND.RELEASE 3 MG	T4	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	
fludrocortisone oral tablet 0.1 mg	T2	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	T2	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	T2	B/D
methylprednisolone oral tablets,dose pack 4 mg	T2	
ORAPRED ODT ORAL TABLET,DISINTEGRATING 15 MG, 30 MG	T4	
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
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	T4	
prednisone oral solution 5 mg/5 mL	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	T1	
prednisone oral tablets,dose pack 10 mg, 5 mg	T2	
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG	T5	PA; QL (120 EA per 30 days)
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)		
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)		
ATTRUBY ORAL TABLET 356 MG	T5	PA; QL (120 EA per 30 days)
DESMOPRESSIN NASAL SPRAY,NON-AEROSOL 10 MCG/SPRAY (0.1 ML)	T4	
desmopressin oral tablet 0.1 mg, 0.2 mg	T2	
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG	T5	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	T4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 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	T5	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	T5	PA
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	T5	PA; LA
ISTURISA ORAL TABLET 1 MG, 5 MG	T5	PA
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PROSTAGLANDINS)		
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PROSTAGLANDINS)		
misoprostol oral tablet 200 mcg	T2	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
ANDROGENS		
DANAZOL ORAL CAPSULE 100 MG, 200 MG, 50 MG	T4	
Depo-Testosterone intramuscular oil 100 mg/mL, 200 mg/mL	T2	PA
testosterone cypionate intramuscular oil 100 mg/mL, 200 mg/mL	T2	
testosterone enanthate intramuscular oil 200 mg/mL	T2	PA
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	T4	PA; QL (300 GM per 30 days)
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	T4	PA; QL (150 GM per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
TESTOSTERONE TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM)	T4	PA; QL (300 GM per 30 days)
ESTROGENS		
CONJUGATED ESTROGENS ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	T4	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	T4	
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	T4	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	T2	
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	T4	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	T2	
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	T3	
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	T3	
ESTRADIOL VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	T4	
ESTRADIOL VAGINAL TABLET 10 MCG	T4	
ESTRADIOL VALERATE INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML	T4	
ETONOGESTREL-ETHINYL ESTRADIOL VAGINAL RING 0.12-0.015 MG/24 HR	T3	
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	T4	
LORYNA (28) ORAL TABLET 3-0.02 MG	T4	
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	T4	
SYEDA ORAL TABLET 3-0.03 MG	T4	
YUVAFEM VAGINAL TABLET 10 MCG	T4	
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	T4	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	T4	
APRI ORAL TABLET 0.15-0.03 MG	T4	
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	T4	
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	T4	
CRYSELLE (28) ORAL TABLET 0.3-30 MG-MCG	T4	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	T2	
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	T4	
ESTARYLLA ORAL TABLET 0.25-0.035 MG	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
ESTRADIOL-NORETHINDRONE ACET ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	T3	
ETONOGESTREL-ETHINYL ESTRADIOL VAGINAL RING 0.12-0.015 MG/24 HR	T3	
JULEBER ORAL TABLET 0.15-0.03 MG	T4	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	T4	
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	T4	
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	T4	
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	T4	
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	T4	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	T4	
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	T4	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	T2	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	T2	
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	T2	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	T4	
LORYNA (28) ORAL TABLET 3-0.02 MG	T4	
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	T4	
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	T4	
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	T4	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	T4	
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	T4	
MIMVEY ORAL TABLET 1-0.5 MG	T4	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	T4	
NEXPLANON SUBDERMAL IMPLANT 68 MG	T3	
NORELGESTROMIN-ETHIN.ESTRADIOL TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	T3	
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	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	T4	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	T4	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	T4	
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG	T4	
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	T4	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	T4	
SPRINTEC (28) ORAL TABLET 0.25-0.035 MG	T4	
SYEDA ORAL TABLET 3-0.03 MG	T4	
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	T4	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	T4	
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	T4	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	T4	
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	T4	
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	T4	
VIENVA ORAL TABLET 0.1-20 MG-MCG	T4	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	T4	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	T4	
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	T4	
PROGESTINS		
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	T4	
APRI ORAL TABLET 0.15-0.03 MG	T4	
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	T4	
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	T4	
Camila oral tablet 0.35 mg	T2	
CRYSELLE (28) ORAL TABLET 0.3-30 MG-MCG	T4	
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	T3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
Errin oral tablet 0.35 mg	T2	
ESTARYLLA ORAL TABLET 0.25-0.035 MG	T4	
Incassia oral tablet 0.35 mg	T2	
JULEBER ORAL TABLET 0.15-0.03 MG	T4	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	T4	
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	T4	
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	T4	
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	T4	
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	T4	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	T2	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	T2	
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	T4	
Lyleq 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	
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	T4	
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	T4	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	T4	
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	T4	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	T4	
NORELGESTROMIN-ETHIN.ESTRADIOL TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	T3	
norethindrone (contraceptive) oral tablet 0.35 mg	T2	
norethindrone acetate oral tablet 5 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	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg	T2	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	T4	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	T4	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	T4	
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG	T4	
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	T4	
SPRINTEC (28) ORAL TABLET 0.25-0.035 MG	T4	
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	T4	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	T4	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	T4	
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	T4	
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	T4	
VIENVA ORAL TABLET 0.1-20 MG-MCG	T4	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	T4	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	T4	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
DUAVEE ORAL TABLET 0.45-20 MG	T4	PA
raloxifene oral tablet 60 mg	T2	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)		
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)		
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	T1	
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	T1	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	T2	
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	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
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	T1	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
BROMOCRIPTINE ORAL CAPSULE 5 MG	T4	
BROMOCRIPTINE ORAL TABLET 2.5 MG	T4	
cabergoline oral tablet 0.5 mg	T2	
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG	T5	PA; QL (120 EA per 30 days)
CRENESSITY ORAL SOLUTION 50 MG/ML	T5	PA; QL (120 ML per 30 days)
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	T4	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	T4	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	T4	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	T4	PA
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	T5	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	T4	
KORLYM ORAL TABLET 300 MG	T5	PA; LA
LEUPROLIDE SUBCUTANEOUS KIT 1 MG/0.2 ML	T4	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	T5	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	T5	PA
LYSODREN ORAL TABLET 500 MG	T5	
MIFEPRISTONE ORAL TABLET 300 MG	T4	
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	T4	PA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	T5	PA; QL (56 EA per 28 days)
RECORLEV ORAL TABLET 150 MG	T5	PA; QL (240 EA per 30 days)
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	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	T1	
propylthiouracil oral tablet 50 mg	T2	
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	T5	PA; LA; QL (24 EA per 30 days)
DAWNZERA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	T5	PA
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)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	T5	PA
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	T5	PA
IMMUNOGLOBULINS		
BIVIGAM INTRAVENOUS SOLUTION 10 %	T5	PA; LA
GAMMAGARD LIQUID ERC INJECTION SOLUTION 10 %, 10 % (100ML), 10 (100 ML)	T5	PA
GAMMAGARD LIQUID INJECTION SOLUTION 10 %, 10 % (50ML)	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
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	T5	PA
OCTAGAM INTRAVENOUS SOLUTION 10 %	T5	PA
OCTAGAM INTRAVENOUS SOLUTION 5 %	T4	PA
PANZYGA INTRAVENOUS SOLUTION 10 %	T5	PA
PRIVIGEN INTRAVENOUS SOLUTION 10 %	T5	PA
QIVIGY INTRAVENOUS SOLUTION 10 %	T5	PA
IMMUNOLOGICAL AGENTS, OTHER		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	T3	PA; LA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	T5	PA; LA; QL (8 ML per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	T5	PA; LA; QL (8 ML per 28 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	T5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	T5	PA
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	T5	PA
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	T5	PA
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
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	T5	PA; QL (1.36 ML per 28 days)
IMULDOSA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	T5	PA
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	T5	PA
KEVZARA SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	T5	PA
leflunomide oral tablet 10 mg, 20 mg	T2	QL (30 EA per 30 days)
OTULFI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	T5	PA
OTULFI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	T4	PA
OTULFI SUBCUTANEOUS SYRINGE 90 MG/ML	T5	PA
Paxlovid oral tablets,dose pack 150 mg (10)- 100 mg (10), 150 mg (6)- 100 mg (5), 300 mg (150 mg x 2)- 100 mg	T1	
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	T5	PA
RHAPSIDO ORAL TABLET 25 MG	T5	PA; QL (60 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
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	T5	PA
SKYRIZI SUBCUTANEOUS SYRINGE 55 MG/0.37 ML	T5	PA; QL (0.74 ML per 56 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)
TAVNEOS ORAL CAPSULE 10 MG	T3	
tofacitinib oral solution 1 mg/mL	T5	PA; QL (480 ML per 24 days)
tofacitinib oral tablet 10 mg, 5 mg	T5	PA; QL (60 EA per 30 days)
tofacitinib oral tablet extended release 24 hr 11 mg, 22 mg	T5	PA; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	T5	PA
TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	T5	PA
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	T5	PA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	T5	PA
ustekinumab subcutaneous solution 45 mg/0.5 mL	T5	QL (1.5 ML per 84 days)
ustekinumab subcutaneous syringe 45 mg/0.5 mL	T5	QL (1.5 ML per 84 days)
ustekinumab subcutaneous syringe 90 mg/mL	T5	QL (3 ML per 84 days)
USTEKINUMAB-AEKN SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	T4	PA
ustekinumab-aekn subcutaneous syringe 90 mg/mL	T5	PA
ustekinumab-ttwe subcutaneous syringe 45 mg/0.5 mL, 90 mg/mL	T5	
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	T5	PA; LA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	T5	PA; LA
IMMUNOSTIMULANTS		
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
IMMUNOSUPPRESSANTS		
adalimumab-bwwd subcutaneous auto-injector 40 mg/0.4 mL	T5	PA; QL (6 ML per 28 days)
adalimumab-bwwd subcutaneous syringe 40 mg/0.4 mL	T5	PA; QL (6 ML per 28 days)
adalimumab-ryvk subcutaneous auto-injector, kit 80 mg/0.8 mL	T5	PA; QL (6 EA per 28 days)
azathioprine oral tablet 50 mg	T2	B/D
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	T5	PA; LA; QL (8 ML per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	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 OPHTHALMIC (EYE) DROPPERETTE 0.05 %	T3	
cyclosporine oral capsule 100 mg, 25 mg	T2	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	T5	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	T5	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	T5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	T5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	T5	PA; QL (8 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	T5	PA; QL (8 ML per 28 days)
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	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	T4	B/D
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg	T5	B/D
Gengraf oral capsule 100 mg, 25 mg	T2	B/D
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	T5	PA
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	T5	PA
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	T5	PA
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	T5	PA
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	T5	PA
KEVZARA SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	T5	PA
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	T5	PA
leflunomide oral tablet 10 mg, 20 mg	T2	QL (30 EA per 30 days)
mercaptopurine oral tablet 50 mg	T2	
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	
mycophenolate mofetil oral capsule 250 mg	T2	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
mycophenolate mofetil oral suspension for reconstitution 200 mg/mL	T5	B/D
mycophenolate mofetil oral tablet 500 mg	T2	B/D
MYCOPHENOLATE SODIUM ORAL TABLET,DELAYED RELEASE (DR/EC) 180 MG, 360 MG	T4	B/D
MYHIBBIN ORAL SUSPENSION 200 MG/ML	T4	B/D
OTEZLA ORAL TABLET 20 MG	T5	PA; QL (60 EA per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51)	T5	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	T5	PA; QL (110 EA per 365 days)
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG	T5	PA
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	T5	PA; QL (30 EA per 30 days)
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	T4	B/D
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	T3	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	T3	
REZUROCK ORAL TABLET 200 MG	T5	PA; LA
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	T5	PA
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	T4	PA
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	T5	PA
SIROLIMUS ORAL SOLUTION 1 MG/ML	T4	B/D
SIROLIMUS ORAL TABLET 0.5 MG, 1 MG, 2 MG	T4	B/D
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	T2	B/D
TAVNEOS ORAL CAPSULE 10 MG	T3	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	T4	B/D
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	T5	PA
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	T5	PA
VOYXACT SUBCUTANEOUS SYRINGE 400 MG/2 ML (200 MG/ML)	T5	PA; QL (2 ML per 28 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	T4	B/D
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	T5	PA; QL (2 EA per 30 days)
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	T5	PA; QL (2 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
VACCINES		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	T3	
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	T3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	T3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	T3	
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	T3	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	T3	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	T3	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	T3	
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	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/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	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/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	
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/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	
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	T3	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	T3	
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)
SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	T3	
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

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
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 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	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	T3	
VIMKUNYA (PF) INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	T3	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	T3	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	T3	
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
balsalazide oral capsule 750 mg	T2	
MESALAMINE ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	T4	QL (180 EA per 30 days)
mesalamine oral capsule, extended release 250 mg	T4	
MESALAMINE ORAL CAPSULE, EXTENDED RELEASE 500 MG	T4	
MESALAMINE ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	T4	QL (120 EA per 30 days)
MESALAMINE ORAL TABLET,DELAYED RELEASE (DR/EC) 1.2 GRAM	T4	QL (120 EA per 30 days)
MESALAMINE ORAL TABLET,DELAYED RELEASE (DR/EC) 800 MG	T4	
MESALAMINE RECTAL ENEMA 4 GRAM/60 ML	T4	
MESALAMINE RECTAL SUPPOSITORY 1,000 MG	T4	
sulfasalazine oral tablet 500 mg	T2	
sulfasalazine oral tablet,delayed release (DR/EC) 500 mg	T2	
GLUCOCORTICOIDS		
BUDESONIDE ORAL CAPSULE,DELAYED,EXTEND.RELEASE 3 MG	T4	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	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
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	T4	
hydrocortisone topical cream with perineal applicator 2.5 %	T1	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	T2	B/D
methylprednisolone oral tablets,dose pack 4 mg	T2	
ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG	T4	
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
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	T4	
prednisone oral solution 5 mg/5 mL	T2	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	T1	
prednisone oral tablets,dose pack 10 mg, 5 mg	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	
METABOLIC BONE DISEASE AGENTS		
METABOLIC BONE DISEASE AGENTS		
alendronate oral solution 70 mg/75 mL	T2	
alendronate oral tablet 10 mg, 35 mg, 70 mg	T1	
BILDYOS SUBCUTANEOUS SYRINGE 60 MG/ML	T3	QL (1 ML per 180 days)
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	T2	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	T2	
calcitriol oral solution 1 mcg/mL	T2	
CINACALCET ORAL TABLET 30 MG, 60 MG	T4	B/D; QL (60 EA per 30 days)
CINACALCET ORAL TABLET 90 MG	T4	B/D; QL (120 EA per 30 days)
CONEXXENCE SUBCUTANEOUS SYRINGE 60 MG/ML	T3	QL (1 ML per 180 days)
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	T2	
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	T4	
ibandronate oral tablet 150 mg	T2	
PARICALCITOL ORAL CAPSULE 1 MCG, 2 MCG, 4 MCG	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	T5	
risedronate oral tablet 150 mg, 30 mg, 35 mg, 5 mg	T2	
RISEDRONATE ORAL TABLET,DELAYED RELEASE (DR/EC) 35 MG	T4	
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24mL)	T5	PA
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	T5	PA
WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	T5	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	T5	PA
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML	T5	PA
NON-FRF		
NON-FRF		
azithromycin oral packet 1 gram	T2	
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	T5	PA
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	T5	PA
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	T5	PA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	T5	PA
D5 % (D-GLUCOSE)-0.9 % SODCHLR INTRAVENOUS PARENTERAL SOLUTION	T4	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	T2	
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS PIGGYBACK 5 %	T4	
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)
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	T4	
ERYTHROMYCIN ETHYLSUCCINATE ORAL TABLET 400 MG	T4	
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	T4	QL (30 EA per 30 days)
Flac Otic Oil otic (ear) drops 0.01 %	T2	
hydrocodone-acetaminophen oral solution 10-325 mg/15 mL	T2	
IMULDOSA INTRAVENOUS SOLUTION 130 MG/26 ML	T5	PA
Lagevrio (EUA) oral capsule 200 mg	T1	
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
lidocaine HCl laryngotracheal solution 4 %	T2	PA; QL (50 ML per 30 days)
Liquid Multivitamin oral liquid 9 mg iron/ 15 mL (15 mL)	T2	
naloxone nasal spray,non-aerosol 4 mg/actuation	T2	
OMNIPOD 5 (LIBRE 2/3 PLUS) SUBCUTANEOUS CARTRIDGE	T5	PA
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	T5	PA
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	T5	PA
OMNIPOD 5 INTRO (LIBRE2/3PLUS) SUBCUTANEOUS CARTRIDGE	T5	PA
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	T5	PA
OMNIPOD DASH PDM KIT (GEN 4)	T5	PA
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	T5	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19)	T5	PA
OTULFI INTRAVENOUS SOLUTION 130 MG/26 ML	T5	PA
phenytoin sodium extended oral capsule 200 mg, 300 mg	T2	
POTASSIUM CHLORID-D5-0.45%NACL INTRAVENOUS PARENTERAL SOLUTION 30 MEQ/L	T4	
POTASSIUM CHLORIDE IN 5 % DEX INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L	T4	
POTASSIUM CHLORIDE-D5-0.2%NACL INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L	T4	
POTASSIUM CHLORIDE-D5-0.9%NACL INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L, 40 MEQ/L	T4	
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	T5	PA
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	T4	QL (90 EA per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	T4	QL (120 EA per 30 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	T5	PA
ustekinumab-ttwe intravenous solution 130 mg/26 mL	T5	
voriconazole-HPBCD intravenous recon soln 200 mg	T5	PA
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	T4	PA; QL (2 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
atropine ophthalmic (eye) drops 1 %	T2	
CYCLOSPORINE OPHTHALMIC (EYE) DROPPERETTE 0.05 %	T3	
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	T5	PA; LA
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	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-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	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	
polymyxin B sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/mL	T1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	T3	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	T3	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	T4	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	T2	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	T3	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	T3	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	T2	
TOBRAMYCIN-LOTEPRED OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	T3	
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	T4	
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	T4	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	T3	
OPHTHALMIC ANTI-ALLERGY AGENTS		
azelastine ophthalmic (eye) drops 0.05 %	T2	
cromolyn ophthalmic (eye) drops 4 %	T1	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	T4	
OPHTHALMIC ANTI-INFECTIVES		
bacitracin ophthalmic (eye) ointment 500 unit/gram	T2	
bacitracin-polymyxin B ophthalmic (eye) ointment 500-10,000 unit/gram	T1	
BESIFLOXACIN OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	T3	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	T3	
ciprofloxacin HCl ophthalmic (eye) drops 0.3 %	T1	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	T1	
gatifloxacin ophthalmic (eye) drops 0.5 %	T2	
gentamicin ophthalmic (eye) drops 0.3 %	T1	
levofloxacin ophthalmic (eye) drops 0.5 %	T2	
moxifloxacin ophthalmic (eye) drops 0.5 %	T2	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	T4	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	T2	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/mL	T2	
ofloxacin ophthalmic (eye) drops 0.3 %	T2	
polymyxin B sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/mL	T1	
sulfacetamide sodium ophthalmic (eye) drops 10 %	T2	
tobramycin ophthalmic (eye) drops 0.3 %	T1	
trifluridine ophthalmic (eye) drops 1 %	T2	
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	T4	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	T4	
OPHTHALMIC ANTI-INFLAMMATORIES		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	T3	
bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %, 0.09 %	T2	
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	T2	
diclofenac sodium ophthalmic (eye) drops 0.1 %	T2	
DIFLUPREDNATE OPHTHALMIC (EYE) DROPS 0.05 %	T4	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	T4	
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	T4	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
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	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	T3	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
betaxolol ophthalmic (eye) drops 0.5 %	T2	
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 %	T4	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
acetazolamide oral capsule, extended release 500 mg	T2	
acetazolamide oral tablet 125 mg, 250 mg	T2	
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %	T2	
brimonidine ophthalmic (eye) drops 0.2 %	T1	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	T2	
BRINZOLAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	T4	
dorzolamide ophthalmic (eye) drops 2 %	T1	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/mL	T1	
METHAZOLAMIDE ORAL TABLET 25 MG, 50 MG	T4	
pilocarpine HCl ophthalmic (eye) drops 1 %, 2 %, 4 %	T2	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	T3	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	T4	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	T4	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
latanoprost ophthalmic (eye) drops 0.005 %	T1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	T3	
travoprost ophthalmic (eye) drops 0.004 %	T2	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
OTIC AGENTS		
OTIC AGENTS		
acetic acid otic (ear) solution 2 %	T2	
ciprofloxacin HCl otic (ear) dropperette 0.2 %	T2	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	T2	
ciprofloxacin-hydrocortisone otic (ear) drops,suspension 0.2-1 %	T4	
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	
RESPIRATORY TRACT/ PULMONARY AGENTS		
ANTIHISTAMINES		
azelastine nasal spray,non-aerosol 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	T4	
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 %	T4	
promethazine oral syrup 6.25 mg/5 mL	T2	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	T2	
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	T3	QL (30 EA per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 mL, 0.5 mg/2 mL	T2	B/D
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	T2	QL (75 ML per 30 days)
FLUTICASONE FUROATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	T3	QL (30 EA per 30 days)
fluticasone propionate inhalation blister with device 100 mcg/actuation, 250 mcg/actuation	T2	QL (240 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
fluticasone propionate inhalation blister with device 50 mcg/actuation	T2	QL (180 EA per 30 days)
fluticasone propionate inhalation HFA aerosol inhaler 110 mcg/actuation, 220 mcg/actuation	T2	QL (24 GM per 30 days)
fluticasone propionate inhalation HFA aerosol inhaler 44 mcg/actuation	T2	QL (21.2 GM per 30 days)
fluticasone propionate nasal spray,suspension 50 mcg/actuation	T2	QL (16 GM per 30 days)
mometasone nasal spray,non-aerosol 50 mcg/actuation	T2	QL (34 GM per 30 days)
OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG	T4	QL (12.5 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	T4	QL (2 EA per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	T4	QL (3 EA per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	T4	PA; QL (32 ML per 30 days)
ANTILEUKOTRIENES		
montelukast oral granules in packet 4 mg	T2	
montelukast oral tablet 10 mg	T2	
montelukast oral tablet,chewable 4 mg, 5 mg	T2	
ZAFIRLUKAST ORAL TABLET 10 MG, 20 MG	T4	
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	T4	QL (25.8 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	T4	QL (8 GM per 30 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	T3	QL (30 EA per 30 days)
ipratropium bromide inhalation HFA aerosol inhaler 17 mcg/actuation	T2	
ipratropium bromide inhalation solution 0.02 %	T2	B/D
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)	T2	
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 mL	T2	B/D
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	T4	
tiotropium bromide inhalation capsule, w/inhalation device 18 mcg	T2	
BRONCHODILATORS, SYMPATHOMIMETIC		
albuterol sulfate inhalation HFA aerosol inhaler 90 mcg/actuation	T2	QL (18 GM per 30 days)
albuterol sulfate inhalation HFA aerosol inhaler 90 mcg/actuation (NDA020503), 90 mcg/actuation (NDA020983)	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
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	T2	B/D
albuterol sulfate oral syrup 2 mg/5 mL	T2	
albuterol sulfate oral tablet 2 mg, 4 mg	T2	
ARFORMOTEROL INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	T4	B/D
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	T3	QL (60 EA per 30 days)
epinephrine injection auto-injector 0.15 mg/0.15 mL, 0.15 mg/0.3 mL, 0.3 mg/0.3 mL	T2	
FLUTICASONE FUROATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	T3	QL (30 EA per 30 days)
FLUTICASONE FUROATE-VILANTEROL INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	T3	
fluticasone propionate inhalation HFA aerosol inhaler 110 mcg/actuation, 220 mcg/actuation	T2	QL (24 GM per 30 days)
fluticasone propionate inhalation HFA aerosol inhaler 44 mcg/actuation	T2	QL (21.2 GM per 30 days)
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation	T2	
FORMOTEROL FUMARATE INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	T4	B/D
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	T3	B/D
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	T3	QL (30 GM per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	T3	QL (60 EA per 30 days)
TERBUTALINE ORAL TABLET 2.5 MG, 5 MG	T4	
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	T3	QL (36 GM per 30 days)
CYSTIC FIBROSIS AGENTS		
ALYFTREK ORAL TABLET 10-50-125 MG	T5	PA; QL (56 EA per 28 days)
ALYFTREK ORAL TABLET 4-20-50 MG	T5	PA; QL (84 EA per 28 days)
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	T5	PA; LA
KALYDECO ORAL GRANULES IN PACKET 13.4 MG	T5	PA; QL (26 EA per 28 days)
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	T5	PA; LA; QL (56 EA per 28 days)
KALYDECO ORAL GRANULES IN PACKET 5.8 MG	T5	PA; QL (56 EA per 28 days)
KALYDECO ORAL TABLET 150 MG	T5	PA; LA; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	T5	PA; LA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	T5	PA; LA; QL (112 EA per 28 days)
PULMOZYME INHALATION SOLUTION 1 MG/ML	T5	PA
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	T5	PA; LA; QL (56 EA per 28 days)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	T5	PA
tobramycin in 0.225 % NaCl inhalation solution for nebulization 300 mg/5 mL	T5	PA
tobramycin inhalation solution for nebulization 300 mg/4 mL	T5	PA
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	T5	PA; QL (84 EA per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	T5	PA; LA; QL (84 EA per 28 days)
MAST CELL STABILIZERS		
cromolyn inhalation solution for nebulization 20 mg/2 mL	T2	B/D
cromolyn oral concentrate 100 mg/5 mL	T2	
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
roflumilast oral tablet 250 mcg, 500 mcg	T2	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	T4	
THEOPHYLLINE ORAL SOLUTION 80 MG/15 ML	T4	
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	T2	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	T2	
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	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)
bosentan oral tablet for suspension 32 mg	T5	PA
macitentan oral tablet 10 mg	T5	PA; QL (30 EA per 30 days)
SILDENAFIL (PULM.HYPERTENSION) ORAL TABLET 20 MG	T3	PA; QL (360 EA per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	T5	PA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	T5	PA
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	T5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
PULMONARY FIBROSIS AGENTS		
JASCAYD ORAL TABLET 18 MG, 9 MG	T5	PA; QL (60 EA per 30 days)
nintedanib oral capsule 100 mg, 150 mg	T5	PA; QL (60 EA per 30 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	T5	PA; 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)
RESPIRATORY TRACT AGENTS, OTHER		
acetylcysteine solution 100 mg/mL (10 %), 200 mg/mL (20 %)	T2	B/D
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	T3	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	T3	QL (10.7 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	T3	QL (60 EA per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-18-4.8 MCG/ACTUATION, 160-9-4.8 MCG/ACTUATION	T3	QL (10.7 GM per 30 days)
BRINSUPRI ORAL TABLET 10 MG, 25 MG	T5	PA
budesonide-formoterol inhalation HFA aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	T2	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	T4	QL (8 GM per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	T5	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	T5	PA
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	T5	PA; LA
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	T5	PA
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	T5	PA; LA
FLUTICASONE FUROATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	T3	QL (30 EA per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	T2	
fluticasone propion-salmeterol inhalation HFA aerosol inhaler 115-21 mcg/actuation, 230-21 mcg/actuation, 45-21 mcg/actuation	T2	
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 mL	T2	B/D
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	T5	PA; QL (3 ML per 30 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	T5	PA; QL (3 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	T5	PA; QL (3 ML per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	T3	QL (60 EA per 30 days)
umeclidinium inhalation blister with device 62.5 mcg/actuation	T3	QL (60 EA per 30 days)
UMECLIDINIUM-VILANTEROL INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	T3	QL (60 EA per 30 days)
Wixela Inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	T2	
RESPIRATORY TRACT/ PULMONARY AGENTS		
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	T3	QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	T4	QL (8 GM per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	T5	PA; LA
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	T5	PA
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	T5	PA; LA
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 mL	T2	B/D
SKELETAL MUSCLE RELAXANTS		
SKELETAL MUSCLE RELAXANTS		
CYCLOBENZAPRINE ORAL TABLET 10 MG, 5 MG	T3	
methocarbamol oral tablet 500 mg	T2	QL (360 EA per 30 days)
methocarbamol oral tablet 750 mg	T2	QL (240 EA per 30 days)
SLEEP DISORDER AGENTS		
SLEEP PROMOTING AGENTS		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	T4	QL (30 EA per 30 days)
DAYVIGO ORAL TABLET 10 MG, 5 MG	T3	QL (30 EA per 30 days)
doxepin oral tablet 3 mg, 6 mg	T2	QL (30 EA per 30 days)
tasimelteon oral capsule 20 mg	T5	PA; QL (30 EA per 30 days)
temazepam oral capsule 15 mg	T2	QL (60 EA per 30 days)
temazepam oral capsule 30 mg, 7.5 mg	T2	QL (30 EA per 30 days)
zaleplon oral capsule 10 mg, 5 mg	T2	QL (30 EA per 30 days)
zolpidem oral tablet 10 mg, 5 mg	T2	QL (30 EA per 30 days)
WAKEFULNESS PROMOTING AGENTS		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	T2	PA; QL (30 EA per 30 days)
armodafinil oral tablet 50 mg	T2	PA; QL (60 EA per 30 days)
modafinil oral tablet 100 mg	T2	PA; QL (30 EA per 30 days)
modafinil oral tablet 200 mg	T2	PA; QL (60 EA per 30 days)
sodium oxybate oral solution 500 mg/mL	T5	PA; LA; QL (540 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

You can find information on what the symbols and abbreviations on this table mean by going to page 6

abacavir 39
abacavir-lamivudine 39
ABILIFY ASIMTUFII 19, 34
ABILIFY MAINTENA 19, 34
abiraterone 25
ABIRTEGA 25
ABRYSVO (PF) 83
ACAMPROSATE 9
acarbose 44
acebutolol 50, 51
acetaminophen-codeine 8
acetazolamide 53, 91
acetic acid 10, 92
acetylcysteine 96
ACITRETIN 59
ACTHIB (PF) 83
ACTIMMUNE 80
acyclovir 38
ACYCLOVIR SODIUM 38
ADACEL(TDAP ADOLESN/ADULT)(PF) 83
adalimumab-bwwd 80
adalimumab-ryvk 80
ADEFOVIR 38
ADEMPAS 95
AGAMREE 70
AIMOVIG AUTOINJECTOR 23
AKEEGA 27
Ala-Cort 60
ALBENDAZOLE 32
albuterol sulfate 93, 94
alclometasone 60
ALCOHOL PADS 46, 61
ALECENSA 27
alendronate 86
alfuzosin 70
ALISKIREN 53
allopurinol 23
ALOSETRON 66
alosetron 66
alprazolam 41
ALREX 90
ALTAVERA (28) 72, 74
ALUNBRIG 27
ALYFTREK 94
amantadine HCl 32, 41
ambrisentan 95
AMIKACIN 10
amiloride 55
amiloride-hydrochlorothiazide 53
amiodarone 50
AMITRIPTYLINE 21
amlodipine 52
amlodipine-atorvastatin 53
amlodipine-benazepril 53
amlodipine-olmesartan 53
amlodipine-valsartan 53
ammonium lactate 60
AMNESTEEM 59
AMOXAPINE 21
amoxicillin 12
amoxicillin-pot clavulanate 12
AMPHOTERICIN B 22
amphotericin B liposome 22
ampicillin 12
AMPICILLIN SODIUM 12
AMPICILLIN-SULBACTAM 12
anagrelide 48
anastrozole 27
ANDEMBRY AUTOINJECTOR 48, 53
ANORO ELLIPTA 96
APREPITANT 22
APRI 72, 74
APTIVUS 40
AQNEURSA 68
AQVESME 48, 68
ARALAST NP 68
ARANELLE (28) 72, 74
ARCALYST 78
AREXVY (PF) 83
ARFORMOTEROL 94
ARIKAYCE 10
aripiprazole 19, 34
ARIPIPRAZOLE 19, 34
ARISTADA 34, 35
ARISTADA INITIO 34
armodafinil 97
ARNUITY ELLIPTA 92
ASENAPINE MALEATE 35, 42
ASPIRIN-DIPYRIDAMOLE 49
ASSURE ID INSULIN SAFETY 46
ATAZANAVIR 40
atenolol 51
atenolol-chlorthalidone 53
atomoxetine 57
atorvastatin 55
ATOVAQUONE 32
ATOVAQUONE-PROGUANIL 32
atropine 89
ATROVENT HFA 93
ATTRUBY 68, 71
AUGTYRO 27
AUSTEDO 57
AUSTEDO XR 57
AUSTEDO XR TITRATION KT(WK1-4) 57
AUVELITY 19
AVMAPKI-FAKZYNJA 27
AVONEX 59
AYVAKIT 27
azathioprine 80
AZELAIC ACID 59
azelastine 89, 92
azilsartan medoxomil 50
AZITHROMYCIN 13
azithromycin 13, 87
AZTREONAM 10
bacitracin 90
bacitracin-polymyxin B 90
baclofen 37
BAFIERTAM 59
balsalazide 85
BALVERSA 27
BALZIVA (28) 72, 74
BARACLUDE 38
BASAGLAR KWIKPEN U-100 INSULIN 46
BCG VACCINE, LIVE (PF) 83
BELSOMRA 97
benazepril 50
benazepril-hydrochlorothiazide 53
BENLYSTA 78, 80
BENZTROPINE 32
BERINERT 78
BESIFLOXACIN 14, 90
BESREMI 26, 80
BESREMI PEN 26
betaine 68
betamethasone dipropionate 60
betamethasone valerate 60
betamethasone, augmented 60
betaxolol 91
bethanechol chloride 70
BEVESPI AEROSPHERE 96
bexarotene 32
BEXSERO 83
bicalutamide 25
BICILLIN L-A 12
BIKTARVY 38
BILDYOS 86
bismuth subcit K-metronidz-tcn 67
bisoprolol fumarate 51, 53
bisoprolol-hydrochlorothiazide 53
BIVIGAM 78
BLUJEPA 10
BOOSTRIX TDAP 83
bosentan 95
BOSULIF 27
bosutinib 27
BRAFTOVI 27
BREKIYA 24
BREO ELLIPTA 94, 96
BREZTRI AEROSPHERE 96, 97
brimonidine 91
brimonidine-timolol 91
BRINSUPRI 96
BRINZOLAMIDE 91
brivaracetam 14
BRIVIACT 14, 15
bromfenac 90
BROMOCRIPTINE 33, 77
BRONCHITOL 87
BRUKINSA 27
BUDESONIDE 70, 85
budesonide 70, 85, 92
budesonide-formoterol 96
BUMETANIDE 54

bumetanide 54
buprenorphine HCl 7, 9
buprenorphine-naloxone 9
bupropion HCl 19
bupropion HCl (smoking deter) 9
buspirone 41
BUTALBITAL-ACETAMINOPHEN 7, 8
butorphanol 8
cabergoline 77
CABOMETYX 27
calcipotriene 61
CALCIPOTRIENE 61
calcitonin (salmon) 86
calcitriol 86
calcium acetate(phosphat bind) 65
CALQUENCE (ACALABRUTINIB MAL) 27
Camila 74
candesartan 50
candesartan-hydrochlorothiazid 53
CAPLYTA 35
CAPRELSA 27
captopril 50
carbamazepine 17, 43, 58
CARBAMAZEPINE 17, 43
CARBIDOPA 33
carbidopa-levodopa 33
CARBIDOPA-LEVODOPA-ENTACAPONE 33
carglumic acid 62
carteolol 91
Cartia XT 50, 52
carvedilol 51
CASPOFUNGIN 22
CAYSTON 94
cefaclor 11
CEFACLOR 11
cefadroxil 11
CEFAZOLIN 11
cefdinir 11
CEFEPIME 11
cefixime 11
CEFOXITIN 12
cefpodoxime 12
cefprozil 12
ceftaroline fosamil 12
CEFTAZIDIME 12
CEFTRIAXONE 12
cefuroxime axetil 12
CEFUROXIME SODIUM 12
celecoxib 7
cephalexin 12
CERDELGA 68
cetirizine 92
CEVIMELINE 59
CHEMET 64
chlorhexidine gluconate 59
chloroquine phosphate 32
CHLORPROMAZINE 21, 33
chlorpromazine 21, 33
chlorthalidone 55
cholestyramine (with sugar) 55
Cholestyramine Light 55
ciclopirox 22, 62
cilostazol 49
CILOXAN 14, 90
CIMDUO 39
CINACALCET 86
CIPRO 14
ciprofloxacin HCl 14, 90, 92
CIPROFLOXACIN IN 5 % DEXTROSE 14
ciprofloxacin-dexamethasone 92
ciprofloxacin-hydrocortisone 92
citalopram 20
clarithromycin 13
clindamycin HCl 10
CLINDAMYCIN IN 5 % DEXTROSE 10
Clindamycin Pediatric 10
CLINDAMYCIN PHOSPHATE 10
clindamycin phosphate 10, 62
CLINIMIX 5%/D15W SULFITE FREE 64
CLINIMIX 4.25%/D10W SULF FREE 64
CLINIMIX 4.25%/D5W SULFIT FREE 64
CLINIMIX 5%-D20W(SULFITE-FREE) 64
CLINISOL SF 15 % 62, 64
clobazam 16
clobetasol 60
clobetasol-emollient 60
CLOMIPRAMINE 21
clonazepam 16, 41
CLONIDINE 49
clonidine HCl 49
clopidogrel 49
clorazepate dipotassium 16, 41
clotrimazole 22
clotrimazole-betamethasone 61
clozapine 37
CLOZAPINE 37
COARTEM 32
COBENFY 35
COBENFY STARTER PACK 35
colchicine 23
COLESEVELAM 44, 55, 56
colestipol 56
COLISTIN (COLISTIMETHATE NA) 10
COMBIVENT RESPIMAT 93, 96, 97
COMETRIQ 27
CONEXXENCE 86
CONJUGATED ESTROGENS 72
Constulose 66
COPIKTRA 27
CORLANOR 53
COSENTYX 79, 87
COSENTYX (2 SYRINGES) 78
COSENTYX PEN 87
COSENTYX PEN (2 PENS) 79
COSENTYX UNOREADY PEN 79
COTELLIC 28
CRENESSITY 77
CREON 68
CRESEMBA 22
cromolyn 68, 89, 95
CRYSELLE (28) 72, 74
CTEXLI 67
CYCLOBENZAPRINE 97
cyclophosphamide 25
CYCLOPHOSPHAMIDE 25
CYCLOSPORINE 80, 89
cyclosporine 80
cyclosporine modified 80
CYPROHEPTADINE 92
CYSTADROPS 68, 89
CYSTAGON 68
CYSTARAN 68, 89
D10 %-0.45 % SODIUM CHLORIDE 62, 64
D2.5 %-0.45 % SODIUM CHLORIDE 62, 64
D5 % (D-GLUCOSE)-0.9 % SODCHLR 87
D5 % AND 0.9 % SODIUM CHLORIDE 62, 65
D5 %-0.45 % SODIUM CHLORIDE 62, 65
dabigatran etexilate 48
DALFAMPRIDINE 59
DANAZOL 71
DANTROLENE 37
DANZITEN 28
DAPAGLIFLOZIN 44
dapagliflozin-metformin 44
dapsone 24
DAPTACEL (DTAP PEDIATRIC) (PF) 83
daptomycin 10
DARIFENACIN 69
DARUNAVIR 40
darunavir 40
dasatinib 28
DAURISMO 28
DAWNZERA 78
DAYBUE 68
DAYBUE STIX 68
DAYVIGO 97
Deblitane 74
deferasirox 64
DEFERASIROX 64
DELESTROGEN 72
DELSTRIGO 39
DEPO-PROVERA 74
DEPO-SUBQ PROVERA 104 74
Depo-Testosterone 71
DESCOVY 39

DESIPRAMINE 21
DESLORATADINE 92
DESMOPRESSIN 71
desmopressin 71
desog-e.estradiol/e.estradiol 87
desvenlafaxine succinate 20
dexamethasone 70, 85, 86
dexamethasone sodium phosphate . 90
dexmethylphenidate 57
dextroamphetamine-amphetamine .. 56
dextromethorphan-quinidine 58
DEXTROSE 10 % AND 0.2 % NACL 62, 65
DEXTROSE 10 % IN WATER (D10W) 62, 65
DEXTROSE 5 % IN WATER (D5W) 63, 65, 87
DEXTROSE 5%-0.2 % SOD CHLORIDE 63, 65
DIACOMIT 15
diazepam 16, 42
DIAZEPAM 16, 42
Diazepam Intensol 16, 42
diazoxide 46
diclofenac epolamine 7
diclofenac potassium 7
diclofenac sodium 7, 61, 90
DICLOFENAC SODIUM 7
diclofenac-misoprostol 7
dicloxacillin 13
DICYCLOMINE 66, 67
DIFICID 13
diflunisal 7
DIFLUPREDNATE 90
digoxin 50, 53
dihydroergotamine 24
DILANTIN 18
DILANTIN INFATABS 17
DILANTIN-125 18
diltiazem HCl 50, 51, 52
DILT-XR 51, 52
DIPHENOXYLATE-ATROPINE 66
DIPYRIDAMOLE 49
DISOPYRAMIDE PHOSPHATE 51
disulfiram 9
divalproex 15, 24, 43, 44
DOFETILIDE 51
donepezil 18
DOPTELET (10 TAB PACK) 49
DOPTELET (15 TAB PACK) 49
DOPTELET (30 TAB PACK) 49
DOPTELET SPRINKLE 49
dorzolamide 91
dorzolamide-timolol 89, 91
DOTTI 72
DOVATO 38
doxazosin 49, 70
DOXEPIN 21, 41
doxepin 21, 41, 97
doxercalciferol 86
DOXY-100 14
doxycycline hyclate 14, 59
doxycycline monohydrate 14
DRIZALMA SPRINKLE 20, 42
DRONABINOL 22
drospirenone-ethinyl estradiol 72
DROXIA 26, 68
DROXIDOPA 49
droxidopa 49
DUAVEE 76
duloxetine 20, 42, 58
DUPIXENT PEN 60, 79, 81, 96
DUPIXENT SYRINGE 60, 79, 81, 96
dutasteride 70
DUTASTERIDE-TAMSULOSIN 70
E.E.S. 400 13
EDARBYCLOR 53
EDURANT 39
EDURANT PED 39
efavirenz 39
EFAVIRENZ-EMTRICITABIN-TENOFOV 39
efavirenz-lamivu-tenofov disop 39
EGRIFTA WR 71
ELIGARD 77
ELIGARD (3 MONTH) 77
ELIGARD (4 MONTH) 77
ELIGARD (6 MONTH) 77
ELIQUIS 48
ELIQUIS DVT-PE TREAT 30D START 48
ELIQUIS SPRINKLE 48
eltrombopag olamine 49
ELURYNG 72
ELYXYB 7, 23
EMGALITY PEN 23
EMGALITY SYRINGE 23
EMSAM 20
emtricitabine 39
EMTRICITABINE-TENOFOVIR (TDF) 40
emtricitabine-tenofovir (TDF) 40
emtricita-rilpivirine-tenof DF 39
EMTRIVA 40
EMVERM 32
enalapril maleate 50
enalapril-hydrochlorothiazide 53
ENBREL 81
ENBREL MINI 81
ENBREL SURECLICK 81
ENDARI 68
Endocet 87
ENGERIX-B (PF) 83
ENGERIX-B PEDIATRIC (PF) 83
enoxaparin 48
ENSACOVE 28
ENSTILAR 60, 61
ENTACAPONE 33
ENTECAVIR 38
ENTYVIO PEN 79
Enulose 66
ENVARSUS XR 81
EPIDIOLEX 15
epinephrine 94
eplerenone 55, 56
EPRONTIA 15, 24
ERGOTAMINE-CAFFEINE 24
ERIVEDGE 28
ERLEADA 25
erlotinib 28
Errin 75
ERTAPENEM 13
ERY PADS 62
ERYTHROCIN 13
ERYTHROCIN (AS STEARATE) 87
ERYTHROMYCIN 13, 14
erythromycin 90
erythromycin ethylsuccinate 13
ERYTHROMYCIN ETHYLSUCCINATE 87
erythromycin with ethanol 62
ERYTHROMYCIN-BENZOYL PEROXIDE 59
ERZOFRI 35
escitalopram oxalate 20, 42
eslicarbazepine 18
esomeprazole magnesium 68
ESTARYLLA 72, 75
estradiol 72
ESTRADIOL 72
ESTRADIOL VALERATE 72
ESTRADIOL-NORETHINDRONE ACET 73
ethambutol 25
ethosuximide 16
etodolac 7
ETODOLAC 7
ETONOGESTREL-ETHINYL ESTRADIOL 72, 73
etravirine 39
EUCRISA 60
EULEXIN 25
everolimus (antineoplastic) 28, 81
everolimus (immunosuppressive) 28, 81
EVOTAZ 40
EVRYSDI 68
EXEMESTANE 27
EXXUA 19
EYSUVIS 90
EZALLOR SPRINKLE 87
ezetimibe 56
ezetimibe-simvastatin 56
FABHALTA 49
famciclovir 38
famotidine 67
FANAPT 35
FANAPT TITRATION PACK A 35
FANAPT TITRATION PACK B 35
FANAPT TITRATION PACK C 35

FARXIGA 44
FASENRA 96, 97
FASENRA PEN 96, 97
febuxostat 23
FELBAMATE 15
felbamate 15
felodipine 52
fenofibrate 55
fenofibrate micronized 55
fenofibrate nanocrystallized 55
FENOFIBRIC ACID (CHOLINE) 55
FENTANYL 7, 8
fesoterodine 69
FETZIMA 20
FIASP FLEXTOUCH U-100 INSULIN 47
FIASP PENFILL U-100 INSULIN 47
FIASP U-100 INSULIN 47
fidaxomicin 14
FILSPARI 50, 53
FINACEA 59
finasteride 70
fingolimod 59
FINTEPLA 15
FIRMAGON KIT W DILUENT SYRINGE 77
Flac Otic Oil 87
FLAREX 90
flecainide 51
fluconazole 22
FLUCONAZOLE IN NACL (ISO-OSM) 22
flucytosine 22
fludrocortisone 70
flunisolide 92
fluocinolone 60
fluocinolone acetonide oil 92
fluocinolone and shower cap 60
fluocinonide 60
fluocinonide-emollient 60
fluorometholone 90
fluorouracil 26, 61
fluoxetine 20
FLUPHENAZINE DECANOATE 33
FLUPHENAZINE HCL 33, 34
flurbiprofen 7
flurbiprofen sodium 91
FLUTICASONE FUROATE 92, 94, 96
FLUTICASONE FUROATE-VILANTEROL 94
fluticasone propionate 61, 92, 93, 94
fluticasone propion-salmeterol 94, 96
fluvastatin 55
fluvoxamine 20
fondaparinux 48
FONDAPARINUX 48
FORMOTEROL FUMARATE 94
FORZINITY 58
FOSAMAX PLUS D 86
fosamprenavir 40
FOSFOMYCIN TROMETHAMINE 10
fosinopril 50
fosinopril-hydrochlorothiazide 53
FOTIVDA 28
FRUZAQLA 28
FULPHILA 49
FUROSEMIDE 55
furosemide 55
gabapentin 16, 58
GABAPENTIN 17, 58
galantamine 18
GAMMAGARD LIQUID 78
GAMMAGARD LIQUID ERC 78
GAMMAGARD S-D (IGA < 1 MCG/ML) 78
GAMMAKED 78
GAMMAPLEX 78
GAMMAPLEX (WITH SORBITOL) 78
GAMUNEX-C 78
GARDASIL 9 (PF) 83
gatifloxacin 90
GATTEX 30-VIAL 67
GAUZE PAD 47
GaviLyte-C 66, 67
GaviLyte-G 66, 67
GAVRETO 28
gefitinib 28
gemfibrozil 55
GEMTESA 69
Gengraf 81
GENOTROPIN 71
GENOTROPIN MINIQUICK 71
GENTAMICIN 10
gentamicin 10, 90
GENTAMICIN IN NACL (ISO-OSM) 10
GENVOYA 38
GILOTRIF 28
glatiramer 59
GLATOPA 59
glimepiride 44
glipizide 44
glipizide-metformin 44
glutamine (sickle cell) 68
glyburide 45
glyburide-metformin 45
glycopyrrolate 67
GLYXAMBI 45
GOMEKLI 28
granisetron HCl 22
GRISEOFULVIN MICROSIZE 22
GRISEOFULVIN ULTRAMICROSIZE 22
GUANFACINE 49, 57
GVOKE 45, 46
GVOKE HYPOPEN 2-PACK 46
GVOKE PFS 1-PACK SYRINGE 46
HADLIMA 81
HADLIMA PUSHTOUCH 81
HADLIMA(CF) 81
HADLIMA(CF) PUSHTOUCH 81
HAEGARDA 78
halobetasol propionate 61
haloperidol 34
HALOPERIDOL DECANOATE 34
HALOPERIDOL LACTATE 34
haloperidol lactate 34
HAVRIX (PF) 83
heparin (porcine) 48
HEPCLUDEX 38
HEPLISAV-B (PF) 83
HERNEXEOS 28
HIBERIX (PF) 83
HUMULIN R U-500 (CONC) KWIKPEN 47
hydralazine 56
hydrochlorothiazide 55
hydrocodone bitartrate 8
HYDROCODONE BITARTRATE 8
hydrocodone-acetaminophen 8, 87
hydrocodone-ibuprofen 8
hydrocortisone 61, 70, 86
HYDROCORTISONE 86
hydrocortisone butyrate 61
hydrocortisone valerate 61
HYDROMORPHONE 8
hydromorphone 8
hydroxychloroquine 32
hydroxyurea 26
HYDROXYZINE HCL 41, 92
HYDROXYZINE PAMOATE 41, 92
HYRNUO 28
ibandronate 86
IBRANCE 27, 28
IBTROZI 28
IBU 7
ibuprofen 7
icatibant 78
ICLUSIG 28
ICOSAPENT ETHYL 56
IDHIFA 26, 28
IDVYNSO 39
ILEVRO 91
imatinib 28
IMBRUVICA 28
IMIPENEM-CILASTATIN 13
imipramine HCl 21
imiquimod 61
IMKELDI 28
IMOVAX RABIES VACCINE (PF) 83
IMPAVIDO 32
IMULDOSA 79, 87
INBRIJA 33
Incassia 75
INCRELEX 71
INCRUSE ELLIPTA 93
indapamide 55
indomethacin 7
INFANRIX (DTAP) (PF) 83
INGREZZA 58

INGREZZA INITIATION PK(TARDIV) 58
INGREZZA SPRINKLE 57, 58
INLURIYO 25
INLYTA 28, 29
INQOVI 26
INREBIC 29
INSULIN SYRINGE-NEEDLE U-100 47
INTELENCE 39
INTRALIPID 63, 65
INVEGA HAFYERA 35
INVEGA SUSTENNA 35, 36
INVEGA TRINZA 36
IPOL 83
ipratropium bromide 93
ipratropium-albuterol 93, 96, 97
irbesartan 50
irbesartan-hydrochlorothiazide 53
ISENTRESS 38, 39
ISENTRESS HD 38
ISOLYTE S PH 7.4 63
ISOLYTE-P IN 5 % DEXTROSE 63, 65
isoniazid 25
isosorbide dinitrate 56
isosorbide mononitrate 56
isotretinoin 59
isradipine 52
ISTURISA 71
ITOVEBI 29
ITRACONAZOLE 22
IVABRADINE 53
ivermectin 32
IWILFIN 26
IXIARO (PF) 83
JAKAFI 29
JAKAFI XR 29
Jantoven 48
JARDIANCE 45
JASCAYD 96
JAYPIRCA 29
JENTADUETO 45
JENTADUETO XR 45
JIDEYTRO 29
JOURNAVX 7
JULEBER 73, 75
JULUCA 39, 40
JUNEL 1.5/30 (21) 73, 75
JUNEL 1/20 (21) 73, 75
JUNEL FE 1.5/30 (28) 73, 75
JUNEL FE 1/20 (28) 73, 75
JYNNEOS (PF) 83
KALETRA 40
KALYDECO 94
KELNOR 1/35 (28) 72, 73
KERENDIA 55, 56
KESIMPTA PEN 59
ketoconazole 22
ketorolac 91
KEVZARA 79, 81
KINERET 81
KINRIX (PF) 84
KISQALI 29
KLOR-CON 64
Klor-Con 10 ..... 63, 65
Klor-Con 8 63
Klor-Con M10 63
Klor-Con M15 63
Klor-Con M20 63
KLOXXADO 9
KOMZIFTI 29
KORLYM 77
KOSELUGO 29
KRAZATI 29
KYLEENA 73
labetalol 51
lacosamide 18
lactulose 66
Lagevrio (EUA) 87
lamivudine 38, 40
lamivudine-zidovudine 40
lamotrigine 15, 42, 44
LAMOTRIGINE 15, 44
lansoprazole 68
LANTUS SOLOSTAR U-100 INSULIN 47
LANTUS U-100 INSULIN 47
lapatinib 29
latanoprost 91
LAZCLUZE 29
ledipasvir-sofosbuvir 38
leflunomide 79, 81
lenalidomide 25
LENVIMA 29
LEQEMBI IQLIK 18
letrozole 27
leucovorin calcium 26, 32
LEUKERAN 25
LEUKINE 49
LEUPROLIDE 77
LEVALBUTEROL HCL 94
LEVALBUTEROL TARTRATE 94
levetiracetam 15
LEVETIRACETAM 15
levobunolol 91
LEVOCARNITINE 63, 65
LEVOCARNITINE (WITH SUGAR) 65
levocetirizine 92
levofloxacin 14, 90
LEVOFLOXACIN IN D5W 14
LEVONEST (28) 73, 75
levonorgestrel-ethinyl estrad 73, 75, 87
levonorg-eth estrad triphasic 73
levothyroxine 76
Levoxyl 76
lidocaine 9
lidocaine HCl 9, 88
lidocaine-prilocaine 9
LIFYORLI 29
LILETTA 73
linezolid 10
LINEZOLID 10
LINEZOLID IN DEXTROSE 5% 10
LINZESS 66
liothyronine 76
Liquid Multivitamin 88
LIRAGLUTIDE 45
LISDEXAMFETAMINE 57
lisinopril 50
lisinopril-hydrochlorothiazide 53
lithium carbonate 44
lithium citrate 44
LIVMARLI 67
LIVTENCITY 37
LOFEXIDINE 9
LOKELMA 65
LOMUSTINE 25
lomustine 25
LONSURF 26
loperamide 66
lopinavir-ritonavir 40
lorazepam 17, 42
Lorazepam Intensol 17, 42
LORBRENA 29
LORYNA (28) 72, 73
losartan 50
losartan-hydrochlorothiazide 53
LOTEMAX 91
lovastatin 55
LOW-OGESTREL (28) 73, 75
loxapine succinate 34
LUBIPROSTONE 66
LUMAKRAS 26, 29
LUMIGAN 91
LUPRON DEPOT 77
LUPRON DEPOT (3 MONTH) 77
LURASIDONE 36, 42, 43
LYBALVI 36
Lyleq 75
LYLLANA 72
LYNPARZA 26, 29
LYSODREN 26, 77
LYTGOBI 29
macitentan 95
MAGNESIUM SULFATE 63
MALATHION 62
maraviroc 40
MARPLAN 20
MATULANE 25
Matzim LA 51, 52
MAVYRET 38
meclizine 21
medroxyprogesterone 75
mefloquine 32
MEGESTROL 75
MEKINIST 29
MEKTOVI 30
meloxicam 7
MEMANTINE 19
memantine 19

MEMANTINE-DONEPEZIL 18
MENQUADFI (PF) 84
MENVEO A-C-Y-W-135-DIP (PF) ... 84
mercaptopurine 26, 81
MEROPENEM 13
MESALAMINE 85
mesalamine 85
mesna 32
metformin 45
methadone 8
METHAZOLAMIDE 91
methenamine hippurate 10
methimazole 78
methocarbamol 97
methotrexate sodium 26, 81
methotrexate sodium (PF) 26, 81
METHSUXIMIDE 16
methylphenidate HCl 57
methylprednisolone 70, 86
metoclopramide HCl 21, 67
metolazone 55
metoprolol succinate 51
metoprolol ta-hydrochlorothiaz 54
metoprolol tartrate 51
metronidazole 11, 59
metronidazole in NaCl (iso-os) 11
metyrosine 54
MICAFUNGIN 23
MICROGESTIN 1.5/30 (21) 73, 75
MICROGESTIN 1/20 (21) 73, 75
MICROGESTIN FE 1.5/30 (28) .. 73, 75
MICROGESTIN FE 1/20 (28) 73, 75
midodrine 49
MIFEPRISTONE 46, 77
miglustat 68
milnacipran 58
MIMVEY 73
minocycline 14
minoxidil 56
MIPLYFFA 68
mirabegron 69
MIRABEGRON 69
mirtazapine 19
misoprostol 67, 71
M-M-R II (PF) 84
modafinil 97
MODEYSO 30
moexipril 50
molindone 34
mometasone 61, 93
montelukast 93
morphine 8
morphine concentrate 8
MOVANTIK 66
moxifloxacin 14, 90
MOXIFLOXACIN-SOD.CHLORIDE(ISO) 14
MRESVIA (PF) 84
MULTAQ 51
mupirocin 62
mycophenolate mofetil 81, 82
MYCOPHENOLATE SODIUM 82
MYHIBBIN 82
MYRBETRIQ 69
nabumetone 7
nadolol 51
NAFCILLIN 13
nafcillin 13
naloxone 9, 88
naltrexone 9
naproxen 7
naproxen sodium 7
naratriptan 24
NATACYN 90
nateglinide 45
NAYZILAM 17, 42
nebivolol 51
NECON 0.5/35 (28) 73, 75
NEFAZODONE 20
neomycin 10
neomycin-bacitracin-poly-HC 89
neomycin-bacitracin-polymyxin .. 89, 90
neomycin-polymyxin B-dexameth 89
neomycin-polymyxin-gramicidin . 89, 90
neomycin-polymyxin-HC 89, 92
NERLYNX 30
NEUPRO 33
NEVIRAPINE 39
nevirapine 39
NEXLETOL 56
NEXPLANON 73
NIACIN 56
NICARDIPINE 52
NICOTROL NS 9
nifedipine 52
nilotinib d-tartrate 30
nilotinib HCl 30
nilutamide 25
NIMODIPINE 52
NINLARO 26, 30
nintedanib 96
NISOLDIPINE 52
nitazoxanide 32
nitisinone 69
NITRO-BID 56
NITROFURANTOIN MACROCRYSTAL 11
NITROFURANTOIN MONOHYD/M-CRYST 11
NITROGLYCERIN 56, 67
nitroglycerin 56
nizatidine 67
NORELGESTROMIN-ETHIN.ESTRADIOL 73, 75
norethindrone (contraceptive) 75
norethindrone acetate 75
NORETHINDRONE AC-ETH ESTRADIOL 73, 75
norethindrone ac-eth estradiol ... 73, 75
norgestimate-ethinyl estradiol 73, 76
NORITATE 11
NORTREL 0.5/35 (28) 74, 76
NORTREL 1/35 (21) 74, 76
NORTREL 1/35 (28) 74, 76
NORTREL 7/7/7 (28) 74, 76
nortriptyline 21
NORTRIPTYLINE 21
NORVIR 40
Novolin 70/30 U-100 Insulin 47
NOVOLIN 70-30 FLEXPEN U-100 .. 47
NOVOLIN N FLEXPEN 47
Novolin N NPH U-100 Insulin 47
NOVOLIN R FLEXPEN 47
Novolin R Regular U100 Insulin 47
NOVOLOG FLEXPEN U-100 INSULIN 47
NOVOLOG MIX 70-30 U-100 INSULN 47
NOVOLOG MIX 70-30FLEXPEN U-100 47
NOVOLOG PENFILL U-100 INSULIN 47
NOVOLOG U-100 INSULIN ASPART 47
NUBEQA 25
NUCALA 96, 97
NUPLAZID 36
NURTEC ODT 23, 58
NUTRILIPID 65
NUZYRA 14
Nyamyc 23
NYMALIZE 52
nystatin 23
Nystop 23
OCTAGAM 78
octreotide acetate 77
OCTREOTIDE ACETATE 77
ODEFSEY 40
ODOMZO 30
OFEV 96
ofloxacin 90, 92
OGSIVEO 27, 30
OJEMDA 30
OJJAARA 26, 30
OLANZAPINE 36, 43
olanzapine 36, 43
olmesartan 50
olmesartan-amlodipin-hcthiazid 54
olmesartan-hydrochlorothiazide 54
OLOPATADINE 92
OMEGA-3 ACID ETHYL ESTERS .. 56
omeprazole 68
OMNARIS 93
OMNIPOD 5 (LIBRE 2/3 PLUS) 88
OMNIPOD 5 G6-G7 INTRO KT(GEN5) 88
OMNIPOD 5 G6-G7 PODS (GEN 5) 88
OMNIPOD 5 INTRO (LIBRE2/3PLUS) 88

OMNIPOD DASH INTRO KIT (GEN 4) 88
OMNIPOD DASH PDM KIT (GEN 4) 88
OMNIPOD DASH PODS (GEN 4) ... 88
ondansetron 22
ondansetron HCl 22
ONUREG 26
OPIPZA 19, 36
OPVEE 9
ORAPRED ODT 70, 86
ORGOVYX 26
ORIAHNN 77
ORKAMBI 95
ORLADEYO 78
ORLYNVAH 11
ORSERDU 26
oseltamivir 41
OTEZLA 61, 82
OTEZLA STARTER 62, 82, 88
OTEZLA XR 62, 82
OTEZLA XR INITIATION 62, 82
OTULFI 79, 88
OXACILLIN 13
OXAPROZIN 7
OXCARBAZEPINE 18
oxcarbazepine 18
oxybutynin chloride 69
oxycodone 8
OXYCODONE 8
oxycodone-acetaminophen 8, 9
OZEMPIC 45
Pacerone 51
paliperidone 36
PANRETIN 32, 62
pantoprazole 68
PANZYGA 78
PARICALCITOL 86
PAROXETINE HCL 20, 42
paroxetine HCl 20, 42
Paxlovid 41, 79
pazopanib 30
PEDIARIX (PF) 84
PEDVAX HIB (PF) 84
peg 3350-electrolytes 66, 67
PEGASYS 80
peg-electrolyte soln 66, 67
PEMAZYRE 30
PEN NEEDLE, DIABETIC 47
PENBRAYA (PF) 84
penicillamine 64, 70
PENICILLIN G POT IN DEXTROSE 13
PENICILLIN G POTASSIUM 13
PENICILLIN G SODIUM 13
penicillin V potassium 13
PENMENVY MEN A-B-C-W-Y (PF) 84
PENTACEL (PF) 84
PENTAMIDINE 32
pentoxifylline 54
perampanel 15
PERAMPANEL 15
perindopril erbumine 50
Periogard 59
permethrin 62
perphenazine 21, 34
PERSERIS 36
phenelzine 20
PHENOBARBITAL 17
PHENYTEK 18
phenytoin 18
phenytoin sodium extended 18, 88
PHYRAGO 30
PIFELTRO 39
PILOCARPINE HCL 59
pilocarpine HCl 91
PIMECROLIMUS 61
pimozide 34
PIMTREA (28) 74, 76
pindolol 51
pioglitazone 45
PIPERACILLIN-TAZOBACTAM 13
PIQRAY 30
pirfenidone 96
piroxicam 7
PITAVASTATIN CALCIUM 55
PLASMA-LYTE A 63
PLEGRIDY 59
PLENAMINE 69
PLENVU 66
PODOFILOX 62
podofilox 62
polymyxin B sulf-trimethoprim 89, 90
pomalidomide 25
POMALYST 25
posaconazole 23
POTASSIUM CHLORID-D5-0.45%NACL 63, 88
POTASSIUM CHLORIDE 63
potassium chloride 63, 64, 66
POTASSIUM CHLORIDE IN 0.9%NACL 63
POTASSIUM CHLORIDE IN 5 % DEX 88
POTASSIUM CHLORIDE-0.45 % NACL 63
POTASSIUM CHLORIDE-D5-0.2%NACL 88
POTASSIUM CHLORIDE-D5-0.9%NACL 88
potassium citrate 63, 70
PRALUENT PEN 56
pramipexole 33
PRAMIPEXOLE 33
prasugrel HCl 49
pravastatin 55
PRAZIQUANTEL 32
prazosin 50, 70
prednisolone 70, 86
prednisolone acetate 91
prednisolone sodium phosphate 70, 86
PREDNISOLONE SODIUM PHOSPHATE 91
prednisone 70, 71, 86
PREDNISONE INTENSOL 70, 86
pregabalin 16, 17, 58
PREMASOL 10 % 63, 65
PRENATAL VITAMIN PLUS LOW IRON 66
pretomanid 25
Prevalite 56
PREVYMIS 38
PREZCOBIX 40
PREZISTA 41
PRIMAQUINE 32
primidone 17
PRIORIX (PF) 84
PRIVIGEN 78
probenecid 23
probenecid-colchicine 23
prochlorperazine 21
prochlorperazine maleate 21, 34
Procto-Med HC 61, 86
Proctosol HC 61, 86
Proctozone-HC 61, 86
PROGRAF 82
PROMACTA 48
promethazine 21, 92
PROPAFENONE 51
propafenone 51
propranolol 51, 52
propylthiouracil 78
PROQUAD (PF) 84
PROSOL 20 % 64, 65
PROTRIPTYLINE 21
PULMICORT FLEXHALER 93
PULMOZYME 95
PYLERA 67
PYRAZINAMIDE 25
pyridostigmine bromide 24
PYRIMETHAMINE 32
QINLOCK 30
QIVIGY 52, 78
QUADRACEL (PF) 84
quetiapine 19, 20, 36, 43
quinapril 50
quinidine sulfate 51
QUININE SULFATE 32
QULIPTA 23
RABAVERT (PF) 84
rabeprazole 68
RALDESY 21
raloxifene 76
ramipril 50
ranolazine 54
RASAGILINE 33
RAYALDEE 87
RECOMBIVAX HB (PF) 84
RECORLEV 77
REDEMPLO 54

RELENZA DISKHALER 41
RELISTOR 66
repaglinide 45
RESTASIS 82, 89
RESTASIS MULTIDOSE 82, 89
RETACRIT 49
RETEVMO 26, 30
REVCOVI 79
REVUFORJ 30
REXULTI 36
REYATAZ 41
REZDIFFRA 67
REZLIDHIA 30
REZUROCK 30, 82
RHAPSIDO 79
RHOPRESSA 91
ribavirin 38
RIFABUTIN 24
RIFAMPIN 25
rifampin 25
rifapentine 24
rilpivirine HCl 39
riluzole 58
rimantadine 41
RINVOQ 79
risedronate 87
RISEDRONATE 87
RISPERIDONE 37, 43
risperidone 37, 43
RISPERIDONE MICROSPHERES 36, 43
risperidone microspheres 37, 43
ritonavir 41
RIVAROXABAN 48
RIVASTIGMINE 19
rivastigmine tartrate 18
rizatriptan 24
ROCKLATAN 89, 91
roflumilast 95
ROMVIMZA 30
ropinirole 33
ROPINIROLE 33
rosuvastatin 55
ROTARIX 84
ROTATEQ VACCINE 84
Roweepra 15
ROZLYTREK 30
RUBRACA 30
rufinamide 18
RUFINAMIDE 18
RUKOBIA 40
RYBELSUS 45
RYDAPT 30
sacubitril-valsartan 54
SANTYL 62
sapropterin 69
SAVELLA 58
SCEMBLIX 30
SCOPOLAMINE BASE 22, 67
SECUADO 37, 43
selegiline HCl 33
selenium sulfide 61
SELZENTRY 40
SEPHIENCE 69
SEREVENT DISKUS 94
SERTRALINE 21, 42
sertraline 21, 42
sevelamer carbonate 65
SHINGRIX (PF) 84
SIGNIFOR 77
SILDENAFIL (PULM.HYPERTENSION) 95
SILODOSIN 70
silver sulfadiazine 62
SIMBRINZA 91
SIMLANDI(CF) 82
SIMLANDI(CF) AUTOINJECTOR 82
simvastatin 55
SIROLIMUS 82
SIRTURO 25
sitagliptin phos-metformin 45
sitagliptin phosphate 45
SIVEXTRO 11
SKYCLARYS 58, 69
SKYLA 74
SKYRIZI 79, 88
SODIUM CHLORIDE 64
SODIUM CHLORIDE 0.45 % 64
SODIUM CHLORIDE 3 % HYPERTONIC 64
SODIUM CHLORIDE 5 % HYPERTONIC 64
sodium oxybate 97
sodium phenylbutyrate 69
sodium polystyrene sulfonate 65
sodium,potassium,mag sulfates 66
SODIUM,POTASSIUM,MAG SULFATES 66
sofosbuvir-velpatasvir 38
solifenacin 69
SOLIQUA 100/33 ..... 45, 47
SOLTAMOX 26
SOMAVERT 77
sorafenib 30
sotalol 51
Sotalol AF 51
SPIRIVA RESPIMAT 93
spironolactone 55, 56
spironolacton-hydrochlorothiaz 54
SPRINTEC (28) 74, 76
SPRITAM 15, 88
SPS (with sorbitol) 65
SSD 62
STIVARGA 30
streptomycin 10
STRIBILD 39
SUBVENITE 15, 44
sucralfate 67
sulfacetamide sodium 90
sulfacetamide sodium (acne) 14, 60
sulfacetamide-prednisolone 89
SULFADIAZINE 14
sulfamethoxazole-trimethoprim 14
SULFAMYLON 62
sulfasalazine 85
sulindac 7
SUMATRIPTAN 24
sumatriptan succinate 24
SUMATRIPTAN SUCCINATE 24
sunitinib malate 30
SUNLENCA 40
SUPREP BOWEL PREP KIT 66, 67
SYEDA 72, 74
SYMDEKO 95
SYMPAZAN 17
SYMTUZA 39, 41
SYNAREL 77
SYNJARDY 45
SYNJARDY XR 45
SYNTHROID 76
TABLOID 26
TABRECTA 30
TACROLIMUS 61
tacrolimus 82
TADALAFIL 70
TAFINLAR 30, 31
TAGRISSO 31
TAKHZYRO 78
TALICIA 67
TALZENNA 31
tamoxifen 26
tamsulosin 70
TARINA FE 1-20 EQ (28) 74, 76
TARPEYO 71
tasimelteon 97
TAVNEOS 79, 82
TAZAROTENE 60
TEFLARO 12
telmisartan 50
telmisartan-amlodipine 54
telmisartan-hydrochlorothiazid 54
temazepam 97
TENIVAC (PF) 84
tenofovir disoproxil fumarate 38, 40
TEPMETKO 31
terazosin 50, 70
terbinafine HCl 23
TERBUTALINE 94
terconazole 23
teriparatide 87
TESTOSTERONE 71, 72
testosterone cypionate 71
testosterone enanthate 71
TETRABENAZINE 58
tetrabenazine 58
TETRACYCLINE 14
THALOMID 25
THEO-24 95
THEOPHYLLINE 95
theophylline 95

thioridazine 34
thiothixene 34
Tiadylt ER 51, 52
TIAGABINE 17
TIBSOVO 27, 31
ticagrelor 49
TICOVAC 85
TIGECYCLINE 11
timolol maleate 24, 52, 91
TIMOLOL MALEATE 91
tinidazole 11
tiotropium bromide 93
TIVICAY 39
TIVICAY PD 39
tizanidine 37
TOBI PODHALER 95
TOBRADEX 89
TOBRADEX ST 89
tobramycin 10, 90, 95
tobramycin in 0.225 % NaCl 95
TOBRAMYCIN SULFATE 10
tobramycin-dexamethasone 89
TOBRAMYCIN-LOTEPRED 89
tofacitinib 79
tolterodine 69
tolvaptan 64
tolvaptan (polycys kidney dis) 64
topiramate 15, 16, 24
toremifene 25, 26
torsemide 55
TOUJEO MAX U-300 SOLOSTAR . 47
TOUJEO SOLOSTAR U-300 INSULIN 48
TPN ELECTROLYTES 65
TRADJENTA 46
tramadol 9
tramadol-acetaminophen 9
trandolapril 50
tranexamic acid 49
tranylcypromine 20
TRAVASOL 10 % 64, 65
travoprost 91
trazodone 21
TRELEGY ELLIPTA 97
TREMFYA 80
TREMFYA ONE-PRESS 80
TREMFYA PEN 80, 88
TREMFYA PEN INDUCTION PK(2PEN) 80
TRESIBA FLEXTOUCH U-100 48
TRESIBA FLEXTOUCH U-200 48
TRESIBA U-100 INSULIN 48
tretinoin 60
tretinoin (antineoplastic) 32
TREXALL 26, 82
triamcinolone acetonide 59, 61
triamterene-hydrochlorothiazid 54
trientine 64
TRI-ESTARYLLA 74, 76
trifluoperazine 34
trifluridine 38, 90
TRIHEXYPHENIDYL 32
TRIJARDY XR 46
TRIKAFTA 95
TRI-LEGEST FE 74
TRI-LO-ESTARYLLA 74, 76
trimethoprim 11
TRIMIPRAMINE 21
TRINTELLIX 21
TRI-SPRINTEC (28) 74, 76
TRIUMEQ 40
TRIUMEQ PD 40
TROPHAMINE 10 % 65
TROSPIUM 69
trospium 69
TRULICITY 46
TRUMENBA 85
TRUQAP 31
TRYNGOLZA 54
TUKYSA 31
TURALIO 31
TWINRIX (PF) 85
TYENNE 82
TYENNE AUTOINJECTOR 82
TYMLOS 87
TYPHIM VI 85
TYRVAYA 89
UBRELVY 23
umeclidinium 97
UMECLIDINIUM-VILANTEROL 97
Unithroid 77
UPTRAVI 95
URSODIOL 67
ustekinumab 80
USTEKINUMAB-AEKN 80
ustekinumab-aekn 80
ustekinumab-ttwe 80, 88
UZEDY 37
valacyclovir 38
VALCHLOR 25
valganciclovir 38
valproic acid 16, 24, 44
valproic acid (as sodium salt) 16, 24, 44
valsartan 50
valsartan-hydrochlorothiazide 54
VALTOCO 17, 42
VANCOMYCIN 11
vancomycin 11
VANFLYTA 31
VANRAFIA 49, 54
VAQTA (PF) 85
VARENICLINE TARTRATE 10
VARIVAX (PF) 85
VAXCHORA VACCINE 85
VELIVET TRIPHASIC REGIMEN (28) 74, 76
VELSIPITY 67
VELTASSA 65
VEMLIDY 38
VENCLEXTA 31
VENCLEXTA STARTING PACK 31
venlafaxine 21, 42
VENTOLIN HFA 94
VENXXIVA 70
VEOZAH 58
verapamil 51, 52, 53
VERQUVO 54, 56
VERSACLOZ 37
VERZENIO 31
VIENVA 74, 76
vigabatrin 17
VIGADRONE 17
VIGAFYDE 17
VIJOICE 31, 69
vilazodone 21
VIMKUNYA (PF) 85
VIRACEPT 41
VIREAD 38, 40
VITRAKVI 31
VIVITROL 9
VIVOTIF 85
VONJO 31
VOQUEZNA 67
VOQUEZNA DUAL PAK 67
VOQUEZNA TRIPLE PAK 67
VORANIGO 26
voriconazole 23
VORICONAZOLE 23
voriconazole-HPBCD 88
VOSEVI 38
VOWST 67
VOYXACT 82
VRAYLAR 37
VUMERITY 59
VYKAT XR 46
VYZULTA 91
WAINUA 69
warfarin 48
WAYRILZ 49
WEGOVY 46, 54
WELIREG 31, 69
WINREVAIR 95
Wixela Inhub 97
WYOST 87
XALKORI 31
XATMEP 26, 82
XCOPRI 16
XCOPRI MAINTENANCE PACK 16
XCOPRI TITRATION PACK 16
XDEMVY 89, 90
XERMELO 66
XGEVA 87
XHANCE 93
XIFAXAN 11, 66, 67
XIGDUO XR 46
XIIDRA 89, 91
XOLAIR 80
XOSPATA 31
XPOVIO 27, 31

XROMI 69
XTANDI 25
XULANE 74, 76
XULTOPHY 100/3.6 46
YF-VAX (PF) 85
YONSA 25
YORVIPATH 87
YULITHIRA 31
YUVAFEM 72
ZAFEMY 74, 76
ZAFIRLUKAST 93
zaleplon 97
ZARXIO 49
ZEJULA 31
ZELBORAF 32
ZEMAIRA 69
ZENATANE 60
ZENBEXUS 25
ZEPBOUND 46, 54
ZEPBOUND KWIKPEN 46, 54
ZERVIATE 90
zidovudine 40
ZILBRYSQ 58, 69
ziprasidone HCl 37, 43
ZIPRASIDONE MESYLATE 37, 43
ZIRGAN 90
ZOKINVY 69
ZOLINZA 27
zolmitriptan 24
zolpidem 97
ZONISADE 16, 18
zonisamide 18
ZOVIA 1-35 (28) 72, 74
ZTALMY 16, 17
ZURZUVAE 20
ZYDELIG 32
ZYKADIA 32
ZYMFENTRA 82
ZYPITAMAG 55
ZYPREXA RELPREVV 88

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Spanish (Español): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-716-7737 (TTY: 1-800-955-8771) o hable con su proveedor.

Haitian Creole (Kreyòl Ayisyen): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan 1-800-716-7737 (TTY: 1-800-955-8771) oswa pale avèk founisè w la.

Vietnamese (Việt): LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-716-7737 (TTY: 1-800-955-8771) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Brazilian Portuguese (Português do Brasil): ATENÇÃO: Se você fala Português do Brasil, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-716-7737 (TTY: 1-800-955-8771) ou fale com seu provedor.

Traditional Chinese (中文): 注意：如果您說 中文，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-800-716-7737 (TTY: 1-800-955-8771) 或與您的提供者討論。」

French (Français): Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-716-7737 (TTY: 1-800-955-8771) ou parlez à votre fournisseur.

Tagalog (Tagalog): PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-716-7737 (TTY: 1-800-955-8771) o makipag-usap sa iyong provider.

Russian (РУССКИЙ): ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-716-7737 (TTY: 1-800-955-8771) или обратитесь к своему поставщику услуг.

Arabic (العربية): إذا كنت تتحدث اللغة العربية ، تتوفر لك خدمات مساعدة لغوية مجانية. كما تتوفر مجانًا وسائل مساعدة وخدمات مناسبة لتقديم المعلومات بتنسيقات سهلة الوصول. اتصل على الرقم 1-800-716-7737 (1-800-955-8771 TTY:) أو تواصل مع مقدم الخدمة.

Italian (Italiano): ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama 1-800-716-7737 (TTY: 1-800-955-8771) o parla con il tuo fornitore.

German (Deutsch): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-716-7737 (TTY: 1-800-955-8771) an oder sprechen Sie mit Ihrem Provider.

Korean (한국어): 주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-716-7737 (TTY: 1-800-955-8771) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Polish (POLSKI): UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-716-7737 (TTY: 1-800-955-8771) lub porozmawiaj ze swoim dostawcą.

Gujarati (ગુજરાતી): ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-800-716-7737 (TTY: 1-800-955-8771) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

Thai (ไทย): หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-800-716-7737 (TTY: 1-800-955-8771) หรือปรึกษาผู้ให้บริการของคุณ