

Prior Authorization Drug List

Drugs That Require Prior Authorization for The Empire Plan Prescription Drug Program
Advanced Flexible Formulary

DRUG NAME	DRUG NAME	DRUG NAME
abiraterone	ARANESP	BOSULIF
ABRILADA	ARCALYST	BOTOX
ACTEMRA IV	ARESTIN	BRAFTOVI
ACTHAR	ARIKAYCE	BRINEURA
ACTIMMUNE	armodafinil (NUVIGIL)	BRIUMVI
ADAGEN	ASCENIV	BRONCHITOL
ADAKVEO	ASPARLAS	BRUKINSA
ADALIMUMAB-AACF	ATTRUBY	BYLVAY
ADALIMUMAB-ADAZ	AUGTYRO	BYOOVIZ
ADALIMUMAB-ADBM	AUSTEDO	CABLIVI
ADALIMUMAB-RYVK	AUSTEDO XR	CABOMETYX
ADBRY	AVASTIN	CALQUENCE
ADCETRIS	AVEED	CAMCEVI
ADEMPAS	AVONEX	CAMZYOS
ADVATE	AVSOLA	capecitabine (XELODA)
ADYNOVATE	AYVAKIT	CAPRELSA
ADZYNMA	azacitidine(VIDAZA)	CARBAGLU
AFSTYLA	BALVERSA	carglumic acid (CARBAGLU)
AGAMREE	BAVENCIO	CARIMUNE
AKEEGA	BELEODAQ	CAYSTON
ALDURAZYME	BELRAPZO	CERDELGA
ALECENSA	bendamustine (BENDEKA)	CEREZYME
ALFERON N	bendamustine lyophilized (TREANDA)	CHENODAL
ALIQOPA	BENEFIX	CHOLBAM
ALPHANATE	BENLYSTA	chorionic gonadotropin (NOVAREL, PREGNYL)
ALPHANINE SD	benzphetamine (REGIMEX)	CIBINQO
ALPROLIX	BEOVU	CIMERLI
ALTUVIIIO	BERINERT	cinacalcet
ALUNBRIG	BESPONSA	CINQAIR
ALVAIZ	BESREMI	CINRYZE
ALYFTREK	betaine anhydrous (CYSTADANE)	COAGADEX
ALYGLO	BETASERON	COLUMVI
ALYMSYS	BETHKIS	COMETRIQ
ambrisentan (LETAIRIS)	bexarotene (TARGRETIN)	CONTRACE
AMONDYS 45	BIMZELX	COPIKTRA
AMVUTTRA	BIVIGAM	CORIFACT
APHEXDA	BIZENGRI	CORTROPHIN
apomorphine (APOKYN)	BLINCYTO	COSELA
AQNEURSA	bortezomib, BORUZU (VELCADE)	COSENTYX
ARALAST NP	bosentan (TRACLEER)	COTELLIC

DRUG NAME	DRUG NAME	DRUG NAME
CRYSVITA	ENSPRYNG	GAZYVA
CUTAQUIG	ENTYVIO	gefitinib (IRESSA)
CUVITRU	EPCLUSA	GILOTRIF
CYRAMZA	EPIDIOLEX	GIVLAARI
CYSTADROPS	EPKINLY	GLASSIA
CYSTAGON	EPOGEN	glatiramer, glatopa (COPAXONE)
CYSTARAN	epoprostenol (FLOLAN, VELETRI)	GONAL-F
dalfampridine (AMPYRA)	ERBITUX	GONAL-F RFF
DANYELZA	eribulin (HALAVEN)	GRANIX
DANZITEN	ERIVEDGE	HADLIMA
DARZALEX	ERLEADA	HAEGARDA
DARZALEX FASPRO	erlotinib	HARVONI
dasatinib (SPRYCEL)	ESPEROCT	HEMLIBRA
DAURISMO	EVENITY	HEMOFIL-M
DAXXIFY	everolimus (AFINITOR)	HERCEPTIN
DAYBUE	EVKEEZA	HERCEPTIN HYLECTA
decitabine	EVRYSDI	HERCESSI
deferasirox (EXJADE, JADENU)	EXKIVITY	HERZUMA
deferiprone (FERRIPROX)	EXONDYS-51	HIZENTRA
deferoxamine (DESFERAL)	EYLEA	HUMATE-P
deflazacort (EMFLAZA)	FABHALTA	HUMATROPE
dichlorphenamide (KEVEYIS)	FABRAZYME	HUMIRA
diclofenac gel 3% (SOLARAZE)	FASENRA	HYCAMTIN CAPSULES
diethylpropion	FEIBA	HYMPAVZI
diethylpropion ER	FENSOLVI	HYQVIA
dimethyl fumarate	fentanyl (ABSTRAL, ACTIQ)	HYRIMOZ (CORDAVIS)
dofetilide (TIKOSYN)	FENTORA	IBRANCE
DOJOLVI	FIBRYGA	icatibant, sajazir (FIRAZYR)
DOPTELET	FILSPARI	ICLUSIG
droxidopa (NORTHERA)	FILSUVEZ	IDELVION
DUOPA	fingolimod (GILENYA)	IDHIFA
DUPIXENT	FINTEPLA	ILARIS
DUVYZAT	FIRDAPSE	imatinib
DYSPORT	FIRMAGON	IMBRUVICA
EBGLYSS	FLEBOGAMMA DIF	IMCIVREE
edaravone (RADICAVA)	FOTIVDA	IMDELLTRA
EGRIFTA SV	FRUZAQLA	IMFINZI
ELAHERE	fulvestrant (FASLODEX)	IMJUDO
ELAPRASE	FYARRO	IMLYGIC
ELELYSO	FYLNETRA	INBRIJA
ELFABRIO	GALAFOLD	INCRELEX
ELIGARD	GAMASTAN S/D	INFLECTRA
ELOCTATE	GAMMAGARD LIQUID	INFLIXIMAB
ELREXFIO	GAMMAGARD S/D	INGREZZA
ELZONRIS	GAMMAKED	INGREZZA SPRINKLE
EMPAVELI	GAMMAPLEX	INLYTA
EMPLICITI	GAMUNEX-C	INQOVI
ENBREL	GANIRELIX	INREBIC
ENHERTU	GATTEX	IQIRVO
ENJAYMO	GAVRETO	ISTURISA

DRUG NAME	DRUG NAME	DRUG NAME
ITOVEBI	LIBTAYO	NGENLA
itraconazole (SPORANOX)	lidocaine patch (LIDODERM)	NINLARO
IWILFIN	LITFULO	nitisinone (ORFADIN)
IXEMPRA	LIVDELZI	NITYR
IXINITY	LIVMARLI	NIVESTYM
IZERVAY	LONSURF	NORDITROPIN
JADENU SPRINKLE	LOQTORZI	NOVOEIGHT
JAKAFI	LORBRENA	NOVOSEVEN
javygtor (KUVAN)	LUCENTIS	NPLATE
JAYPIRCA	LUMAKRAS	NUBEQA
JEMPERLI	LUMIZYME	NUCALA
JESDUVROQ	LUMRYZ	NULIBRY
JEVTANA	LUNSUMIO	NUPLAZID
JIVI	LUPRON DEPOT	NUWIQ
JOENJA	LUPRON DEPOT-PED	NYPOZI
JUBLIA	LUTATHERA	NYVEPRIA
JUXTAPID	LUXTURNA	OBIZUR
JYNARQUE	LYNPARZA	OCALIVA
KADCYLA	LYTGOBI	OCREVUS
KALBITOR	MACUGEN	OCREVUS ZUNOVO
KALYDECO	MARGENZA	OCTAGAM
KANJINTI	MAVENCLAD	octreotide (SANDOSTATIN)
KANUMA	MAYZENT	octreotide LAR (SANDOSTATIN LAR)
KESIMPTA	MEKINIST	ODOMZO
KEYTRUDA	MEKTOVI	OFEV
KHAPZORY	MENOPUR	OGIVRI
KIMMTRAK	MEPSEVII	OGSIVEO
KISQALI	metyrosine (DEMSEK)	OJEMDA
KITABIS	mifepristone (KORLYM)	OJJAARA
KOATE	miglustat (ZAVESCA)	OLPRUVA
KOSELUGO	MIRCERA	OMVOH
KOVALTRY	mitoxantrone	ONCASPAR
KRAZATI	modafinil	ONPATTRO
KRYSTEXXA	MONJUVI	ONSOLIS
KYMRIAH	MONOCLATE-P	ONTRUZANT
KYPROLIS	MONONINE	ONUREG
LAMZEDE	MOUNJARO	OPDIVO
LANREOTIDE	MOZOBIL	OPDUALAG
lapatinib (TYKERB)	MULPLETA	OPFOLDA
LARTRUVO	MVASI	OPSUMIT
LAZCLUZE	MYALEPT	OPSYNVI
LEMTRADA	MYCAPSSA	OPZELURA
lenalidomide (REVLIMID)	MYLOTARG	ORENCIA
LENVIMA	MYOBLOC	ORENITRAM
LEQVIO	NAGLAZYME	ORGOVYX
LEUKINE	NEMLUVIO	ORKAMBI
leuprolide (LUPRON)	NERLYNX	ORLADEYO
DEPOT	NEULASTA	ormalvi (KEVEYIS)
LEVOLEUCOVORIN	NEUMEGA	ORSERDU
L-glutamine (ENDARI)	NEXVIAZYME	OTEZLA

DRUG NAME	DRUG NAME	DRUG NAME
OTREXUP	REDITREX	SOGROYA
OVIDREL	RELEUKO	SOHONOS
OXERVATE	REMICADE	SOLIRIS
OXLUMO	RENFLEXIS	SOMATULINE DEPOT
OZEMPIC	REPATHA	SOMAVERT
PADCEV	REPRONEX	sorafenib (NEXAVAR)
PALYNZIQ	RETACRIT	SOTYKTU
PANZYGA	RETEVMO	SOVALDI
PARSABIV	REVUFORJ	SPEVIGO
PAVBLU	REZDIFFRA	SPINRAZA
pazopanib (VOTRIENT)	REZLIDHIA	STELARA
PEDMARK	REZUROCK	STIMATE
PEMAZYRE	RIABNI	STIMUFEND
PERJETA	RIASTAP	STIVARGA
PHEBURANE	ribavirin	STRENSIQ
phendimetrazine	RINVOQ	SUBSYS
phentermine (ADIPEX-P)	RITUXAN	sunitinib (SUTENT)
PHESGO	RITUXAN HYCELA	SUPPRELIN LA
PIASKY	RIVFLOZA	SUSVIMO
PIQRAY	RIXUBIS	SYFOVRE
pirfenidone (ESBRIET)	ROLVEDON	SYLATRON
PLEGRIDY	romidepsin (ISTODAX)	SYLVANT
PLERIXAFOR	ROZLYTREK	SYMDEKO
POLIVY	RUBRACA	SYNAGIS
POMALYST	RUCONEST	TABRECTA
POMBILITI	RUXIENCE	tadalafil, alyq (ADCIRCA)
POTELIGEO	RUZURGI	TADLIQ
pralatrexate (FOLOTYN)	RYBELSUS	TAFINLAR
PRIALT	RYBREVANT	TAGRISSO
PRIVIGEN	RYDAPT	TAKHZYRO
PROCYSBI	RYLAZE	TALVEY
PROFILNINE SD	RYPLAZIM	TALZENNA
PROLASTIN-C	RYSTIGGO	TARPEYO
PROLEUKIN	RYTELO	TASCENSO ODT
PROLIA	SAPHNELO	TASIGNA
PROMACTA	sapropterin dihydrochloride (KUVAN)	tasimelteon (HETLIOZ)
PULMOZYME	SARCLISA	TAVALISSE
PURIXAN	SAXENDA	TAVNEOS
PYRUKYND	SCEMBLIX	tazarotene (TAZORAC)
QINLOCK	SCENESSE	TAZVERIK
RADICAVA ORS	SEROSTIM	TECENTRIQ
RASUVO	SEVENFACT	TECENTRIQ HYBREZA
RAVICTI	SIGNIFOR	TECVAYLI
REBIF	sildenafil (REVATIO)	temozolomide (TEMODAR)
REBINYN	SIMLANDI	temsirolimus (TORISEL)
REBLOZYL	SIMPONI ARIA	TEPEZZA
REBYOTA	SKYCLARYS	TEPMETKO
RECLAST	SKYRIZI	TERBINAFINE
RECOMBINATE	SKYTROFA	teriflunomide (AUBAGIO)
RECORLEV	sodium phenylbutyrate (BUPHENYL)	teriparatide (FORTEO)

DRUG NAME	DRUG NAME	DRUG NAME
tetrabenazine (XENAZINE)	VEOPOZ	XERMELO
TEVIMBRA	VERZENIO	XGEVA
TEZSPIRE	VICTOZA	XIAFLEX
THALOMID	vigabatrin, vigatrone, vigpoder	XIPERE
TIBSOVO	VIGAFYDE	XOLAIR
TIVDAK	VIJOICE	XOLREMDI
tobramycin inhalation	VILTEPSO	XOSPATA
TOFIDENCE	VIMIZIM	XPOVIO
tolvaptan (SAMSCA)	VISUDYNE	XTANDI
torpenz (AFINITOR)	VITRAKVI	XYNTHA
TRAZIMERA	VIVIMUSTA	XYWAV
TREANDA	VIZIMPRO	YARGESA
TRELSTAR	VONJO	YERVOY
TREMFYA	VONVENDI	YESCARTA
treprostinil (REMODULIN)	VORANIGO	YONSA
TRETTEN	VOSEVI	YORVIPATH
TRIKAFTA	VOWST	ZALTRAP
TRODELVY	VOXZOGO	ZEJULA
TRULICITY	VPRIV	ZELBORAF
TRUQAP	VUMERITY	ZEMAIRA
TRUXIMA	VYALEV	ZEPBOUND
TUKYSA	VYJUVEK	ZEPOSIA
TURALIO	VYLOY	ZEPZELCA
TYENNE	VYNDAMAX	ZIEXTENZO
TYMLOS	VYNDAQEL	ZIIHERA
TYSABRI	VYONDYS 53	ZILBRYSQ
TYVASO	VYVGART	ZIRABEV
TYVASO DPI	VYVGART HYTRULO	ZOLADEX
TZIELD	WAINUA	zoledronic acid
UDENYCA	WAKIX	ZOLGENSMA
ULTOMIRIS	WEGOVY	ZOLINZA
UPLIZNA	WELIREG	ZTALMY
UPTRAVI	WEZLANA	ZULRESSO
VABYSMO	WILATE	ZURZUVAE
VAFSEO	WINREVAIR	ZYDELIG
VALCHLOR	XALKORI	ZYKADIA
VANFLYTA	XELJANZ	ZYMFENTRA
VECTIBIX	XELJANZ XR	ZYNLONTA
VEGZELMA	XEMBIFY	ZYNYZ
VELSIPITY	XENICAL	ZYTIGA 250 MG
VENCLEXTA	XENPOZYME	
VENTAVIS	XEOMIN	

DRUG NAME

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This list represents brand products in uppercase and generic products in lowercase. Prior authorization applies to both brand and generic products. Certain medications that require prior authorization based on age, gender or quantity limit specifications are not listed here. Compound drugs that have a claim cost to the Program that exceeds \$200 will require prior authorization under this Program. This list of drugs is subject to change. For the most current list of drugs requiring prior authorization, call The Empire Plan Prescription Drug Program at the number below. For more information about drugs requiring prior authorization and how to obtain it, visit empireplanrxprogram.com or call The Empire Plan toll free at 1 877-7-NYSHIP (1-877-769-7447) and select option 4 for The Empire Plan Prescription Drug Program.

If the prior authorization review results in authorization for payment, you will receive The Empire Plan Prescription Drug Program benefits for the drug. If the payment is not authorized, The Empire Plan Prescription Drug Program benefits will not pay for the drug.

An appeal process allows you or your doctor to ask for further review if authorization is not granted. You may call the The Empire Plan toll free at 1-877-7NYSHIP (1-877-769-7447) and select option 4 for the Empire Plan Prescription Drug Program for information on how to initiate an appeal. Products covered by a plan member’s prescription and medical benefit plan may change from time to time. In addition, a member’s specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance on this document at any time.

Specialty Quantity Limit Drug List

Your pharmacy benefit plan is part of the Specialty Quantity Limit Program. This program supports clinically appropriate and cost-effective coverage of specialty medications by allowing quantities of medications based on the manufacturer’s dosing guidelines. Please check the list below to see if your medications are included in the quantity limit program and note the quantity that will be covered by your prescription benefit.

If your prescription is for a quantity that is greater than the quantity covered by your benefit:
Discuss options with your physician regarding your therapy. Your doctor can write or call in the new prescription to be filled at your current pharmacy or through CVS Specialty®.

If you need a higher quantity than the quantity limit allows:
Ask your doctor to request prior authorization for approval of a larger quantity.

If your current prescription quantity is the same or less than the covered quantity limit:
No further action from your doctor is needed.

DRUG NAME	APPROVED QUANTITY
abacavir (Ziagen) SOL 20MG/ML	900 ML PER 30 DAYS
abacavir (Ziagen) TAB 300MG	60 TABLETS PER 30 DAYS
abacavir/lamivudine (EPZICOM) TAB 600-300MG	30 TABLETS PER 30 DAYS
abiraterone (ZYTIGA) TAB 250MG	120 TABLETS PER 30 DAYS
abiraterone TAB 500MG	60 TABLETS PER 30 DAYS
ABRILADA INJ 20MG/0.4ML	4 SYRINGES PER 28 DAYS
ABRILADA INJ 40MG/0.8ML	4 PENS/SYRINGES PER 28 DAYS
ACTEMRA INJ 200MG/10ML	8 VIALS PER 28 DAYS
ACTEMRA INJ 400MG/20ML	4 VIALS PER 28 DAYS
ACTEMRA INJ 80MG/4ML	20 VIALS PER 28 DAYS
ACTHAR INJ GEL 40 UNIT/0.5ML	28 PENS PER 28 DAYS
ACTHAR INJ GEL 80 UNIT/ML	28 PENS PER 28 DAYS
ACTHAR INJ VIAL 80 UNIT/ML	7 VIALS PER 21 DAYS
ADALIMUMAB-AACF INJ 40MG/0.8ML	4 PENS/SYRINGES PER 28 DAYS
ADALIMUMAB-ADAZ INJ 40MG/0.4ML	4 PENS/SYRINGES PER 28 DAYS
ADALIMUMABMAB-RYVK INJ 40MG/0.4ML	4 PENS/SYRINGES PER 28 DAYS
ADBRY INJ 150MG/ML	4 SYRINGES PER 28 DAYS
ADBRY INJ 300MG/2ML	2 PENS PER 28 DAYS
ADEMPAS TAB 0.5MG	90 TABLETS PER 30 DAYS
ADEMPAS TAB 1.0MG	90 TABLETS PER 30 DAYS
ADEMPAS TAB 1.5MG	90 TABLETS PER 30 DAYS
ADEMPAS TAB 2.0MG	90 TABLETS PER 30 DAYS
ADEMPAS TAB 2.5MG	90 TABLETS PER 30 DAYS
ADSTILADRIN SUS	4 VIALS PER 90 DAYS
AGAMREE SUS 40MG/ML	3 BOTTLES PER 30 DAYS
AKEEGA TAB 100/500MG	60 TABLETS PER 30 DAYS
AKEEGA TAB 50MG/500MG	60 TABLETS PER 30 DAYS

DRUG NAME	APPROVED QUANTITY
ALECENSA CAP 150MG	240 CAPSULES PER 30 DAYS
ALUNBRIG INITIATION PAK	30 TABLETS PER 30 DAYS
ALUNBRIG TAB 180MG	30 TABLETS PER 30 DAYS
ALUNBRIG TAB 30MG	120 TABLETS PER 30 DAYS
ALUNBRIG TAB 90MG	30 TABLETS PER 30 DAYS
ALVAIZ TAB 18MG	90 TABLETS PER 30 DAYS
ALVAIZ TAB 36MG	90 TABLETS PER 30 DAYS
ALVAIZ TAB 54MG	60 TABLETS PER 30 DAYS
ALVAIZ TAB 9MG	60 TABLETS PER 30 DAYS
ALYQ TAB 20MG	60 TABLETS PER 30 DAYS
ambrisentan (LETAIRIS) TAB 10MG	30 TABLETS PER 30 DAYS
ambrisentan (LETAIRIS) TAB 5MG	30 TABLETS PER 30 DAYS
AMONDYS 45 INJ 50MG/ML	60 VIALS PER 28 DAYS
AMVUTTRA SOL 25MG/0.5ML	1 SYRINGE PER 84 DAYS
ANKTIVA SOL 400MCG	3 VIALS PER 28 DAYS
apomorphine (APOKYN) INJ 10MG/ML	20 CARTRIDGES PER 30 DAYS
APRETUDE SUS 600MG ER	2 VIALS PER 90 DAYS
APTIVUS CAP 250MG	120 CAPSULES PER 30 DAYS
AQNEURSA POW 1GM 112 PACKETS PER 28 DAYS*	112 PACKETS PER 28 DAYS
ARCALYST INJ 220MG	8 VIALS PER 28 DAYS
atazanavir (REYATAZ) CAP 200MG	60 CAPSULES PER 30 DAYS
atazanavir (REYATAZ) CAP 300MG	30 CAPSULES PER 30 DAYS
atazanavir CAP 150 MG	30 CAPSULES PER 30 DAYS
AUGTYRO CAP 160MG*	60 CAPS PER 30 DAYS
AUGTYRO CAP 40MG	240 CAPSULES PER 30 DAYS
AUSTEDO TAB 12MG	120 TABLETS PER 30 DAYS
AUSTEDO TAB 6MG	60 TABLETS PER 30 DAYS
AUSTEDO TAB 9MG	120 TABLETS PER 30 DAYS
AUSTEDO XR PATIENT TITRATION KIT	28 TABLETS PER 28 DAYS
AUSTEDO XR PATIENT TITRATION KIT	42 TABLETS PER 28 DAYS
AUSTEDO XR TAB 12MG	120 TABLETS PER 30 DAYS
AUSTEDO XR TAB 18MG	30 TABLETS PER 30 DAYS
AUSTEDO XR TAB 24MG	60 TABLETS PER 30 DAYS
AUSTEDO XR TAB 30MG	30 TABLETS PER 30 DAYS
AUSTEDO XR TAB 36MG	30 TABLETS PER 30 DAYS
AUSTEDO XR TAB 42MG	30 TABLETS PER 30 DAYS
AUSTEDO XR TAB 48MG	30 TABLETS PER 30 DAYS
AUSTEDO XR TAB 6MG	90 TABLETS PER 30 DAYS
AVONEX 30MCG	4 PENS/SYRINGES PER 28 DAYS
AVSOLA INJ 100MG	5 VIALS PER 42 DAYS
AYVAKIT TAB 100MG	30 TABLETS PER 30 DAYS
AYVAKIT TAB 200MG	30 TABLETS PER 30 DAYS
AYVAKIT TAB 25MG	30 TABLETS PER 30 DAYS
AYVAKIT TAB 300MG	30 TABLETS PER 30 DAYS
AYVAKIT TAB 50MG	30 TABLETS PER 30 DAYS
BALVERSA TAB 3MG	84 TABLETS PER 28 DAYS

DRUG NAME	APPROVED QUANTITY
BALVERSA TAB 4MG	56 TABLETS PER 28 DAYS
BALVERSA TAB 5MG	28 TABLETS PER 28 DAYS
BARACLUDE SOL 0.05MG/ML	630 ML PER 30 DAYS
BENLYSTA INJ 200MG/ML	4 PENS/SYRINGES PER 28 DAYS
BERINERT INJ 500UNIT	60 VIALS PER 90 DAYS
BESREMI SOL 500MCG	2 SYRINGES PER 28 DAYS
BETASERON INJ KIT 0.3MG	14 KITS PER 28 DAYS
BETHKIS NEB 300MG/4ML	56 AMPULES PER 28 DAYS
BIKTARVY TAB 30-120-15 MG	30 TABLETS PER 30 DAYS
BIKTARVY TAB 50-200-25MG	30 TABLETS PER 30 DAYS
BIMZELX INJ 160MG/ML, PEN/SYRINGE**	2 PER 28 days
BIMZELX INJ 320MG/2, PEN/SYRINGE*	2 PER 28 DAYS
bosentan (TRACLEER) TAB 125MG	60 TABLETS PER 30 DAYS
bosentan (TRACLEER) TAB 32MG	112 TABLETS PER 28 DAYS
bosentan (TRACLEER) TAB 62.5MG	60 TABLETS PER 30 DAYS
BOSULIF CAP 100MG	300 CAPSULES PER 30 DAYS
BOSULIF CAP 50MG	30 CAPSULES PER 30 DAYS
BOSULIF TAB 100MG	90 TABLETS PER 30 DAYS
BOSULIF TAB 400MG	30 TABLETS PER 30 DAYS
BOSULIF TAB 500MG	30 TABLETS PER 30 DAYS
BRAFTOVI CAP 75MG	180 CAPSULES PER 30 DAYS
BRIUMVI INJ 150MG/6ML	3 VIALS PER 168 DAYS
BRONCHITOL CAP TOLERANCE TEST	20 CAPSULES PER 7 DAYS
BRONCHITOL INHAL CAPS 40MG	560 CAPSULES PER 28 DAYS
BRUKINSA CAP 80MG	120 CAPSULES PER 30 DAYS
BYLVAY CAP 1200MCG	180 CAPSULES PER 30 DAYS
BYLVAY CAP 200MCG	360 CAPSULES PER 30 DAYS
BYLVAY CAP 400MCG	540 CAPSULES PER 30 DAYS
BYLVAY CAP 600MCG	120 CAPSULES PER 30 DAYS
CABENUVA SUS 400-600MG	1 KIT PER 30 DAYS
CABENUVA SUS 600-900MG	1 KIT PER 60 DAYS
CABOMETYX TAB 20MG	30 TABLETS PER 30 DAYS
CABOMETYX TAB 40MG	30 TABLETS PER 30 DAYS
CABOMETYX TAB 60MG	30 TABLETS PER 30 DAYS
CALQUENCE CAP 100MG	60 CAPSULES PER 30 DAYS
CALQUENCE TAB 100MG	60 TABLETS PER 30 DAYS
CAMZYOS CAP 10MG	30 CAPSULES PER 30 DAYS
CAMZYOS CAP 15MG	30 CAPSULES PER 30 DAYS
CAMZYOS CAP 2.5MG	30 CAPSULES PER 30 DAYS
CAMZYOS CAP 5MG	30 CAPSULES PER 30 DAYS
CAPRELSA TAB 100MG	60 TABLETS PER 30 DAYS
CAPRELSA TAB 300MG	30 TABLETS PER 30 DAYS
CAYSTON INH 75MG	84 VIALS PER 28 DAYS
CERDELGA CAP 84MG	56 CAPSULES PER 28 DAYS
CEREZYME INJ 400UNIT	15 VIALS PER 14 DAYS
CIBINQO TAB 100MG	30 TABLETS PER 30 DAYS

DRUG NAME	APPROVED QUANTITY
CIBINQO TAB 200MG	30 TABLETS PER 30 DAYS
CIBINQO TAB 50MG	30 TABLETS PER 30 DAYS
CIMDUO TAB 300-300MG	30 TABLETS PER 30 DAYS
cinacalcet TAB 30MG	60 TABLETS PER 30 DAYS
cinacalcet TAB 60MG	60 TABLETS PER 30 DAYS
cinacalcet TAB 90MG	120 TABLETS PER 30 DAYS
CINQAIR INJ 100MG/ML	3 VIALS PER 28 DAYS
CINRYZE SOL 500 UNIT	20 VIALS PER 30 DAYS
COLUMVI INJ 10MG/10ML	3 VIALS PER 21 DAYS
COLUMVI INJ 2.5MG/2.5ML	1 VIAL FOR ONE TIME USE
COMETRIQ KIT 100MG	56 CAPSULES PER 28 DAYS
COMETRIQ KIT 140MG	112 CAPSULES PER 28 DAYS
COMETRIQ KIT 60MG	84 CAPSULES PER 28 DAYS
COMPLERA TAB 200-25-300 MG	30 TABLETS PER 30 DAYS
COPIKTRA CAP 15MG	56 CAPSULES PER 28 DAYS
COPIKTRA CAP 25MG	56 CAPSULES PER 28 DAYS
COSENTYX INJ 125/5ML	3 VIALS PER 28 DAYS
COSENTYX INJ 150MG/ML	1 PEN/SYRINGE PER 28 DAYS
COSENTYX INJ 300MG DOSE	2 PENS/SYRINGES PER 28 DAYS
COSENTYX INJ 300MG/2ML	1 PEN PER 28 DAYS
COSENTYX INJ 75MG/0.5ML	1 SYRINGE PER 28 DAYS
COTELLIC TAB 20MG	63 TABLETS 28 DAYS
CRIXIVAN CAP 200MG	450 CAPSULES PER 30 DAYS
CRIXIVAN CAP 400MG	180 CAPSULES PER 30 DAYS
CRYSVITA INJ 10MG/ML	1 VIAL PER 14 DAYS
CRYSVITA INJ 20MG/ML	9 VIALS PER 14 DAYS
CRYSVITA INJ 30MG/ML	6 VIALS PER 14 DAYS
CYSTADROPS SOL 0.37%	4 BOTTLES PER 28 DAYS
CYSTARAN SOL 0.44%	4 BOTTLES PER 28 DAYS
dalfampridine (AMPYRA) TAB 10MG	60 TABLETS PER 30 DAYS
DANYELZA INJ 40MG/10 ML	12 VIALS PER 28 DAYS
DANZITEN TAB 71MG*	112 TABLETS PER 28 DAYS
DANZITEN TAB 95MG*	112 TABLETS PER 28 DAYS
darunavir (PREZISTA) TAB 600MG	60 TABLETS PER 30 DAYS
darunavir (PREZISTA) TAB 800MG	30 TABLETS PER 30 DAYS
dasatinib (SPRYCEL) TAB 100MG	30 TABLETS PER 30 DAYS
dasatinib (SPRYCEL) TAB 140MG	30 TABLETS PER 30 DAYS
dasatinib (SPRYCEL) TAB 20MG	90 TABLETS PER 30 DAYS
dasatinib (SPRYCEL) TAB 50MG	30 TABLETS PER 30 DAYS
dasatinib (SPRYCEL) TAB 70MG	30 TABLETS PER 30 DAYS
dasatinib (SPRYCEL) TAB 80MG	30 TABLETS PER 30 DAYS
DAURISMO TAB 100MG	30 TABLETS PER 30 DAYS
DAURISMO TAB 25MG	60 TABLETS PER 30 DAYS
DAYBUE SOL 200MG/ML	3600 ML PER 30 DAYS
deflazacort (EMFLAZA) SUS 22.75MG/ML	52 ML PER 30 DAYS
deflazacort (EMFLAZA) TAB 18MG	30 TABLETS PER 30 DAYS

DRUG NAME	APPROVED QUANTITY
deflazacort (EMFLAZA) TAB 30MG	30 TABLETS PER 30 DAYS
deflazacort (EMFLAZA) TAB 36MG	30 TABLETS PER 30 DAYS
deflazacort (EMFLAZA) TAB 6MG	60 TABLETS PER 30 DAYS
DELSTRIGO TAB 100-300-300MG	30 TABLETS PER 30 DAYS
DESCOVY TAB 120-15MG	30 TABLETS PER 30 DAYS
DESCOVY TAB 200-25MG	30 TABLETS PER 30 DAYS
DIACOMIT CAP 250MG	360 CAPSULES PER 30 DAYS
DIACOMIT CAP 500MG	180 CAPSULES PER 30 DAYS
DIACOMIT PAK 250MG	360 PACKETS PER 30 DAYS
DIACOMIT PAK 500MG	180 PACKETS PER 30 DAYS
dichlorphenamide, ormalvi (KEVEYIS) TAB 50MG	120 TABLETS PER 30 DAYS
DIDANOSINE EC CAP 200MG	30 CAPSULES PER 30 DAYS
DIDANOSINE EC CAP 250MG	30 CAPSULES PER 30 DAYS
DIDANOSINE EC CAP 400MG	30 CAPSULES PER 30 DAYS
dimethyl fumarate CAP 120MG	14 CAPSULES PER 28 DAYS
dimethyl fumarate CAP 240MG	60 CAPSULES PER 30 DAYS
dimethyl fumarate STARTER PAK	60 CAPSULES PER 30 DAYS
DOPTELET TAB 20MG (10 TAB CARTON)	1 CARTON PER 5 DAYS
DOPTELET TAB 20MG (15 TAB CARTON)	1 CARTON PER 5 DAYS
DOPTELET TAB 20MG (30 TAB CARTON)	2 CARTONS PER 30 DAYS
DOVATO TAB 50-300MG	30 TABLETS PER 30 DAYS
droxidopa (NORTHERA) CAP 100MG	180 CAPSULES PER 30 DAYS
droxidopa (NORTHERA) CAP 100MG	droxidopa (NORTHERA) CAP 100MG
droxidopa (NORTHERA) CAP 200MG	180 CAPSULES PER 30 DAYS
droxidopa (NORTHERA) CAP 200MG	droxidopa (NORTHERA) CAP 200MG
droxidopa (NORTHERA) CAP 300MG	180 CAPSULES PER 30 DAYS
droxidopa (NORTHERA) CAP 300MG	droxidopa (NORTHERA) CAP 300MG
DUPIXENT INJ 200MG/1.14ML	2 PENS/SYRINGES PER 28 DAYS
DUPIXENT INJ 300MG/2ML	4 PENS/SYRINGES PER 28 DAYS
DUVYZAT SUS 8.86MG/ML	3 BOTTLES PER 30 DAYS
EBGLYSS INJ 250/2ML,PEN/SYRINGE*	2 PER 28 DAYS
edaravone (RADICAVA) INJ 30MG	20 IV BAGS PER 28 DAYS
EDURANT TAB 25MG	60 TABLETS PER 30 DAYS
efavirenz (SUSTIVA) CAP 200MG	90 CAPSULES PER 30 DAYS
efavirenz (SUSTIVA) CAP 50MG	90 CAPSULES PER 30 DAYS
efavirenz (SUSTIVA) TAB 600MG	30 TABLETS PER 30 DAYS
efavirenz/emtricitabine/tenofovir (ATRIPLA) TAB 600-200-300MG	30 TABLETS PER 30 DAYS
efavirenz/lamivudine/tenofovir (SYMFI LO) TAB 400-300-300MG	30 TABLETS PER 30 DAYS
efavirenz/lamivudine/tenofovir (SYMFI) TAB 600-300-300MG	30 TABLETS PER 30 DAYS
EGRIFTA SV INJ 2MG	30 VIALS PER 30 DAYS
ELELYSO INJ 200UNIT	30 VIALS PER 14 DAYS
ELREXFIO INJ 44MG/1.1ML	2 VIALS FOR ONE TIME USE
ELREXFIO INJ 76MG/1.9ML	4 VIALS PER 28 DAYS
EMPAVELI INJ 1080MG	10 VIALS PER 30 DAYS
emtricitabine (EMTRIVA) CAP 200MG	30 CAPSULES PER 30 DAYS
emtricitabine/tenofovir (TRUVADA) TAB 100-150MG	30 TABLETS PER 30 DAYS

DRUG NAME	APPROVED QUANTITY
emtricitabine/tenofovir (TRUVADA) TAB 133-200MG	30 TABLETS PER 30 DAYS
emtricitabine/tenofovir (TRUVADA) TAB 167-250MG	30 TABLETS PER 30 DAYS
emtricitabine/tenofovir (TRUVADA) TAB 200-300MG	30 TABLETS PER 30 DAYS
EMTRIVA SOL 10MG/ML	680 ML PER 28 DAYS
ENBREL INJ 25MG/0.5ML	8 SYRINGES/VIALS PER 28 DAYS
ENBREL INJ 50MG/ML	4 PENS/SYRINGES PER 28 DAYS
ENBREL MINI INJ 50MG/ML	4 CARTRIDGES PER 28 DAYS
ENJAYMO SOL 1100 MG/22ML	14 SINGLE-DOSE VIALS PER 28 DAYS
ENSPRYNG INJ 120 MG/ML	1 SYRINGE PER 28 DAYS
entecavir (BARACLUDE) TAB 0.5MG	30 TABLETS PER 30 DAYS
entecavir (BARACLUDE) TAB 1MG	30 TABLETS PER 30 DAYS
ENTYVIO INJ 108MG/0.68ML	2 PENS PER 28 DAYS
ENTYVIO INJ 300MG	1 VIAL PER 56 DAYS
EPCLUSA PAK 150-37.5MG	28 PELLETS PER 28 DAYS
EPCLUSA PAK 200-50MG	56 PELLETS PER 28 DAYS
EPCLUSA TAB 200-50MG	28 TABLETS PER 28 DAYS
EPCLUSA TAB 400-100MG	28 TABLETS PER 28 DAYS
EPIDIOLEX SOL 100MG/ML	800 ML PER 30 DAYS
EPKINLY INJ 48MG/0.8ML	4 VIALS PER 28 DAYS
EPKINLY INJ 4MG/0.8ML	2 VIALS PER 28 DAYS
ERIVEDGE CAP 150MG	30 CAPSULES PER 30 DAYS
ERLEADA TAB 240MG	30 TABLETS PER 30 DAYS
ERLEADA TAB 60MG	120 TABLETS PER 30 DAYS
etravirine (INTELENCE) TAB 100MG	120 TABLETS PER 30 DAYS
etravirine (INTELENCE) TAB 200MG	60 TABLETS PER 30 DAYS
etravirine (INTELENCE) TAB 25MG	120 TABLETS PER 30 DAYS
EVENITY INJ 105MG/1.17ML	2 SYRINGES PER 30 DAYS
everolimus (AFINITOR) DIS TAB 2MG	60 TABLETS PER 30 DAYS
everolimus (AFINITOR) DIS TAB 3MG	90 TABLETS PER 30 DAYS
everolimus (AFINITOR) DIS TAB 5MG	60 TABLETS PER 30 DAYS
everolimus, torpenz (AFINITOR) TAB 10MG	30 TABLETS PER 30 DAYS
everolimus, torpenz (AFINITOR) TAB 2.5MG	30 TABLETS PER 30 DAYS
everolimus, torpenz (AFINITOR) TAB 5.0MG	30 TABLETS PER 30 DAYS
everolimus, torpenz (AFINITOR) TAB 7.5MG	30 TABLETS PER 30 DAYS
EVKEEZA INJ 1200MG/8ML	2 VIALS PER 28 DAYS
EVKEEZA INJ 345MG/2.3ML	2 VIALS PER 28 DAYS
EVOTAZ TAB 300-150MG	30 TABLETS PER 30 DAYS
EVRYSDI SOL 0.75 MG/ML	2 BOTTLES PER 24 DAYS
EXKIVITY CAP 40MG	120 CAPSULES PER 30 DAYS
EXONDYS 51 SOL 100MG/2ML	120 VIALS (240 ML) PER 28 DAYS
EXONDYS 51 SOL 500MG/10ML	24 VIALS (240 ML) PER 28 DAYS
FABHALTA CAP 200MG	60 CAPSULES PER 30 DAYS
FARYDAK CAP 10MG	6 CAPSULES PER 21 DAYS
FARYDAK CAP 15MG	6 CAPSULES PER 21 DAYS
FARYDAK CAP 20MG	6 CAPSULES PER 21 DAYS
FASENRA INJ 10MG/0.5ML	1 SYRINGE PER 56 DAYS

DRUG NAME	APPROVED QUANTITY
FASENRA INJ 30MG/ML	1 PEN/SYRINGE PER 28 DAYS
FILSPARI TAB 200MG	60 TABLETS PER 30 DAYS
FILSPARI TAB 400MG	30 TABLETS PER 30 DAYS
FILSUVEZ GEL 10%	90 TUBES PER 30 DAYS
fingolimod (GILENYA) CAP 0.25MG	30 CAPSULES PER 30 DAYS
fingolimod (GILENYA) CAP 0.5MG	30 CAPSULES PER 30 DAYS
FINTEPLA SOL 2.2MG/ML	360ML PER 30 DAYS
FIRDAPSE TAB 10MG	300 TABLETS PER 30 DAYS
fosamprenavir (LEXIVA) TAB 700MG	120 TABLETS PER 30 DAYS
FOTIVDA CAP 0.89MG	21 CAPSULES PER 28 DAYS
FOTIVDA CAP 1.34MG	21 CAPSULES PER 28 DAYS
FRUZAQLA CAP 1MG	84 CAPSULES PER 28 DAYS
FRUZAQLA CAP 5MG	21 CAPSULES PER 28 DAYS
FUZEON INJ 90MG	60 VIALS PER 30 DAYS
FYLNETRA INJ 6MG/0.6ML	2 SYRINGES PER 28 DAYS
GATTEX ONE VIAL KIT 5MG	ONE 30-VIAL KIT PER 30 DAYS
GATTEX THIRTY VIAL KIT 5MG	ONE 30-VIAL KIT PER 30 DAYS
GAVRETO CAP 100MG	120 CAPSULES PER 30 DAYS
gefitinib (IRESSA) TAB 250MG	30 TABLETS PER 30 DAYS
GENVOYA TAB 150-150-200-10 MG	30 TABLETS PER 30 DAYS
GILOTRIF TAB 20MG	30 TABLETS PER 30 DAYS
GILOTRIF TAB 30MG	30 TABLETS PER 30 DAYS
GILOTRIF TAB 40MG	30 TABLETS PER 30 DAYS
glatiramer, glatopa (COPAXONE) SYR 20MG/ML	30 SYRINGES PER 30 DAYS
glatiramer, glatopa (COPAXONE) SYR 40MG/ML	12 SYRINGES PER 28 DAYS
GLATOPA SYR 20MG/ML	30 SYRINGES PER 30 DAYS
GLATOPA SYR 40MG/ML	12 SYRINGES PER 28 DAYS
GONAL-F RFF 75IU	60 VIALS PER 28 DAYS
GONAL-F RFF PENS 300UNIT/0.5ML	15 CARTRIDGES PER 28 DAYS
GONAL-F RFF PENS 450UNIT/0.75ML	10 CARTRIDGES PER 28 DAYS
GONAL-F RFF PENS 900UNIT/1.5ML	7 CARTRIDGES PER 28 DAYS
GONAL-F VIA 1050 UNIT	6 VIALS PER 28 DAYS
GONAL-F VIA 450 UNIT	10 VIALS PER 28 DAYS
HADLIMA INJ 40MG/0.4ML	4 SYRINGES PER 28 DAYS
HADLIMA INJ 40MG/0.8ML	4 SYRINGES PER 28 DAYS
HADLIMA PUSH INJ 40MG/0.4ML	4 PENS PER 28 DAYS
HADLIMA PUSH INJ 40MG/0.8ML	4 PENS PER 28 DAYS
HAEGARDA INJ 2000UNIT	20 VIALS PER 30 DAYS
HAEGARDA INJ 3000UNIT	20 VIALS PER 30 DAYS
HARVONI PELLETT PAK 33.75-150MG	28 PELLETS PER 28 DAYS
HARVONI PELLETT PAK 45-200MG	56 PELLETS PER 28 DAYS
HARVONI TAB 45-200MG	28 TABLETS PER 28 DAYS
HARVONI TAB 90-400MG	28 TABLETS PER 28 DAYS
HETLIOZ LQ SUS 4MG/ML	158 ML PER DAY
HUMIRA INJ 10MG/0.1ML	2 SYRINGES PER 28 DAYS
HUMIRA INJ 20MG/0.2ML	4 SYRINGES PER 28 DAYS

DRUG NAME	APPROVED QUANTITY
HUMIRA INJ 40MG/0.4ML	4 PENS/SYRINGES PER 28 DAYS
HUMIRA INJ 40MG/0.8ML	4 PENS/SYRINGES PER 28 DAYS
HUMIRA INJ 80MG/0.8ML	2 PENS PER 28 DAYS
HYMPAVZI INJ 150MG/ML*	8 SYRINGES PER 28 DAYS
HYRIMOZ (CORDAVIS) INJ 10MG/0.1ML	2 SYRINGES PER 28 DAYS
HYRIMOZ (CORDAVIS) INJ 20MG/0.2ML	4 SYRINGES PER 28 DAYS
HYRIMOZ (CORDAVIS) INJ 40MG/0.4ML	4 PENS/SYRINGES PER 28 DAYS
HYRIMOZ (CORDAVIS) INJ 40MG/0.8ML	4 PENS/SYRINGES PER 28 DAYS
HYRIMOZ (CORDAVIS) INJ 80MG/0.8ML	2 PENS PER 28 DAYS
IBRANCE CAP 100MG	21 CAPSULES PER 28 DAYS
IBRANCE CAP 125MG	21 CAPSULES PER 28 DAYS
IBRANCE CAP 75MG	21 CAPSULES PER 28 DAYS
IBRANCE TAB 100MG	21 TABLETS PER 28 DAYS
IBRANCE TAB 125MG	21 TABLETS PER 28 DAYS
IBRANCE TAB 75MG	21 TABLETS PER 28 DAYS
icatibant, sajazir (FIRAZYR) INJ 30MG/3ML	45 SYRINGES PER 90 DAYS
ICLUSIG TAB 10MG	30 TABLETS PER 30 DAYS
ICLUSIG TAB 15MG	30 TABLETS PER 30 DAYS
ICLUSIG TAB 30MG	30 TABLETS PER 30 DAYS
ICLUSIG TAB 45MG	30 TABLETS PER 30 DAYS
IDHIFA TAB 100MG	30 TABLETS PER 30 DAYS
IDHIFA TAB 50MG	30 TABLETS PER 30 DAYS
imatinib TAB 100MG	120 TABLETS PER 30 DAYS
imatinib TAB 400MG	60 TABLETS PER 30 DAYS
IMBRUVICA CAP 140MG	90 CAPSULES PER 30 DAYS
IMBRUVICA CAP 70MG	30 CAPSULES PER 30 DAYS
IMBRUVICA SUS 70MG/ML	216 ML PER 36 DAYS
IMBRUVICA TAB 140MG	30 TABLETS PER 30 DAYS
IMBRUVICA TAB 280MG	30 TABLETS PER 30 DAYS
IMBRUVICA TAB 420MG	30 TABLETS PER 30 DAYS
IMBRUVICA TAB 560MG	30 TABLETS PER 30 DAYS
IMCIVREE INJ 10MG/ML	10 VIALS PER 30 DAYS
IMDELLTRA INJ 10MG	2 VIALS PER 28 DAYS
IMDELLTRA INJ 1MG	1 VIAL PER 7 DAYS
INBRIJA CAP 42MG	300 CAPSULES PER 30 DAYS
INFLECTRA INJ 100MG	5 VIALS PER 42 DAYS
INFLIXIMAB INJ 100MG	5 VIALS PER 42 DAYS
INGREZZA CAP 40-80MG	28 CAPSULES PER 28 DAYS
INGREZZA CAP 40MG	30 CAPSULES PER 30 DAYS
INGREZZA CAP 60MG	30 CAPSULES PER 30 DAYS
INGREZZA CAP 80MG	30 CAPSULES PER 30 DAYS
INLYTA TAB 1MG	240 TABLETS PER 30 DAYS
INLYTA TAB 5MG	120 TABLETS PER 30 DAYS
INQOVI TAB 35-100MG	5 TABLETS PER 28 DAYS
INREBIC CAP 100MG	120 CAPSULES PER 30 DAYS
IQIRVO TAB 80MG	30 TABLETS PER 30 DAYS

DRUG NAME	APPROVED QUANTITY
ISENTRESS CHW 100MG	180 TABLETS PER 30 DAYS
ISENTRESS CHW 25MG	180 TABLETS PER 30 DAYS
ISENTRESS HD TAB 600MG	60 TABLETS PER 30 DAYS
ISENTRESS POW 100MG	60 PACKETS PER 30 DAYS
ISENTRESS TAB 400MG	120 TABLETS PER 30 DAYS
ISTURISA TAB 10MG	180 TABLETS PER 30 DAYS
ISTURISA TAB 1MG	240 TABLETS PER 30 DAYS
ISTURISA TAB 5MG	360 TABLETS PER 30 DAYS
ITOVEBI TAB 3MG*	60 TABS PER 30 DAYS
ITOVEBI TAB 9MG*	30 TABS PER 30 DAYS
IWILFIN TAB 192MG	240 TABLETS PER 30
JAKAFI TAB 10MG	60 TABLETS PER 30 DAYS
JAKAFI TAB 15MG	60 TABLETS PER 30 DAYS
JAKAFI TAB 20MG	60 TABLETS PER 30 DAYS
JAKAFI TAB 25MG	60 TABLETS PER 30 DAYS
JAKAFI TAB 5MG	60 TABLETS PER 30 DAYS
JAYPIRCA TAB 100MG	60 TABLETS PER 30 DAYS
JAYPIRCA TAB 50MG	30 TABLETS PER 30 DAYS
JEMPERLI SOL 500/10ML	2 VIALS PER 42 DAYS
JESDUVROQ TAB 1MG	30 TABLETS PER 30 DAYS
JESDUVROQ TAB 2MG	30 TABLETS PER 30 DAYS
JESDUVROQ TAB 4MG	30 TABLETS PER 30 DAYS
JESDUVROQ TAB 6MG	60 TABLETS PER 30 DAYS
JESDUVROQ TAB 8MG	90 TABLETS PER 30 DAYS
JOENJA TAB 70MG	60 TABLETS PER 30 DAYS
JULUCA TAB 50-25MG	30 TABLETS PER 30 DAYS
JUXTAPID CAP 10MG	28 CAPSULES PER 28 DAYS
JUXTAPID CAP 20MG	56 CAPSULES PER 28 DAYS
JUXTAPID CAP 30MG	56 CAPSULES PER 28 DAYS
JUXTAPID CAP 40MG	28 CAPSULES PER 28 DAYS
JUXTAPID CAP 5MG	28 CAPSULES PER 28 DAYS
JUXTAPID CAP 60MG	28 CAPSULES PER 28 DAYS
JYNARQUE PAK 15MG	56 TABLETS PER 28 DAYS
JYNARQUE PAK 30-15MG	56 TABLETS PER 28 DAYS
JYNARQUE PAK 45-15MG	56 TABLETS PER 28 DAYS
JYNARQUE PAK 60-30MG	56 TABLETS PER 28 DAYS
JYNARQUE PAK 90-30MG	56 TABLETS PER 28 DAYS
JYNARQUE TAB 15MG	60 TABLETS PER 30 DAYS
JYNARQUE TAB 30MG	30 TABLETS PER 30 DAYS
KALBITOR INJ 10MG/ML	30 CARTONS PER 90 DAYS
KALYDECO GRA 13.4MG	56 PACKETS PER 28 DAYS
KALYDECO GRA 5.8MG	56 PACKETS PER 28 DAYS
KALYDECO PAK 25MG	56 PACKETS PER 28 DAYS
KALYDECO PAK 50MG	56 PACKETS PER 28 DAYS
KALYDECO PAK 75MG	56 PACKETS PER 28 DAYS
KALYDECO TAB 150MG	60 TABLETS PER 30 DAYS

DRUG NAME	APPROVED QUANTITY
KESIMPTA INJ 20MG/.4ML	1 PEN PER 28 DAYS
KIMMTRAK SOL 100MCG	4 VIALS PER 28 DAYS
KISQALI 200MG DOSE PAK FEMARA	49 TABLETS PER 28 DAYS
KISQALI 400MG DOSE PAK FEMARA	70 TABLETS PER 28 DAYS
KISQALI 600MG DOSE PAK FEMARA	91 TABLETS PER 28 DAYS
KISQALI TAB 200MG DOSE	21 TABLETS PER 28 DAYS
KISQALI TAB 400MG DOSE	42 TABLETS 28 DAYS
KISQALI TAB 600MG DOSE	63 TABLETS 28 DAYS
KISUNLA INJ 350MG/20ML	2 VIALS PER 28 DAYS
KITABIS PAK NEB 300MG/5ML	56 AMPULES PER 28 DAYS
KOSELUGO CAP 10MG	240 CAPSULES PER 30 DAYS
KOSELUGO CAP 25MG	120 CAPSULES PER 30 DAYS
KRAZATI TAB 200MG	180 TABLETS PER 30 DAYS
KYNMOBI MIS 10MG	150 FILMS PER 30 DAYS
KYNMOBI MIS 15MG	150 FILMS PER 30 DAYS
KYNMOBI MIS 20MG	150 FILMS PER 30 DAYS
KYNMOBI MIS 25MG	150 FILMS PER 30 DAYS
KYNMOBI MIS 30MG	150 FILMS PER 30 DAYS
lamivudine (EPIVIR) SOL 10MG/ML	960 ML PER 30 DAYS
lamivudine (EPIVIR) TAB 150MG	60 TABLETS PER 30 DAYS
lamivudine (EPIVIR) TAB 300MG	30 TABLETS PER 30 DAYS
lamivudine/zidovudine (COMBIVIR) TAB 150-300MG	60 TABLETS PER 30 DAYS
lapatinib (TYKERB) TAB 250MG	180 TABLETS PER 30 DAYS
LAZCLUZE TAB 240MG	30 TABLETS PER 30 DAYS
LAZCLUZE TAB 80MG	60 TABLETS PER 30 DAYS
LEMTRADA INJ 12MG/1.2ML	5 VIALS PER 12 MONTHS
lenalidomide (REVLIMID) CAP 10MG	28 CAPSULES PER 28 DAYS
lenalidomide (REVLIMID) CAP 15MG	28 CAPSULES PER 28 DAYS
lenalidomide (REVLIMID) CAP 2.5MG	28 CAPSULES PER 28 DAYS
lenalidomide (REVLIMID) CAP 20MG	21 CAPSULES PER 28 DAYS
lenalidomide (REVLIMID) CAP 25MG	21 CAPSULES PER 28 DAYS
lenalidomide (REVLIMID) CAP 5MG	28 CAPSULES PER 28 DAYS
LENVIMA CAP 10MG	30 CAPSULES PER 30 DAYS
LENVIMA CAP 12MG	90 CAPSULES PER 30 DAYS
LENVIMA CAP 14MG	60 CAPSULES PER 30 DAYS
LENVIMA CAP 18MG	90 CAPSULES PER 30 DAYS
LENVIMA CAP 20MG	60 CAPSULES PER 30 DAYS
LENVIMA CAP 24MG	90 CAPSULES PER 30 DAYS
LENVIMA CAP 4MG	30 CAPSULES PER 30 DAYS
LENVIMA CAP 8 MG	60 CAPSULES PER 30 DAYS
LEQVIO SOL 284 MG/1.5ML	1 SYRINGE PER 180 DAYS
LEXIVA SUS 50MG/ML	1575 ML PER 28 DAYS
L-glutamine (ENDARI) POW 5GM	180 PACKETS PER 30 DAYS
LIBTAYO INJ 350MG/7ML	1 VIAL PER 21 DAYS
LITFULO CAP 50MG	28 CAPSULES PER 28 DAYS
LIVDELZI CAP 10MG	30 CAPSULES PER 30 DAYS

DRUG NAME	APPROVED QUANTITY
LIVMARLI SOL 19MG/ML	90 ML PER 30 DAYS
LIVMARLI SOL 9.5MG/ML	60 ML PER 30 DAYS
LIVTENCITY TAB 200MG	120 TABLETS PER 30 DAYS
LONSURF TAB 15-6.14MG	100 TABLETS 28 DAYS
LONSURF TAB 20-8.19MG	80 TABLETS 28 DAYS
lopinavir/ritonavir (KALETRA) SOL 400-100 MG/5ML	480 ML PER 30 DAYS
lopinavir/ritonavir (KALETRA) TAB 100-25MG	300 TABLETS PER 30 DAYS
lopinavir/ritonavir (KALETRA) TAB 200-50MG	120 TABLETS PER 30 DAYS
LORBRENA TAB 100MG	30 TABLETS PER 30 DAYS
LORBRENA TAB 25MG	90 TABLETS PER 30 DAYS
LUMAKRAS TAB 120MG	240 TABLETS PER 30 DAYS
LUMAKRAS TAB 240MG*	120 TABS PER 30 DAYS
LUMAKRAS TAB 320MG	90 TABLETS PER 30 DAYS
LUMRYZ PAK 6.0GM	30 PACKETS PER 30 DAYS
LUMRYZ PAK 7.5GM	30 PACKETS PER 30 DAYS
LUMRYZ PAK 9.0GM	30 PACKETS PER 30 DAYS
LUMRYZ PAK STARTER*	28 PACKETS PER 28 DAYS
LUMRYZ PKG 4.5GM	30 PACKETS PER 30 DAYS
LUNSUMIO INJ 1MG/ML	3 VIALS PER 8 DAYS
LUNSUMIO INJ 30MG/30	2 VIALS PER 21 DAYS
LUPKYNIS CAP 7.9MG	180 CAPSULES PER 30 DAYS
LYNPARZA TAB 100MG	120 TABLETS PER 30 DAYS
LYNPARZA TAB 150MG	120 TABLETS PER 30 DAYS
LYTGOBI TAB 4MG (12MG DAILY DOSE)	84 TABLETS PER 28 DAYS
LYTGOBI TAB 4MG (16MG DAILY DOSE)	112 TABLETS PER 28 DAYS
LYTGOBI TAB 4MG (20MG DAILY DOSE)	140 TABLETS PER 28 DAYS
maraviroc (SELZENTRY) TAB 150MG	60 TABLETS PER 30 DAYS
maraviroc (SELZENTRY) TAB 300MG	120 TABLETS PER 30 DAYS
MAVENCLAD 10MG	20 TABLETS PER 9 MONTHS
MAYZENT 1MG STARTER PAK	7 TABLETS PER 4 DAYS
MAYZENT 2MG STARTER PAK	12 TABLETS PER 5 DAYS
MAYZENT TAB 0.25MG	12 TABLETS PER 5 DAYS
MAYZENT TAB 1MG	30 TABLETS PER 30 DAYS
MAYZENT TAB 2MG	30 TABLETS PER 30 DAYS
MEKINIST SOL 0.05MG/ML	12 BOTTLES PER 28 DAYS
MEKINIST TAB 0.5MG	90 TABLETS PER 30 DAYS
MEKINIST TAB 2MG	30 TABLETS PER 30 DAYS
MEKTOVI TAB 15MG	180 TABLETS PER 30 DAYS
metyrosine (DEMSER) CAP 250MG	480 CAPSULES PER 30 DAYS
mifepristone (KORLYM) TAB 300MG	120 TABLETS PER 30 DAYS
miglustat (ZAVESCA) CAP 100MG	90 CAPSULES PER 30 DAYS
MULPLETA TAB 3MG	7 TABLETS PER 14 DAYS
MYALEPT VIA 11.3MG	30 VIALS PER 30 DAYS
MYCAPSSA 20MG	112 CAPSULES PER 28 DAYS
NEMLUVIO INJ 30MG	2 PENS PER 28 DAYS
NERLYNX TAB 40MG	180 TABLETS PER 30 DAYS

DRUG NAME	APPROVED QUANTITY
NEULASTA KIT 6MG/0.6ML	2 SYRINGES PER 28 DAYS
nevirapine SUSP 50MG/5ML	1200 ML PER 30 ML DAYS
nevirapine TAB 200MG	60 TABLETS PER 30 DAYS
nevirapine TAB ER 24HR 100MG	90 TABLETS PER 30 DAYS
nevirapine TAB ER 24HR 400MG	30 TABLETS PER 30 DAYS
NINLARO CAP 2.3MG	3 CAPSULES PER 28 DAYS
NINLARO CAP 3MG	3 CAPSULES PER 28 DAYS
NINLARO CAP 4MG	3 CAPSULES PER 28 DAYS
NORVIR POW 100MG	360 PACKETS PER 30 DAYS
NORVIR SOL 80MG/ML	480 ML PER 30 DAYS
NUBEQA TAB 300MG	120 TABLETS PER 30 DAYS
NUCALA INJ 100MG/ML	3 PENS/SYRINGES/VIALS PER 28 DAYS
NUCALA INJ 40MG/0.4ML	1 SYRINGE PER 28 DAYS
NULIBRY INJ 9.5MG	150 VIALS PER 30 DAYS
NUPLAZID CAP 34MG	30 CAPSULES PER 30 DAYS
NUPLAZID TAB 10MG	30 TABLETS PER 30 DAYS
NYVEPRIA INJ 6 MG/0.6ML	2 SYRINGES PER 28 DAYS
OCALIVA TAB 10MG	30 TABLETS PER 30 DAYS
OCALIVA TAB 5MG	30 TABLETS PER 30 DAYS
OCREVUS INJ 300/10ML	2 VIALS PER 168 DAYS
OCREVUS ZUNOVO*	1 VIAL PER 168 DAYS
octreotide (SANDOSTATIN) INJ 100MCG	90 AMPULES PER 30 DAYS
octreotide (SANDOSTATIN) INJ 500MCG	90 AMPULES PER 30 DAYS
OCTREOTIDE INJ 1000MCG	9 VIALS PER 30 DAYS
OCTREOTIDE INJ 100MCG	90 SYRINGES/VIALS PER 30 DAYS
OCTREOTIDE INJ 200MCG	45 VIALS PER 30 DAYS
OCTREOTIDE INJ 500MCG	90 SYRINGES/VIALS PER 30 DAYS
OCTREOTIDE INJ 50MCG/ML	90 SYRINGES PER 30 DAYS
octreotide LAR (SANDOSTATIN KIT LAR) 10MG	1 KIT PER 28 DAYS
octreotide LAR (SANDOSTATIN KIT LAR) 20MG	2 KITS PER 28 DAYS
octreotide LAR (SANDOSTATIN KIT LAR) 30MG	1 KIT PER 28 DAYS
ODEFSEY TAB 200-25-25 MG	30 TABLETS PER 30 DAYS
ODOMZO CAP 200MG	30 CAPSULES PER 30 DAYS
OFEV CAP 100MG	60 CAPSULES PER 30 DAYS
OFEV CAP 150MG	60 CAPSULES PER 30 DAYS
OGSIVEO TAB 100MG	56 TABLETS PER 28 DAYS
OGSIVEO TAB 150MG	56 TABLETS PER 28 DAYS
OGSIVEO TAB 50MG	180 TABLETS PER 30 DAYS
OJEMDA SUS 25MG/ML	8 BOTTLES PER 28 DAYS
OJEMDA TAB 100MG	1 BOX PER 28 DAYS
OJJAARA TAB 100MG	30 TABLETS PER 30 DAYS
OJJAARA TAB 150MG	30 TABLETS PER 30 DAYS
OJJAARA TAB 200MG	30 TABLETS PER 30 DAYS
OLPRUVA PAK 2GM	90 ENVELOPES PER 30 DAYS
OLPRUVA PAK 3GM	90 ENVELOPES PER 30 DAYS
OLPRUVA PAK 4GM	90 ENVELOPES PER 30 DAYS

DRUG NAME	APPROVED QUANTITY
OLPRUVA PAK 5GM	90 ENVELOPES PER 30 DAYS
OLPRUVA PAK 6.67GM	90 ENVELOPES PER 30 DAYS
OLPRUVA PAK 6GM	90 ENVELOPES PER 30 DAYS
OMVOH INJ 100MG/ML	2 PENS/SYRINGES PER 28 DAYS
OMVOH INJ 300/15ML	3 VIALS PER 56 DAYS
ONPATTRO SOL 10MG/5ML	3 VIALS PER 21 DAYS
ONUREG TAB 200MG	14 TABLETS PER 28 DAYS
ONUREG TAB 300MG	14 TABLETS PER 28 DAYS
OPDUALAG SOL 240-80 MG/20ML	2 VIALS PER 28 DAYS
OPFOLDA CAP 65MG	8 CAPSULES PER 28 DAYS
OPSUMIT TAB 10MG	30 TABLETS PER 30 DAYS
OPSYNVI TAB 10-20MG	30 TABLETS PER 30 DAYS
OPSYNVI TAB 10-40MG	30 TABLETS PER 30 DAYS
ORENCIA INJ 250MG	4 VIALS EVERY 28 DAYS
ORGOVYX TAB 120MG	30 TABLETS PER 30 DAYS
ORKAMBI GRA 100-125MG	56 PACKETS PER 28 DAYS
ORKAMBI GRA 150-188MG	56 PACKETS PER 28 DAYS
ORKAMBI GRA 75-94MG	56 PACKETS PER 28 DAYS
ORKAMBI TAB 100-125MG	112 TABLETS PER 28 DAYS
ORKAMBI TAB 200-125MG	112 TABLETS PER 28 DAYS
ORLADEYO CAP 110MG	28 CAPSULES PER 28 DAYS
ORLADEYO CAP 150MG	28 CAPSULES PER 28 DAYS
ORMALVI TAB 50MG	120 TABLETS PER 30 DAYS
ORSERDU TAB 345MG	30 TABLETS PER 30 DAYS
ORSERDU TAB 86MG	90 TABLETS PER 30 DAYS
OTEZLA TAB STARTER PAK 10/20MG	55 TABLETS PER 28 DAYS
OTEZLA TAB 20MG	60 TABLETS PER 30 DAYS
OTEZLA TAB 30MG	60 TABLETS PER 30 DAYS
OTEZLA TAB STARTER PAK 10/20/30MG	55 TABLETS PER 28 DAYS
OTREXUP INJ 10MG/0.4ML	4 PENS PER 28 DAYS
OTREXUP INJ 12.5MG/0.4ML	4 PENS PER 28 DAYS
OTREXUP INJ 15MG/0.4ML	4 PENS PER 28 DAYS
OTREXUP INJ 17.5MG/0.4ML	4 PENS PER 28 DAYS
OTREXUP INJ 20MG/0.4ML	4 PENS PER 28 DAYS
OTREXUP INJ 22.5MG/0.4ML	4 PENS PER 28 DAYS
OTREXUP INJ 25MG/0.4ML	4 PENS PER 28 DAYS
PADCEV INJ 30MG	15 VIALS PER 28 DAYS
PALYNZIQ INJ 10MG/0.5ML	30 SYRINGES PER 30 DAYS
PALYNZIQ INJ 2.5MG/0.5ML	8 SYRINGES PER 28 DAYS
PALYNZIQ INJ 20MG/ML	90 SYRINGES PER 30 DAYS
pazopanib (VOTRIENT) TAB 200MG	120 TABLETS PER 30 DAYS
PEMAZYRE TAB 13.5MG	30 TABLETS PER 30 DAYS
PEMAZYRE TAB 4.5MG	30 TABLETS PER 30 DAYS
PEMAZYRE TAB 9MG	30 TABLETS PER 30 DAYS
PEPAXTO INJ 20MG	2 VIALS PER 28 DAYS
PHEBURANE MIS 483MG/GM	8 BOTTLES PER 30 DAYS

DRUG NAME	APPROVED QUANTITY
PIASKY INJ 340/2ML	2 VIALS PER 28 DAYS
PIFELTRO TAB 100MG	60 TABLETS PER 30 DAYS
PIQRAY TAB 200MG DOSE	28 TABLETS PER 28 DAYS
PIQRAY TAB 250MG DOSE	56 TABLETS PER 28 DAYS
PIQRAY TAB 300MG DOSE	56 TABLETS PER 28 DAYS
pirfenidone (ESBRIET) CAP 267MG	270 CAPSULES PER 30 DAYS
pirfenidone (ESBRIET) TAB 267MG	270 TABLETS PER 30 DAYS
pirfenidone (ESBRIET) TAB 801MG	90 TABLETS PER 30 DAYS
PIRFENIDONE TAB 534MG	90 TABLETS PER 30 DAYS
PLEGRIDY IM INJ 125 MCG/0.5ML	2 SYRINGES PER 28 DAYS
PLEGRIDY INJ STARTER PACK	1 PACK PER 28 DAYS
PLEGRIDY SC INJ 125 MCG/0.5ML	2 PEN/SYRINGE PER 28 DAYS
POMALYST CAP 1MG	21 CAPSULES PER 28 DAYS
POMALYST CAP 2MG	21 CAPSULES PER 28 DAYS
POMALYST CAP 3MG	21 CAPSULES PER 28 DAYS
POMALYST CAP 4MG	21 CAPSULES PER 28 DAYS
PREZCOBIX TAB 800-150 MG	30 TABLETS PER 30 DAYS
PREZISTA SUS 100MG/ML	400 ML PER 30 DAYS
PREZISTA TAB 150MG	180 TABLETS PER 30 DAYS
PREZISTA TAB 75MG	300 TABLETS PER 30 DAYS
PROCYSBI CAP 25MG	240 CAPSULES PER 30 DAYS
PROCYSBI CAP 75MG	750 CAPSULES PER 30 DAYS
PROCYSBI GRA 300MG	180 PACKETS PER 30 DAYS
PROCYSBI GRA 75MG	180 PACKETS PER 30 DAYS
PROLIA INJ 60MG/ML	1 SYRINGE PER 6 MONTHS
PROMACTA POW 12.5MG	120 PACKETS PER 30 DAYS
PROMACTA POW 25MG	180 PACKETS PER 30 DAYS
PROMACTA TAB 12.5MG	60 TABLETS PER 30 DAYS
PROMACTA TAB 25MG	90 TABLETS PER 30 DAYS
PROMACTA TAB 50MG	90 TABLETS PER 30 DAYS
PROMACTA TAB 75MG	60 TABLETS PER 30 DAYS
PULMOZYME SOL 1MG/ML	60 AMPULES PER 30 DAYS
PYRUKYND TAB 20MG	28 TABLETS PER 28 DAYS
PYRUKYND TAB 50MG	28 TABLETS PER 28 DAYS
PYRUKYND TAB 5MG	28 TABLETS PER 28 DAYS
PYRUKYND TAPER PACK TAB 20MG - 5MG	14 TABLETS PER 14 DAYS
PYRUKYND TAPER PACK TAB 50MG -20MG	14 TABLETS PER 14 DAYS
PYRUKYND TAPER PACK TAB 5MG	7 TABLETS PER 7 DAYS
QALSODY SOL 100/15ML	1 VIAL PER 28 DAYS
QINLOCK TAB 50MG	90 TABLETS PER 30 DAYS
RADICAVA ORS KIT	50ML PER 28 DAYS
RADICAVA ORS STARTER KIT	70ML PER 28 DAYS
RASUVO INJ 10 MG/0.2ML	4 PENS PER 28 DAYS
RASUVO INJ 12.5 MG/0.25ML	4 PENS PER 28 DAYS
RASUVO INJ 15 MG/0.3ML	4 PENS PER 28 DAYS
RASUVO INJ 17.5 MG/0.35ML	4 PENS PER 28 DAYS

DRUG NAME	APPROVED QUANTITY
RASUVO INJ 20MG/0.4ML	4 PENS PER 28 DAYS
RASUVO INJ 22.5 MG/0.45ML	4 PENS PER 28 DAYS
RASUVO INJ 25 MG/0.5ML	4 PENS PER 28 DAYS
RASUVO INJ 30 MG/0.6ML	4 PENS PER 28 DAYS
RASUVO INJ 7.5 MG/0.15ML	4 PENS PER 28 DAYS
REBIF INJ 22 MCG/0.5ML	12 SYRINGES PER 28 DAYS
REBIF INJ 44 MCG/0.5ML	12 SYRINGES PER 28 DAYS
REBIF INJ TITRATION PACK	12 SYRINGES PER 28 DAYS
REBIF REBIDO INJ 22 MCG/0.5ML	12 PENS PER 28 DAYS
REBIF REBIDO INJ 44 MCG/0.5ML	12 PENS PER 28 DAYS
REBIF REBIDO INJ TITRATION PACK	12 PENS PER 28 DAYS
RECORLEV TAB 150MG	240 TABLETS PER 30 DAYS
REDITREX INJ 10MG/0.4ML	4 SYRINGES PER 28 DAYS
REDITREX INJ 12.5MG/0.5ML	4 SYRINGES PER 28 DAYS
REDITREX INJ 15MG/0.6ML	4 SYRINGES PER 28 DAYS
REDITREX INJ 17.5MG/0.7ML	4 SYRINGES PER 28 DAYS
REDITREX INJ 20MG/0.8ML	4 SYRINGES PER 28 DAYS
REDITREX INJ 22.5MG/0.9ML	4 SYRINGES PER 28 DAYS
REDITREX INJ 25MG/ML	4 SYRINGES PER 28 DAYS
REDITREX INJ 7.5MG/0.3ML	4 SYRINGES PER 28 DAYS
RELYVRIO PAK 3-1GM	56 PACKETS PER 28 DAYS
REMICADE INJ 100MG	5 VIALS PER 42 DAYS
RENFLEXIS INJ 100MG	5 VIALS PER 42 DAYS
REPATHA INJ 140MG/ML	3 SYRINGES PER 28 DAYS
REPATHA INJ PUSHTRONEX 420 MG/3.5ML	1 CARTRIDGE PER 28 DAYS
REPATHA INJ SURECLICK 140MG/ML	3 PENS PER 28 DAYS
RETEVMO CAP 40MG	90 CAPSULES PER 30 DAYS
RETEVMO CAP 80MG	120 CAPSULES PER 30 DAYS
RETEVMO TAB 120MG	60 TABLETS PER 30 DAYS
RETEVMO TAB 160MG	60 TABLETS PER 30 DAYS
RETEVMO TAB 40MG	90 TABLETS PER 30 DAYS
RETEVMO TAB 80MG	120 TABLETS PER 30 DAYS
REVUFORJ TAB 110MG*	60 TABLETS PER 30 DAYS
REVUFORJ TAB 160MG*	60 TABLETS PER 30 DAYS
REYATAZ POW 50MG	180 PACKETS PER 30 DAYS
REZLIDHIA CAP 150MG	60 CAPSULES PER 30 DAYS
REZUROCK TAB 200MG	30 TABLETS PER 30 DAYS
RINVOQ LQ SOL 1MG/ML	2 BOTTLES PER 30 DAYS
RINVOQ TAB 15MG ER	30 TABLETS PER 30 DAYS
RINVOQ TAB 30MG ER	30 TABLETS PER 30 DAYS
ritonavir (NORVIR) TAB 100MG	360 TABLETS PER 30 DAYS
RIVFLOZA INJ 128/0.8ML	1 SYRINGE PER 28 DAYS
RIVFLOZA INJ 160MG/ML	1 SYRINGE PER 28 DAYS
RIVFLOZA INJ 80/0.5ML	2 VIALS PER 28 DAYS
ROLVEDON INJ 13.2MG	2 SYRINGES PER 28 DAYS
ROZLYTREK CAP 100MG	30 CAPSULES PER 30 DAYS

DRUG NAME	APPROVED QUANTITY
ROZLYTREK CAP 200MG	90 CAPSULES PER 30 DAYS
ROZLYTREK PELLETT 50MG	8 CARTONS PER 28 DAYS
RUBRACA TAB 200MG	120 TABLETS PER 30 DAYS
RUBRACA TAB 250MG	120 TABLETS PER 30 DAYS
RUBRACA TAB 300MG	120 TABLETS PER 30 DAYS
RUCONEST INJ 2100UNIT	60 VIALS PER 90 DAYS
RUKOBIA TAB 600MG ER	60 TABLETS PER 30 DAYS
RYBREVANT SOL 350/7ML	12 VIALS PER 28 DAYS
RYDAPT CAP 25MG	224 CAPSULES PER 28 DAYS
RYSTIGGO INJ 280/2ML	18 VIALS PER 45 DAYS
SAJAZIR INJ 30MG/3ML	45 SYRINGES PER 90 DAYS
SAPHNELO SOL 300MG/2ML	1 VIAL PER 28 DAYS
SCSEMBLIX TAB 100MG	120 TABLETS PER 30 DAYS
SCSEMBLIX TAB 20MG	60 TABLETS PER 30 DAYS
SCSEMBLIX TAB 40MG	300 TABLETS PER 30 DAYS
SCENESSE IMP 16MG	1 IMPLANT PER 2 MONTHS
SELZENTRY SOL 20MG/ML	1840 ML PER 30 DAYS
SELZENTRY TAB 25MG	240 TABLETS PER 30 DAYS
SELZENTRY TAB 75MG	60 TABLETS PER 30 DAYS
SIGNIFOR AMP 0.3MG/ML	60 AMPULES PER 30 DAYS
SIGNIFOR AMP 0.6MG/ML	60 AMPULES PER 30 DAYS
SIGNIFOR AMP 0.9MG/ML	60 AMPULES PER 30 DAYS
SIGNIFOR LAR INJ 10MG	1 KIT PER 28 DAYS
SIGNIFOR LAR INJ 20MG	1 KIT PER 28 DAYS
SIGNIFOR LAR INJ 30MG	1 KIT PER 28 DAYS
SIGNIFOR LAR INJ 40MG	1 KIT PER 28 DAYS
SIGNIFOR LAR INJ 60MG	1 KIT PER 28 DAYS
sildenafil (REVATIO) SUS 10MG/ML	784 ML PER 30 DAYS
sildenafil (REVATIO) TAB 20MG	360 TABLETS PER 30 DAYS
SIMLANDI 40MG/0.4ML	4 PENS PER 28 DAYS
SIMPONI ARIA SOL 50MG/4ML	4 VIALS PER 56 DAYS
SKYCLARYS CAP 50MG	90 CAPSULES PER 30 DAYS
SKYRIZI INJ 150MG/ML	1 PEN/SYRINGE PER 84 DAYS
SKYRIZI INJ 180 MG/1.2ML	1 CARTRIDGE PER 56 DAYS
SKYRIZI INJ 360 MG/2.4ML	1 CARTRIDGE PER 56 DAYS
SKYRIZI SOL 60MG/ML	6 VIALS PER 56 DAYS
sodium phenylbutyrate (BUPHENYL) POW 3 GM/TEASPOONFUL	798 GRAMS PER 30 DAYS
sodium phenylbutyrate (BUPHENYL) TAB 500MG	1200 TABLETS PER 30 DAYS
SOGROYA INJ 10MG/1.5ML	4 PENS PER 28 DAYS
SOGROYA INJ 15MG/1.5ML	4 PENS PER 28 DAYS
SOGROYA INJ 5MG/1.5ML	4 PENS PER 28 DAYS
SOHONOS CAP 1.5MG	56 CAPSULES PER 28 DAYS
SOHONOS CAP 10MG	56 CAPSULES PER 28 DAYS
SOHONOS CAP 1MG	28 CAPSULES PER 28 DAYS
SOHONOS CAP 2.5MG	28 CAPSULES PER 28 DAYS
SOHONOS CAP 5MG	28 CAPSULES PER 28 DAYS

DRUG NAME	APPROVED QUANTITY
SOMATULINE INJ 120MG/.5ML	1 SYRINGE PER 28 DAYS
SOMATULINE INJ 60MG/0.2ML	1 SYRINGE PER 28 DAYS
SOMATULINE INJ 90MG/0.3ML	1 SYRINGE PER 28 DAYS
SOMAVERT INJ 10MG	30 VIALS PER 30 DAYS
SOMAVERT INJ 15MG	30 VIALS PER 30 DAYS
SOMAVERT INJ 20MG	30 VIALS PER 30 DAYS
SOMAVERT INJ 25MG	30 VIALS PER 30 DAYS
SOMAVERT INJ 30MG	30 VIALS PER 30 DAYS
sorafenib (NEXAVAR) TAB 200MG	120 TABLETS PER 30 DAYS
SOTYKTU TAB 6MG	30 TABLETS PER 30 DAYS
SOVALDI PELLETT PAK 150MG	28 PELLETS PER 28 DAYS
SOVALDI PELLETT PAK 200MG	56 PELLETS PER 28 DAYS
SOVALDI TAB 200MG	28 TABLETS PER 28 DAYS
SOVALDI TAB 400MG	28 TABLETS PER 28 DAYS
SPEVIGO INJ 150MG/1ML	2 SYRINGES PER 28 DAYS
SPEVIGO INJ 450/7.5	4 VIALS PER 14 DAYS
STAVUDINE CAP 15MG	60 CAPSULES PER 30 DAYS
STAVUDINE CAP 20MG	60 CAPSULES PER 30 DAYS
STAVUDINE CAP 30 MG	60 CAPSULES PER 30 DAYS
STAVUDINE CAP 40 MG	60 CAPSULES PER 30 DAYS
STELARA INJ 45MG/0.5ML	1 SYRINGE/VIAL PER 84 DAYS
STELARA INJ 5MG/ML	4 VIALS PER 56 DAYS
STELARA INJ 90MG/ML	1 SYRINGE PER 56 DAYS
STIMUFEND INJ 6MG/0.6ML	2 SYRINGES PER 28 DAYS
STIVARGA TAB 40MG	84 TABLETS PER 28 DAYS
STRIBILD TAB 150-150-200-300MG	30 TABLETS PER 30 DAYS
sunitinib (SUTENT) CAP 12.5MG	30 CAPSULES PER 30 DAYS
sunitinib (SUTENT) CAP 25MG	30 CAPSULES PER 30 DAYS
sunitinib (SUTENT) CAP 37.5MG	30 CAPSULES PER 30 DAYS
sunitinib (SUTENT) CAP 50MG	30 CAPSULES PER 30 DAYS
SUNLENCA INJ 463.5 MG/1.5ML	2 VIALS PER 168 DAYS
SUNLENCA TAB 300MG	4 TABLETS PER 2 DAYS
SUNLENCA TAB 300MG	5 TABLETS PER 8 DAYS
SYLATRON KIT 200MCG	4 VIALS PER 28 DAYS
SYLATRON KIT 300MCG	4 VIALS PER 28 DAYS
SYLATRON KIT 600MCG	4 VIALS PER 28 DAYS
SYMDEKO TAB 100-150MG	56 TABLETS PER 28 DAYS
SYMDEKO TAB 50-75MG	56 TABLETS PER 28 DAYS
SYMITUZA TAB 800-150-200-10MG	30 TABLETS PER 30 DAYS
TABRECTA TAB 150MG	112 TABLETS PER 28 DAYS
TABRECTA TAB 200MG	112 TABLETS PER 28 DAYS
tadalafil, alyq (ADCIRCA) TAB 20MG	60 TABLETS PER 30 DAYS
TADLIQ SUS 20MG/5ML	300 ML PER 30 DAYS
TAFINLAR CAP 50MG	120 CAPSULES PER 30 DAYS
TAFINLAR CAP 75MG	120 CAPSULES PER 30 DAYS
TAFINLAR TAB FOR SUSP 10MG	4 BOTTLES PER 28 DAYS

DRUG NAME	APPROVED QUANTITY
TAGRISSO TAB 40MG	30 TABLETS PER 30 DAYS
TAGRISSO TAB 80MG	30 TABLETS PER 30 DAYS
TAKHZYRO INJ 150MG/ML	2 SYRINGES PER 28 DAYS
TAKHZYRO INJ 300/2ML	2 SYRINGES/VIALS PER 28 DAYS
TALZENNA CAP 0.1MG	30 CAPSULES PER 30 DAYS
TALZENNA CAP 0.25MG	90 CAPSULES PER 30 DAYS
TALZENNA CAP 0.35MG	30 CAPSULES PER 30 DAYS
TALZENNA CAP 0.5MG	30 CAPSULES PER 30 DAYS
TALZENNA CAP 0.75MG	30 CAPSULES PER 30 DAYS
TALZENNA CAP 1MG	30 CAPSULES PER 30 DAYS
TARCEVA TAB 100MG	30 TABLETS PER 30 DAYS
TARCEVA TAB 150MG	30 TABLETS PER 30 DAYS
TARCEVA TAB 25MG	60 TABLETS PER 30 DAYS
TARPEYO CAP 4MG	120 CAPSULES PER 30 DAYS
TASCENSO ODT TAB 0.25MG	30 TABLETS PER 30 DAYS
TASCENSO ODT TAB 0.5MG	30 TABLETS PER 30 DAYS
TASIGNA CAP 150MG	120 CAPSULES PER 30 DAYS
TASIGNA CAP 200MG	120 CAPSULES PER 30 DAYS
TASIGNA CAP 50MG	120 CAPSULES PER 30 DAYS
tasimelteon (HETLIOZ) CAP 20MG	30 CAPSULES PER 30 DAYS
TAVALISSE TAB 100MG	60 TABLETS PER 30 DAYS
TAVALISSE TAB 150MG	60 TABLETS PER 30 DAYS
TAVNEOS CAP 10MG	180 CAPSULES PER 30 DAYS
TAZVERIK TAB 200MG	240 TABLETS PER 30 DAYS
tenofovir (VIREAD) TAB 200MG	30 TABLETS PER 30 DAYS
tenofovir (VIREAD) TAB 250MG	30 TABLETS PER 30 DAYS
tenofovir (VIREAD) TAB 300MG	30 TABLETS PER 30 DAYS
tenofovir (VIREAD)TAB 150MG	30 TABLETS PER 30 DAYS
TEPMETKO TAB 225MG	60 TABLETS PER 30 DAYS
teriflunomide (AUBAGIO) TAB 14MG	30 TABLETS PER 30 DAYS
teriflunomide (AUBAGIO) TAB 7MG	30 TABLETS PER 30 DAYS
teriparatide (FORTEO) PENS 600 MCG/2.4ML	1 PEN PER 28 DAYS
TERIPARATIDE INJ 620MCG/2.48ML	1 PEN PER 28 DAYS
tetrabenazine (XENAZINE) TAB 12.5MG	120 TABLETS PER 30 DAYS
tetrabenazine (XENAZINE) TAB 25MG	60 TABLETS PER 30 DAYS
TEVIMBRA INJ 100MG/10ML	2 VIALS PER 21 DAYS
TEZSPIRE INJ 210 MG/1.91ML	1 PEN/SYRINGE PER 28 DAYS
THALOMID CAP 100MG	112 CAPSULES PER 28 DAYS
THALOMID CAP 150MG	56 CAPSULES PER 28 DAYS
THALOMID CAP 200MG	56 CAPSULES PER 28 DAYS
THALOMID CAP 50MG	28 CAPSULES PER 28 DAYS
TIBSOVO TAB 250MG	60 TABLETS PER 30 DAYS
TIVDAK INJ 40MG	5 VIALS PER 21 DAYS
TIVICAY PD TAB 5MG	360 TABLETS PER 30 DAYS
TIVICAY TAB 10MG	240 TABLETS PER 30 DAYS
TIVICAY TAB 25MG	60 TABLETS PER 30 DAYS

DRUG NAME	APPROVED QUANTITY
TIVICAY TAB 50MG	60 TABLETS PER 30 DAYS
tobramycin NEB 300MG/5ML	56 AMPULES PER 28 DAYS
TOFIDENCE INJ 200MG/10ML	8 VIALS PER 28 DAYS
TOFIDENCE INJ 400MG/20ML	4 VIALS PER 28 DAYS
TOFIDENCE INJ 80MG/4ML	20 VIALS PER 28 DAYS
TORPENZ TAB 10MG	30 TABLETS PER 30 DAYS
TORPENZ TAB 2.5MG	30 TABLETS PER 30 DAYS
TORPENZ TAB 5MG	30 TABLETS PER 30 DAYS
TORPENZ TAB 7.5MG	30 TABLETS PER 30 DAYS
TREMFYA INJ 100MG/ML	1 PEN/SYRINGE PER 56 DAYS
TREMFYA INJ 200/20ML VIAL*	Only used for Loading Dose for UC
TREMFYA INJ 200/2ML,PEN/SYRINGE*	1 PER 28 DAYS
TRIKAFTA GRAN 100-50-75-75MG	56 PACKETS PER 28 DAYS
TRIKAFTA GRAN 80-40-60-59.5MG	56 PACKETS PER 28 DAYS
TRIKAFTA TAB 100-50-75-150MG	84 TABLETS PER 28 DAYS
TRIKAFTA TAB 50-25-37.5-75MG	84 TABLETS PER 28 DAYS
TRIUMEQ PD TAB 60-5-30MG	180 TABLETS PER 30 DAYS
TRIUMEQ TAB 600-50-300MG	30 TABLETS PER 30 DAYS
TRIZIVIR TAB 300-150-300MG	60 TABLETS PER 30 DAYS
TRUQAP PAK 160MG	64 TABLETS PER 28 DAYS
TRUQAP PAK 200MG	64 TABLETS PER 28 DAYS
TRUQAP TAB 160MG	64 TABLETS PER 28 DAYS
TRUQAP TAB 200MG	64 TABLETS PER 28 DAYS
TRUSELTIQ CAP 100MG	21 CAPSULES PER 28 DAYS
TRUSELTIQ CAP 125MG	42 CAPSULES PER 28 DAYS
TRUSELTIQ CAP 50MG	42 CAPSULES PER 28 DAYS
TRUSELTIQ CAP 75MG	63 CAPSULES PER 28 DAYS
TUKYSA TAB 150MG	120 TABLETS PER 30 DAYS
TUKYSA TAB 50MG	120 TABLETS PER 30 DAYS
TURALIO CAP 125MG	120 CAPSULES PER 30 DAYS
TYBOST TAB 150MG	30 TABLETS PER 30 DAYS
TYENNE INJ 162MG/0.9ML	4 PEN/SYRINGE PER 28 DAYS
TYENNE INJ 200MG/10ML	8 VIALS PER 28 DAYS
TYENNE INJ 400MG/20ML	4 VIALS PER 28 DAYS
TYENNE INJ 80MG/4ML	20 VIALS PER 28 DAYS
TYMLOS INJ 3120MCG/1.56ML	1 PEN PER 30 DAYS
TYSABRI INJ 300MG/15ML	1 VIAL PER 28 DAYS
TYVASO DPI POW 16-32-48MCG	252 CARTRIDGES PER 28 DAYS
TYVASO DPI POW 16-32MCG	196 CARTRIDGES PER 28 DAYS
TYVASO DPI POW 16MCG	112 CARTRIDGES PER 28 DAYS
TYVASO DPI POW 32-48MCG	224 CARTRIDGES PER 28 DAYS
TYVASO DPI POW 32MCG	112 CARTRIDGES PER 28 DAYS
TYVASO DPI POW 48MCG	112 CARTRIDGES PER 28 DAYS
TYVASO DPI POW 64MCG	112 CARTRIDGES PER 28 DAYS
TYVASO SOL 0.6MG/ML	28 AMPULES PER 28 DAYS
UDENYCA INJ 6MG/0.6ML	2 SYRINGES PER 28 DAYS

DRUG NAME	APPROVED QUANTITY
UKONIQ TAB 200MG	120 TABLETS PER 30 DAYS
UPLIZNA SOL 100MG	3 VIALS PER 180 DAYS
UPTRAVI TAB 1000MCG	60 TABLETS PER 30 DAYS
UPTRAVI TAB 1200MCG	60 TABLETS PER 30 DAYS
UPTRAVI TAB 1400MCG	60 TABLETS PER 30 DAYS
UPTRAVI TAB 1600MCG	60 TABLETS PER 30 DAYS
UPTRAVI TAB 200MCG	140 TABLETS PER 28 DAYS
UPTRAVI TAB 400MCG	60 TABLETS PER 30 DAYS
UPTRAVI TAB 600MCG	60 TABLETS PER 30 DAYS
UPTRAVI TAB 800MCG	60 TABLETS PER 30 DAYS
UPTRAVI TITRATION PACK TAB 200/800MCG	1 PACK EVERY 28 DAYS
VAFSEO TAB 150MG	120 TABLETS PER 30 DAYS
VAFSEO TAB 300MG	60 TABLETS PER 30 DAYS
VALCHLOR GEL 0.016%	2 TUBES PER 30 DAYS
VALCYTE SOL 50MG/ML	1000 ML PER 30 DAYS
VALCYTE TAB 450MG	120 TABLETS PER 30 DAYS
VANFLYTA TAB 17.7MG	28 PER 28 DAYS
VANFLYTA TAB 26.5MG	56 PER 28 DAYS
VELSIPITY TAB 2MG	30 TABLETS PER 30 DAYS
VEMLIDY TAB 25MG	30 TABLETS PER 30 DAYS
VENCLEXTA TAB 100MG	180 TABLETS PER 30 DAYS
VENCLEXTA TAB 10MG	120 TABLETS PER 30 DAYS
VENCLEXTA TAB 50MG	120 TABLETS PER 30 DAYS
VENCLEXTA TAB STARTER PACK	1 PACK EVERY 28 DAYS
VENTAVIS SOL 10MCG/ML	270 AMPULES PER 30 DAYS
VENTAVIS SOL 20MCG/ML	270 AMPULES PER 30 DAYS
VERZENIO TAB 100MG	56 TABLETS PER 28 DAYS
VERZENIO TAB 150MG	56 TABLETS PER 28 DAYS
VERZENIO TAB 200MG	56 TABLETS PER 28 DAYS
VERZENIO TAB 50MG	56 TABLETS PER 28 DAYS
vigabatrin, vigadrone, vogpoder (SABRIL) POW 500MG	180 PACKETS PER 30 DAYS
vigabatrin,vigadrone (SABRIL) TAB 500MG	180 TABLETS PER 30 DAYS
VIGADRONE POW 500MG	180 PACKETS PER 30 DAYS
VIGAFYDE SOL 100MG/ML	900 ML PER 30 DAYS
VIGPODER POW 500MG	180 PACKETS PER 30 DAYS
VIJOICE GRA 50MG	28 PACKETS PER 28 DAYS
VIJOICE TAB 125MG	1 CARTON PER 28 DAYS
VIJOICE TAB 250MG	1 CARTON PER 28 DAYS
VIJOICE TAB 50MG	1 CARTON PER 28 DAYS
VILTEPSO SOL 250MG/5ML	64 VIALS PER 28 DAYS
VIRACEPT TAB 250MG	300 TABLETS PER 30 DAYS
VIRACEPT TAB 625MG	120 TABLETS PER 30 DAYS
VIREAD POW 40MG/GM	240 GM PER 30 DAYS
VISTOGARD PAK 10GM	20 PACKETS PER 5 DAYS
VITRAKVI CAP 100MG	60 CAPSULES PER 30 DAYS
VITRAKVI CAP 25MG	180 CAPSULES PER 30 DAYS

DRUG NAME	APPROVED QUANTITY
VITRAKVI SOL 20MG/ML	300 ML PER 30 DAYS
VIVITROL INJ 380MG	1 VIAL PER 28 DAYS
VIZIMPRO TAB 15MG	30 TABLETS PER 30 DAYS
VIZIMPRO TAB 30MG	30 TABLETS PER 30 DAYS
VIZIMPRO TAB 45MG	30 TABLETS PER 30 DAYS
VOCABRIA TAB 30MG	30 TABLETS PER 30 DAYS
VONJO CAP 100MG	120 CAPSULES PER 30 DAYS
VORANIGO TAB 10MG	60 TABLETS PER 30 DAYS
VORANIGO TAB 40MG	30 TABLETS PER 30 DAYS
VOSEVI TAB 400-100-100MG	28 TABLETS PER 28 DAYS
VOWST CAP	12 CAPSULES PER 30 DAYS
VOXZOGO INJ 0.4MG	30 VIALS PER 30 DAYS
VOXZOGO INJ 0.56MG	30 VIALS PER 30 DAYS
VOXZOGO INJ 1.2MG	30 VIALS PER 30 DAYS
VOYDEYA TAB 100MG	180 TABLETS PER 30 DAYS
VOYDEYA TAB 50-100MG	180 TABLETS PER 30 DAYS
VPRIV INJ 400UNIT	15 VIALS PER 14 DAYS
VUMERITY CAP 231MG	120 CAPSULES PER 30 DAYS
VYALEV INJ 12-240MG*	56 VIALS PER 28 DAYS
VYJUVEK GEL	4 CARTONS PER 28 DAYS
VYNDAMAX CAP 61MG	30 CAPSULES PER 30 DAYS
VYNDAQEL CAP 20MG	120 CAPSULES PER 30 DAYS
VYONDYS 53 INJ 100MG/2ML	120 VIALS PER 28 DAYS
VYVGART INJ 400MG/20ML	12 VIALS PER 28 DAYS
VYVGART INJ HYTRULO 180-2000 MG-UNIT/ML	4 SINGLE-DOSE VIALS PER 28 DAYS
WAINUA INJ 45/0.8ML	1 PEN PER 28 DAYS
WAKIX TAB 17.8MG	60 TABLETS PER 30 DAYS
WAKIX TAB 4.45MG	60 TABLETS PER 30 DAYS
WELIREG TAB 40MG	90 TABLETS PER 30 DAYS
WINREVAIR INJ 45MG - 1 VIAL KIT	1 KIT PER 21 DAYS
WINREVAIR INJ 45MG - 2 VIALS KIT	1 KIT PER 21 DAYS
WINREVAIR INJ 60MG - 1 VIAL KIT	1 KIT PER 21 DAYS
WINREVAIR INJ 60MG - 2 VIALS KIT	1 KIT PER 21 DAYS
XALKORI CAP 200MG	120 CAPSULES PER 30 DAYS
XALKORI CAP 250MG	120 CAPSULES PER 30 DAYS
XALKORI SPRINKLE 150MG	180 CAPSULES PER 30 DAYS
XALKORI SPRINKLE 20MG	120 CAPSULES PER 30 DAYS
XALKORI SPRINKLE 50MG	120 CAPSULES PER 30 DAYS
XELJANZ SOL 1MG/ML	240ML PER 24 DAYS
XELJANZ TAB 10MG	60 TABLETS PER 30 DAYS
XELJANZ TAB 5MG	60 TABLETS PER 30 DAYS
XELJANZ XR TAB 11MG	30 TABLETS PER 30 DAYS
XELJANZ XR TAB 22MG	30 TABLETS PER 30 DAYS
XERMELO TAB 250MG	90 TABLETS PER 30 DAYS
XOLAIR INJ 150MG/ML	8 PENS/SYRINGES PER 28 DAYS
XOLAIR INJ 300MG/2ML	4 PENS/SYRINGES PER 28 DAYS

DRUG NAME	APPROVED QUANTITY
XOLAIR INJ 75 MG/0.5ML	2 PENS/SYRINGES PER 28 DAYS
XOLAIR SOL 150MG	8 VIALS PER 28 DAYS
XOLREMDI CAP 100MG	120 CAPSULES PER 30 DAYS
XOSPATA TAB 40MG	90 TABLETS PER 30 DAYS
XPOVIO PAK	1 CARTON PER 28 DAYS
XTANDI CAP 40MG	120 CAPSULES PER 30 DAYS
XTANDI TAB 40MG	120 TABLETS PER 30 DAYS
XTANDI TAB 80MG	60 TABLETS PER 30 DAYS
XURIDEN POW 2GM	4 PACKETS PER DAY
XYWAV SOL 0.5GM/ML	540 ML (270 GRAMS) PER 30 DAYS
YARGESA CAP 100MG	90 CAPSULES PER 30 DAYS
YONSA TAB 125MG	120 TABLETS PER 30 DAYS
YORVIPATH INJ 168MCG/0.56ML	2 PENS PER 28 DAYS
YORVIPATH INJ 294MCG/0.98ML	2 PENS PER 28 DAYS
YORVIPATH INJ 420MCG/1.4ML	2 PENS PER 28 DAYS
ZEJULA CAP 100MG	90 CAPSULES PER 30 DAYS
ZEJULA TAB 100MG	30 TABLETS PER 30 DAYS
ZEJULA TAB 200MG	30 TABLETS PER 30 DAYS
ZEJULA TAB 300MG	30 TABLETS PER 30 DAYS
ZELBORAF TAB 240MG	240 TABLETS PER 30 DAYS
ZEPOSIA CAP 0.92MG	30 TABLETS PER 30 DAYS
ZEPOSIA CAP 28 DAY STARTER PACK	28 CAPSULES PER 28 DAYS
ZEPOSIA CAP 37 DAY STARTER PACK	37 CAPSULES PER 37 DAYS
ZEPOSIA CAP 7 DAY STARTER PACK	7 CAPSULES PER 7 DAYS
zidovudine (RETROVIR) CAP 100MG	180 CAPSULES PER 30 DAYS
zidovudine (RETROVIR) SYP 50MG/5ML	1920 ML PER 30 DAYS
zidovudine (RETROVIR) TAB 300MG	60 TABLETS PER 30 DAYS
ZIEXTENZO INJ 6MG/0.6M	2 SYRINGES PER 28 DAYS
ZILBRYSQ INJ 16.6MG	28 SYRINGES PER 28 DAYS
ZILBRYSQ INJ 23MG	28 SYRINGES PER 28 DAYS
ZILBRYSQ INJ 32.4MG	28 SYRINGES PER 28 DAYS
ZOKINVY CAP 50MG	120 CAPSULES PER 30 DAYS
ZOKINVY CAP 75MG	120 CAPSULES PER 30 DAYS
ZOLINZA CAP 100MG	120 CAPSULES PER 30 DAYS
ZTALMY SUS 50MG/ML	10 BOTTLES PER 30 DAYS
ZURZUVAE CAP 20MG	28 CAPSULES PER 14 DAYS
ZURZUVAE CAP 25MG	28 CAPSULES PER 14 DAYS
ZURZUVAE CAP 30MG	14 CAPSULES PER 14 DAYS
ZYDELIG TAB 100MG	60 TABLETS PER 30 DAYS
ZYDELIG TAB 150MG	60 TABLETS PER 30 DAYS
ZYKADIA TAB 150MG	90 TABLETS PER 30 DAYS
ZYMFENTRA INJ 120MG/ML	2 PENS/SYRINGES PER 28 DAYS

DRUG NAME		APPROVED QUANTITY	
*New drugs added this quarter. **Drugs updated this quarter. The medicines indicated above, along with their quantity limits, are subject to change. This list represents brand products in uppercase and generic products in lowercase. This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the doctor. There may be additional drugs subject to prior authorization or other plan design restrictions. Please consult your plan for further information. Subject to applicable state law restrictions. ©2025 CVS Health and/or one of its affiliates. All rights reserved. 106-48228A 03112025			