



DECEMBER 2024

Prominence Health Plan
NEVADA FORMULARY
Commercial Membership

Prominence[®]
Health Plan

Get to Know Your Pharmacy Formulary

Prominence Health Plan develops a medically sound formulary that supports patient health and is reviewed by a Pharmacy and Therapeutics Committee (P & T Committee), made up of practicing physicians, pharmacists, and nurses. The committee reviews and evaluates medications on the formulary based on safety and efficacy to help maintain clinical integrity in all therapeutic categories.

The health plan formulary also uses utilization management functions to promote use of specific cost-effective agents. These utilization management functions include step therapy, prior authorization, quantity and age limits.

FORMULARY DESIGN

The Prominence Health Plan formulary design features different copayment amounts for medications in tiers:

- **Tier 0** Preventive Essential Health Benefits (includes certain vaccines, contraceptives, smoking cessation medications and more)
- **Tier 1** Generic
- **Tier 2** Preferred Brand
- **Tier 3** Non-Preferred Brand
- **Tier 4** Specialty

PHARMACY BY MAIL

If you take prescribed medications regularly, you can have them delivered right to your door. The Pharmacy by Mail Program offers custom delivery service for your maintenance medications – the ones you take regularly for chronic or long-term conditions. This delivery option offers flexibility in payment options, how prescriptions are ordered and where they are delivered.

If you have general questions regarding your prescription drug plan, please call the **Pharmacy Help Desk at 833-775-MEDS (6337)**:

Option 1 - Mail Order Pharmacy

Option 2 - Specialty Pharmacy

Option 3 - Pharmacy Help Desk (all other pharmacy-related needs)

Member Services representatives are available to assist you **24/7**.



USING THE FORMULARY REFERENCE GUIDE TO HELP CONTAIN COSTS

Prominence Health Plan uses this formulary to help manage the overall cost of providing prescription drug benefits. This formulary offers a wide range of medications from which to choose. This formulary reference guide may not include every drug from every manufacturer. However, choosing a preferred drug when it is appropriate can provide access to the necessary medications to stay healthy, at a cost that is more affordable.

If a brand-name product is listed in the “preferred brand-name” section and its corresponding generic product is not listed in the “generics” section, then a generic version of the medication is not available.

SAVING ON OUT-OF-POCKET COSTS

Your prescription drug plan determines the cost for generic, preferred brand-name, non-preferred brand name and specialty medications. Choosing non-preferred drugs may mean paying higher out-of-pocket expenses (such as coinsurance, copayments, and deductible amounts) or not receiving coverage at all. Members may also pay less for generic drugs, or you may be asked to pay the cost difference between brand-name drugs and their generic alternatives, which are preferred by the plan.

PRIOR AUTHORIZATION

Certain medications require prior authorization. A prior authorization form should be completed by your provider that will request coverage for a specific drug within the formulary, a non-formulary drug for which there is no suitable alternative available, or any medication with restrictions.

CONSULTING THE PRESCRIBER’S OFFICE WHEN APPROPRIATE

Your pharmacy benefit may provide coverage only for certain medications or for particular uses, time periods, doses, or quantities (e.g. they may exclude coverage for medications for unapproved, unproven, or cosmetic indications, as well as over-the-counter medications). When coverage for medications is provided based on use or quantity, our Pharmacy Team may contact your prescribing doctor’s office for additional information to determine whether coverage is available under your plan. If you are unsure about whether these coverage rules apply for a particular medication, you can consult a Member Services representative to determine specific coverage requirements.

Formulary Disclaimer: Coverage for some drugs may be limited to specific dosage forms and/or strengths. The benefit design determines what is covered and the applicable copayment. The medications listed on this formulary are subject to change pursuant to the formulary management activities of Prominence Health Plan. The presence of a medication on this formulary list does not guarantee coverage. You may also call Prominence Customer Service at the number listed on your ID card to request a copy be mailed to you.

Frequently Used Abbreviations/Terminology

QL

Quantity Limit. For certain drugs, Prominence Health Plan limits the amount of the drug that we will cover. For example, Prominence Health Plan provides twelve tablets per prescription for Sumatriptan Succinate. This may be in addition to a standard one-month or three-month supply.

ST

Step Therapy. In some cases, Prominence Health Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, 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, subject to prior authorization and other requirements.

PA

Prior Authorization. Prominence Health Plan requires 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 do not get approval, we may not cover the drug.

LA

Limited Availability. This prescription may be available only at certain pharmacies. For more information, consult your Provider and Pharmacy Directory or call the 24/7 Pharmacy Help Desk.

AGE

Age. There are age restrictions on certain medications. To have these age restrictions reconsidered, a prior authorization will need to be submitted by the prescribing provider.

NSO

New Starts Only. If there is no evidence that you have taken this drug before, you (or your physician) are required to get prior authorization from our plan before you fill your prescription for this drug. Without prior approval, our plan may not cover this drug.

ON

Opiate Naïve. A member is designated as Opiate Naïve if they have not had a prescription filled within the last 60 days. If a member is Opiate Naïve, they can receive up to a seven-day medication supply for the first prescription filled. After the initial fill, the member can receive up to a 30-day supply.

It is common for new Prominence members who have opiate medications regularly prescribed and filled to flag as Opiate Naïve because Prominence does not have the prescription history from the previous health carrier. Because of this, new members will receive up to a seven-day medication supply for the first prescription filled and then up to a 30-day supply for subsequent prescriptions.

24/7 Pharmacy Help Desk
833-775-MEDS

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Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics, Miscellaneous		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	QL (90 per 1 day); AGE (Min 18 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	QL (12 per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	QL (6 per 1 day)
ALFENTANIL INJECTION SOLUTION 500 MCG/ML	1	
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i> (codeine-butalbital-asa-caff)	1	QL (6 per 1 day)
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	1	
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 20 mcg/hour, 5 mcg/hour</i> (Butrans)	1	PA; QL (1 per 7 days)
<i>buprenorphine transdermal patch weekly 15 mcg/hour, 7.5 mcg/hour</i> (Butrans)	1	PA NSO
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i> (Fioricet with Codeine)	1	QL (6 per 1 day)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	1	QL (6 per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Tencon)	1	
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i> (Fioricet)	1	
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic)	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1	
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	1	
BUTRANS TRANSDERMAL (buprenorphine) PATCH WEEKLY 10 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR	3	PA; QL (1 per 7 days)
BUTRANS TRANSDERMAL (buprenorphine) PATCH WEEKLY 15 MCG/HOUR, 7.5 MCG/HOUR	3	PA NSO; QL (1 per 7 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	1	QL (12 per 1 day)
<i>codeine sulfate oral tablet 60 mg</i>	1	QL (6 per 1 day)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i> (Ascomp with Codeine)	1	QL (6 per 1 day)
DEMEROL (PF) INJECTION SOLUTION 100 MG/2 ML	3	
DEMEROL (PF) INJECTION SYRINGE 75 MG/ML	3	
DEMEROL INJECTION SOLUTION 50 MG/ML (meperidine)	3	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; QL (4 per 1 day)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; QL (1 per 3 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml</i>	1	QL (90 per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	QL (184 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	QL (6 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	1	QL (12 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg</i>	1	QL (13 per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	QL (5 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone (pf) in water injection syringe 1 mg/ml, 2 mg/2 ml (1 mg/ml)</i>	1	
<i>hydromorphone (pf) injection solution 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	
<i>hydromorphone (pf) injection syringe 0.2 mg/ml</i> (Dilaudid (PF))	1	
<i>hydromorphone (pf) injection syringe 1 mg/ml</i> (Dilaudid (PF))	1	
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml), 55 mg/55 ml (1 mg/ml)</i>	1	
<i>hydromorphone (pf)-0.9 % nacl intravenous solution 1 mg/ml</i>	1	
<i>hydromorphone injection solution 2 mg/ml</i>	1	
<i>hydromorphone injection syringe 0.5 mg/0.5 ml, 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	1	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	1	
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</i>	1	PA; QL (1 per 1 day)
<i>hydromorphone oral tablet extended release 24 hr 32 mg</i>	3	PA; QL (2 per 1 day)
INFUMORPH P/F INJECTION SOLUTION 10 MG/ML	3	
INFUMORPH P/F INJECTION SOLUTION 25 MG/ML (morphine (pf))	3	
<i>levorphanol tartrate oral tablet 2 mg</i>	1	
<i>lorcet hd oral tablet 10-325 mg</i> (hydrocodone-acetaminophen)	1	QL (6 per 1 day)
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>meperidine injection cartridge 10 mg/ml</i>	1	
<i>meperidine oral solution 50 mg/5 ml</i>	1	QL (30 per 1 day)
<i>meperidine oral tablet 50 mg</i>	1	QL (6 per 1 day)
<i>methadone injection solution 10 mg/ml</i>	1	
<i>methadone oral concentrate 10 mg/ml</i> (Methadone Intensol)	1	
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	
<i>methadone oral tablet 10 mg, 5 mg</i>	1	
<i>methadose oral tablet, soluble 40 mg</i> (methadone)	1	
<i>morphine (pf) in 0.9 % sod chl intravenous pt controlled analgesia syringe 30 mg/30 ml (1 mg/ml)</i>	1	
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i> (Duramorph (PF))	1	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	
<i>morphine in 0.9 % sodium chlor injection pt controlled analgesia syringe 125 mg/25 ml</i>	1	
<i>morphine in 0.9 % sodium chlor intravenous prefilled pump reservoir 50 mg/50 ml (1 mg/ml)</i>	1	
<i>morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syringe 150 mg/30 ml (5 mg/ml), 275 mg/55 ml (5 mg/ml)</i>	1	
<i>morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml</i>	1	
<i>morphine injection solution 5 mg/ml</i>	1	
<i>morphine injection syringe 5 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>morphine intravenous solution 10 mg/ml, 8 mg/ml</i>	1	
<i>morphine intravenous syringe 10 mg/ml, 8 mg/ml</i>	1	
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	1	ST; QL (2 per 1 day)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1	ST; QL (1 per 1 day)
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	ST; QL (2 per 1 day)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i> (MS Contin)	1	ST; QL (3 per 1 day)
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	1	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	3	PA
<i>oxycodone oral capsule 5 mg</i>	1	
<i>oxycodone oral concentrate 20 mg/ml</i>	1	
<i>oxycodone oral solution 5 mg/5 ml</i>	1	
<i>oxycodone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	1	
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg</i> (OxyContin)	1	ST; QL (2 per 1 day)
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 80 mg</i> (OxyContin)	1	ST; QL (4 per 1 day)
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i> (Prolate)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	1	QL (60 per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)	1	QL (6 per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> (Endocet)	1	QL (12 per 1 day)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	1	QL (12 per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 15 MG, 30 MG, 60 MG (oxycodone)	3	ST; QL (2 per 1 day)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	1	ST
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	ST; QL (2 per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>	1	ST; QL (4 per 1 day)
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	1	QL (12 per 1 day)
<i>tencon oral tablet 50-325 mg</i> (butalbital-acetaminophen)	1	
<i>tramadol oral capsule,er biphasic 24 hr 17-83 300 mg</i> (ConZip)	1	ST; QL (1 per 1 day); AGE (Min 18 Years)
<i>tramadol oral capsule,er biphasic 24 hr 25-75 100 mg, 200 mg</i> (ConZip)	1	ST; QL (1 per 1 day); AGE (Min 18 Years)
<i>tramadol oral capsule,er biphasic 24 hr 25-75 150 mg</i>	1	ST; QL (1 per 1 day); AGE (Min 18 Years)
<i>tramadol oral tablet 50 mg</i>	1	QL (8 per 1 day); AGE (Min 18 Years)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	1	ST; QL (1 per 1 day); AGE (Min 18 Years)
<i>tramadol oral tablet, er multiphasic 24 hr 100 mg, 200 mg, 300 mg</i>	1	ST; QL (1 per 1 day); AGE (Min 18 Years)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	QL (8 per 1 day); AGE (Min 18 Years)

Drug Name	Drug Tier	Requirements/Limits
<i>zebutal oral capsule 50-325-40 mg</i> (butalbital-acetaminophen-caff)	1	
Nonsteroidal Anti-Inflammatory Agents		
<i>aspirin oral tablet 325 mg</i> (Bayer Aspirin)	0	
<i>aspirin oral tablet, chewable 81 mg</i> (St Joseph Aspirin)	0	
<i>aspirin oral tablet, delayed release (drlec) 325 mg</i> (Ecotrin)	0	
<i>aspirin oral tablet, delayed release (drlec) 81 mg</i> (Bayer Low Dose Aspirin)	0	
<i>bayer aspirin oral tablet 325 mg</i> (aspirin)	0	
<i>bayer low dose aspirin oral tablet, delayed release (drlec) 81 mg</i> (aspirin)	0	
CAMBIA ORAL POWDER IN PACKET 50 MG (diclofenac potassium)	3	QL (3 per 10 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	1	
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i> (Flector)	3	PA
<i>diclofenac potassium oral tablet 25 mg</i> (Lofena)	1	
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	
<i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac sodium topical gel 1 %</i> (Aleve (diclofenac))	1	
<i>diclofenac sodium topical gel 3 %</i>	1	QL (100 per 1 day)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram lactuation(2 %)</i> (Pennsaid)	1	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg</i> (Arthrotec 50)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg</i> (Arthrotec 75)	1	
<i>diflunisal oral tablet 500 mg</i>	1	
<i>e.c. prin oral tablet,delayed release (drlec) 325 mg</i> (aspirin)	0	
<i>ec-naproxen oral tablet,delayed release (drlec) 500 mg</i> (naproxen)	1	
<i>ecotrin oral tablet,delayed release (drlec) 325 mg</i> (aspirin)	0	
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg</i> (Lodine)	1	
<i>etodolac oral tablet 500 mg</i>	1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1	
<i>fenoprofen oral capsule 400 mg</i> (Nalfon)	3	
<i>fenoprofen oral tablet 600 mg</i> (Nalfon)	1	
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 % (diclofenac epolamine)	3	PA
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i> (ibuprofen)	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	1	
INDOCIN ORAL SUSPENSION 25 MG/5 ML (indomethacin)	2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral capsule, extended release 75 mg</i>	1	
<i>indomethacin oral suspension 25 mg/5 ml</i> (Indocin)	1	
<i>indomethacin sodium intravenous recon soln 1 mg</i>	1	
<i>ketoprofen oral capsule 25 mg</i> (Kiprofen)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	1	
<i>ketorolac injection cartridge 30 mg/ml</i>	1	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)</i>	1	
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	1	
<i>ketorolac intramuscular cartridge 60 mg/2 ml</i>	1	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	1	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	1	
<i>ketorolac nasal spray,non-aerosol (Sprix) 15.75 mg/spray</i>	3	PA; QL (1 per 6 days)
<i>ketorolac oral tablet 10 mg</i>	1	
<i>lofena oral tablet 25 mg (diclofenac potassium)</i>	1	
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	1	
<i>mefenamic acid oral capsule 250 mg</i>	1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naproxen oral suspension 125 mg/5 ml (Naprosyn)</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	
<i>naproxen oral tablet 500 mg (Naprosyn)</i>	1	
<i>naproxen oral tablet,delayed release (drlec) 375 mg (EC-Naprosyn)</i>	1	
<i>naproxen sodium oral tablet 275 mg</i>	1	
<i>naproxen sodium oral tablet 550 mg (Anaprox DS)</i>	1	
<i>oxaprozin oral tablet 600 mg (Daypro)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>piroxicam oral capsule 10 mg</i>	1	
<i>piroxicam oral capsule 20 mg</i> (Feldene)	1	
<i>salsalate oral tablet 500 mg, 750 mg</i> (Disalcid)	1	
SPRIX NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY (ketorolac)	3	PA; QL (1 per 6 days)
<i>st joseph aspirin oral tablet, chewable 81 mg</i> (aspirin)	0	
<i>st. joseph aspirin oral tablet, delayed release (drlec) 81 mg</i> (aspirin)	0	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>tolmetin oral capsule 400 mg</i>	1	
<i>tolmetin oral tablet 200 mg</i>	1	
<i>tolmetin oral tablet 600 mg</i> (Tolectin 600)	1	
Anesthetics		
Local Anesthetics		
ACCUCAINE KIT KIT 10 MG/ML (1 %)	1	
<i>ana-lex kit rectal kit 2-2 %</i> (lidocaine-hydrocortisone-aloe)	3	
<i>bupivacaine (pf) injection solution 0.25 % (2.5 mg/ml)</i> (Sensorcaine-MPF)	1	
<i>bupivacaine (pf) injection solution 0.5 % (5 mg/ml)</i> (Marcaine (PF))	1	
<i>bupivacaine (pf) injection solution 0.75 % (7.5 mg/ml)</i> (Sensorcaine-MPF)	3	
<i>bupivacaine hcl injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml)</i> (Marcaine)	1	
<i>bupivacaine-epinephrine (pf) injection solution 0.25 %-1:200,000</i> (Sensorcaine-MPF/Epinephrine)	1	
<i>bupivacaine-epinephrine (pf) injection solution 0.5 %-1:200,000</i> (Marcaine-Epinephrine (PF))	1	
<i>bupivacaine-epinephrine injection solution 0.25 %-1:200,000, 0.5 %-1:200,000</i> (Marcaine-Epinephrine)	1	

Drug Name		Drug Tier	Requirements/Limits
<i>chloroprocaine (pf) injection solution 20 mg/ml (2 %)</i>	(Nesacaine-MPF)	1	
EXPAREL (PF) LOCAL INFILTRATION SUSPENSION 1.3 % (13.3 MG/ML)	(bupivacaine liposome (pf))	3	
<i>glydo mucous membrane jelly in applicator 2 %</i>	(lidocaine hcl)	1	
LIDO BDK KIT 21 GAUGE X 1"-2.5 %-2.5 %		1	
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	(Xylocaine-MPF)	1	
<i>lidocaine (pf) injection solution 40 mg/ml (4 %)</i>		1	
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	(Xylocaine)	1	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	(Glydo)	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>		1	
<i>lidocaine hcl topical cream 3 %</i>	(Lidopin)	1	
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-1 % (7 gram)</i>		1	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	(Lidocort)	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	(Tridacaine II)	1	ST
<i>lidocaine topical ointment 5 %</i>		1	ST
<i>lidocaine viscous mucous membrane solution 2 %</i>	(lidocaine hcl)	1	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000</i>	(Xylocaine-MPF/Epinephrine)	1	
<i>lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000</i>	(Xylocaine with Epinephrine)	1	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>		1	

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-prilocaine topical cream</i> 2.5-2.5 %	1	
LIDOTREX TOPICAL GEL 2 %-1 % -1.2 %	1	
<i>polocaine-mpf injection solution</i> 10 mg/ml (1 %), 20 mg/ml (2 %)	1	
PRILOVIXIL TOPICAL KIT 2.5- 2.5 %	(lidocaine-prilocaine) 1	
<i>ropivacaine (pf) injection solution</i> 10 mg/ml (1 %), 2 mg/ml (0.2 %), 5 mg/ml (0.5 %), 7.5 mg/ml (0.75 %)	(Naropin (PF)) 1	
SENSORCAINE-MPF INJECTION SOLUTION 0.25 % (2.5 MG/ML)	(bupivacaine (pf)) 1	
<i>sensorcaine-mpf injection solution</i> 0.75 % (7.5 mg/ml)	(bupivacaine (pf)) 3	
<i>sensorcaine-mpf/epinephrine</i> <i>injection solution 0.25 %-</i> <i>1:200,000</i>	(bupivacaine- epinephrine (pf)) 1	
SYNERA TOPICAL PATCH, MEDICATED SELF-HEATING 70-70 MG	3	
<i>tridacaine ii topical adhesive</i> <i>patch,medicated 5 %</i>	(lidocaine) 1	
XYLOCAINE- MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200,000	(lidocaine-epinephrine (pf)) 3	
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet,delayed</i> <i>release (drlec) 333 mg</i>	1	PA
<i>buprenorphine hcl sublingual</i> <i>tablet 2 mg, 8 mg</i>	1	PA; QL (3 per 1 day)
<i>buprenorphine-naloxone</i> <i>sublingual film 12-3 mg</i>	(Suboxone) 1	QL (2 per 1 day)
<i>buprenorphine-naloxone</i> <i>sublingual film 2-0.5 mg, 4-1 mg</i>	(Suboxone) 1	QL (1 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine-naloxone</i> (Suboxone) <i>sublingual film 8-2 mg</i>	1	QL (3 per 1 day)
<i>buprenorphine-naloxone</i> <i>sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	QL (3 per 1 day)
<i>bupropion hcl (smoking deter)</i> <i>oral tablet extended release 12 hr</i> <i>150 mg</i>	0	max QL: 180 days/life
CHANTIX CONTINUING MONTH (varenicline) BOX ORAL TABLET 1 MG	0	max QL: 180 days/life; QL (2 per 1 day); AGE (Min 18 Years)
CHANTIX ORAL TABLET 0.5 (varenicline) MG, 1 MG	0	max QL: 180 days/life; QL (2 per 1 day); AGE (Min 18 Years)
CHANTIX STARTING MONTH (varenicline) BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	0	max QL: 180 days/life; QL (2 per 1 day); AGE (Min 18 Years)
<i>disulfiram oral tablet 250 mg, 500</i> <i>mg</i>	1	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	2	QL (2 per 30 days)
LUCEMYRA ORAL TABLET 0.18 (lofexidine) MG	4	PA
<i>naloxone injection solution 0.4</i> <i>mg/ml</i>	1	
<i>naloxone injection syringe 0.4</i> <i>mg/ml</i>	1	
<i>naloxone nasal spray, non-aerosol</i> (Narcan) <i>4 mg/actuation</i>	1	QL (2 per 30 days)
<i>naltrexone oral tablet 50 mg</i>	1	
NARCAN NASAL SPRAY, NON- (naloxone) AEROSOL 4 MG/ACTUATION	2	QL (2 per 30 days)
NICODERM CQ TRANSDERMAL (nicotine) PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR	0	max QL: 180 days/life; QL (1 per 1 day); AGE (Min 18 Years)
NICORETTE BUCCAL GUM 2 (nicotine (polacrilex)) MG, 4 MG	0	max QL: 180 days/life; QL (9 per 1 day); AGE (Min 18 Years)
NICORETTE BUCCAL (nicotine (polacrilex)) LOZENGE 2 MG, 4 MG	0	max QL: 180 days/life; QL (9 per 1 day); AGE (Min 18 Years)

Drug Name	Drug Tier	Requirements/Limits
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i> (Nicorette)	0	max QL: 180 days/life; QL (9 per 1 day); AGE (Min 18 Years)
<i>nicotine (polacrilex) buccal lozenge 2 mg</i> (Nicorette)	0	QL (9 per 1 day); AGE (Min 18 Years)
<i>nicotine (polacrilex) buccal lozenge 4 mg</i> (Nicorette)	0	max QL: 180 days/life; QL (9 per 1 day); AGE (Min 18 Years)
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i> (Nicorette)	0	QL (9 per 1 day); AGE (Min 18 Years)
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i> (Nicoderm CQ)	0	max QL: 180 days/life; QL (1 per 1 day); AGE (Min 18 Years)
NICOTINE TRANSDERMAL PATCH, TD DAILY, SEQUENTIAL 21-14-7 MG/24 HR	0	max QL: 180 days/life; QL (1 per 1 day); AGE (Min 18 Years)
NICOTROL INHALATION CARTRIDGE 10 MG	0	max QL: 180 days/life; QL (1008 per 90 days); AGE (Min 18 Years)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	0	max QL: 180 days/life; QL (160 per 90 days); AGE (Min 18 Years)
<i>quit 2 buccal gum 2 mg</i> (nicotine (polacrilex))	0	QL (9 per 1 day); AGE (Min 18 Years)
<i>quit 2 buccal lozenge 2 mg</i> (nicotine (polacrilex))	0	QL (9 per 1 day); AGE (Min 18 Years)
<i>quit 4 buccal gum 4 mg</i> (nicotine (polacrilex))	0	QL (9 per 1 day); AGE (Min 18 Years)
<i>quit 4 buccal lozenge 4 mg</i> (nicotine (polacrilex))	0	QL (9 per 1 day); AGE (Min 18 Years)
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i> (nicotine (polacrilex))	0	max QL: 180 days/life; QL (9 per 1 day); AGE (Min 18 Years)
SUBOXONE SUBLINGUAL FILM 12-3 MG (buprenorphine-naloxone)	3	QL (2 per 1 day)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG (buprenorphine-naloxone)	3	QL (3 per 1 day)
<i>varenicline oral tablet 0.5 mg</i>	0	QL (2 per 1 day); AGE (Min 18 Years)

Drug Name	Drug Tier	Requirements/Limits
<i>varenicline oral tablet 1 mg</i> (Chantix)	0	QL (2 per 1 day); AGE (Min 18 Years)
<i>varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)	0	
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	4	PA; LA
Antianxiety Agents		
Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	2	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Xanax)	1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Xanax XR)	1	
<i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Klonopin)	1	
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	
<i>diazepam injection solution 5 mg/ml</i>	1	
<i>diazepam injection syringe 5 mg/ml</i>	1	
<i>diazepam intensol oral concentrate 5 mg/ml</i> (diazepam)	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	1	
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>flurazepam oral capsule 15 mg, 30 mg</i>	1	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i> (Ativan)	1	
<i>lorazepam injection syringe 2 mg/ml, 4 mg/ml</i>	1	
<i>lorazepam oral concentrate 2 mg/ml</i> (Lorazepam Intensol)	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan)	1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	
<i>quazepam oral tablet 15 mg</i> (Doral)	1	PA
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i> (Restoril)	1	
<i>triazolam oral tablet 0.125 mg</i>	1	
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	1	
Antibacterials		
Aminoglycosides		
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	4	PA
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	1	
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	1	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	1	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML (tobramycin with nebulizer)	4	PA; LA; QL (10 per 1 day)
<i>neomycin oral tablet 500 mg</i>	1	
<i>streptomycin intramuscular recon soln 1 gram</i>	1	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	4	PA; LA; QL (5 per 1 day)
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	1	
Antibacterials, Miscellaneous		
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC) 194 MG	3	QL (12 per 30 days)
<i>bacitracin intramuscular recon soln 50,000 unit</i>	1	
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	1	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	1	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	1	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i> (clindamycin palmitate hcl)	1	
<i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin)	1	
<i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)	1	
DAPTOMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 1,000 MG/100 ML, 700 MG/100 ML	4	
<i>daptomycin in 0.9 % sod chlor intravenous piggyback 350 mg/50 ml, 500 mg/50 ml</i>	4	
<i>daptomycin intravenous recon soln 350 mg, 500 mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
FIRVANQ ORAL RECON SOLN 25 MG/ML (vancomycin)	1	QL (300 per 30 days)
FIRVANQ ORAL RECON SOLN 50 MG/ML (vancomycin)	1	QL (600 per 30 days)
<i>fosfomycin tromethamine oral packet 3 gram</i>	3	
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i> (Zyvox)	4	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	4	PA
<i>linezolid oral tablet 600 mg</i> (Zyvox)	1	PA; QL (2 per 1 day)
<i>methenamine hippurate oral tablet 1 gram</i>	1	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metro I.V.)	1	
<i>metronidazole oral capsule 375 mg</i> (Flagyl)	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
MONUROL ORAL PACKET 3 GRAM (fosfomycin tromethamine)	3	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	
<i>nitrofurantoin monohydr/m-cryst oral capsule 100 mg</i> (Macrobid)	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i> (Furadantin)	1	
<i>phosphasal oral tablet 81.6-10.8-40.8 mg</i>	3	
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	1	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	3	
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	3	PA
SIVEXTRO ORAL TABLET 200 MG	3	PA
<i>trimethoprim oral tablet 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG	3	
<i>uro-458 oral tablet 81-10.8-40.8 mg</i>	1	
<i>vancomycin in 0.9 % sodium chl intravenous solution 1.5 gram/500 ml</i>	1	
<i>vancomycin in 0.9 % sodium chl intravenous solution 750 mg/150 ml</i>	1	
<i>vancomycin in dextrose 5 % intravenous piggyback 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml</i>	1	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 250 mg, 5 gram, 500 mg, 750 mg</i>	1	
<i>vancomycin oral capsule 125 mg, 250 mg</i> (Vancocin)	1	PA; QL (40 per 30 days)
<i>vancomycin oral recon soln 25 mg/ml</i> (Firvanq)	1	QL (300 per 30 days)
<i>vancomycin oral recon soln 50 mg/ml</i> (Firvanq)	1	QL (600 per 30 days)
XIFAXAN ORAL TABLET 200 MG	3	PA
XIFAXAN ORAL TABLET 550 MG	3	PA; QL (2 per 1 day)
Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet 1 gram</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin in 0.9% sod chloride intravenous solution 2 gram/100 ml</i>	3	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml</i>	1	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	1	
<i>cefazolin intravenous recon soln 3 gram</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>cefotaxime injection recon soln 1 gram, 2 gram</i>	1	
<i>cefotetan in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>cefotetan injection recon soln 1 gram, 2 gram</i> (Cefotan)	1	
<i>cefotetan intravenous recon soln 10 gram</i>	1	
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 2 gram/50 ml</i>	1	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram</i>	1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>ceftazidime injection recon soln 1 gram</i> (Tazicef)	3	
<i>ceftazidime injection recon soln 2 gram, 6 gram</i> (Tazicef)	1	
<i>ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>ceftriaxone injection recon soln 10 gram, 250 mg, 500 mg</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	3	
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i> (ceftazidime)	1	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	3	
Macrolides		
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	1	
<i>azithromycin oral packet 1 gram</i> (Zithromax)	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	1	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	1	
<i>azithromycin oral tablet 600 mg</i>	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	QL (5 per 1 day)
DIFICID ORAL TABLET 200 MG	3	QL (20 per 30 days)
<i>e.e.s. 400 oral tablet 400 mg</i> (erythromycin ethylsuccinate)	1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (erythromycin ethylsuccinate)	3	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML (erythromycin ethylsuccinate)	3	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 500 mg</i> (erythromycin)	2	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 333 MG (erythromycin)	3	
<i>erythrocin (as stearate) oral tablet 250 mg</i> (erythromycin stearate)	3	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG (erythromycin lactobionate)	3	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	3	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	3	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i> (E.E.S. 400)	1	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin oral tablet, delayed release (drlec) 250 mg, 333 mg, 500 mg</i> (Ery-Tab)	1	
Miscellaneous B-Lactam Antibiotics		
AZACTAM INJECTION RECON SOLN 2 GRAM (aztreonam)	3	
<i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)	1	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	4	PA; LA; QL (84 per 56 days)
<i>ertapenem injection recon soln 1 gram</i>	1	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	1	
<i>meropenem intravenous recon soln 1 gram</i>	1	
<i>meropenem-0.9% sodium chloride intravenous piggyback 500 mg/50 ml</i>	1	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 400-57 mg</i>	1	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	1	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (Unasyn)	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	3	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML	3	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
<i>nafcillin injection recon soln 1 gram</i>	1	
<i>nafcillin injection recon soln 10 gram</i>	1	
<i>nafcillin injection recon soln 2 gram</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	3	
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	
<i>oxacillin intravenous recon soln 1 gram, 2 gram</i>	1	
<i>penicillin g pot in dextrose intravenous piggyback 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml</i>	1	
<i>penicillin g potassium injection (Pfizerpen-G) recon soln 20 million unit</i>	1	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	1	
<i>penicillin g sodium injection recon soln 5 million unit</i>	1	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	1	
Quinolones		
BAXDELA ORAL TABLET 450 MG	3	PA
<i>ciprofloxacin hcl oral tablet 250 (Cipro) mg, 500 mg</i>	1	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	
<i>ciprofloxacin oral (Cipro) suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	1	
FACTIVE ORAL TABLET 320 MG	3	

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	1	
<i>levofloxacin intravenous solution 25 mg/ml</i>	1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	1	
<i>moxifloxacin-sod.ace,sul-water intravenous piggyback 400 mg/250 ml</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	1	PA
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	1	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i> (sulfamethoxazole-trimethoprim)	1	
Tetracyclines		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	
<i>doxy-100 intravenous recon soln 100 mg</i> (doxycycline hyclate)	1	
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	1	
<i>doxycycline hyclate oral capsule 100 mg</i> (Vibramycin)	1	
<i>doxycycline hyclate oral capsule 50 mg</i> (Morgidox)	1	ST

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate oral tablet</i> 100 mg, 20 mg	1	
<i>doxycycline hyclate oral tablet</i> (Acticlate) 150 mg, 75 mg	1	
<i>doxycycline hyclate oral tablet</i> 50 mg (Targadox)	1	
<i>doxycycline hyclate oral tablet, delayed release (drlec)</i> 100 mg, 75 mg	1	ST; QL (2 per 1 day)
<i>doxycycline monohydrate oral capsule</i> 100 mg, 75 mg (Mondoxyne NL)	1	
<i>doxycycline monohydrate oral capsule</i> 50 mg (Monodox)	1	
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphasic</i> 40 mg (Oracea)	3	ST; QL (1 per 1 day)
<i>doxycycline monohydrate oral suspension for reconstitution</i> 25 mg/5 ml	1	
<i>doxycycline monohydrate oral tablet</i> 100 mg (Avidoxy)	1	
<i>doxycycline monohydrate oral tablet</i> 50 mg, 75 mg	1	
<i>minocycline oral capsule</i> 100 mg, 50 mg, 75 mg	1	
NUZYRA INTRAVENOUS RECON SOLN 100 MG	3	QL (15 per 30 days)
NUZYRA ORAL TABLET 150 MG	3	PA
<i>tetracycline oral capsule</i> 250 mg, 500 mg	1	
<i>tetracycline oral tablet</i> 250 mg, 500 mg	1	
<i>tigecycline intravenous recon soln</i> 50 mg (Tygacil)	1	
TYGACIL INTRAVENOUS RECON SOLN 50 MG (tigecycline)	3	
VIBRAMYCIN (CALCIUM) ORAL SYRUP 50 MG/5 ML	3	

Drug Name	Drug Tier	Requirements/Limits
Anticancer Agents		
Anticancer Agents		
<i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)	4	PA
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG (paclitaxel protein-bound)	4	PA; LA
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	4	PA
<i>adriamycin intravenous recon soln 10 mg, 50 mg</i> (doxorubicin)	1	PA
<i>adriamycin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i> (doxorubicin)	1	PA
<i>adrucil intravenous solution 2.5 gram/50 ml</i> (fluorouracil)	1	PA
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG (everolimus (antineoplastic))	4	PA; LA; QL (1 per 1 day)
AFINITOR ORAL TABLET 7.5 MG (everolimus (antineoplastic))	4	PA; LA
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	4	PA
ALECENSA ORAL CAPSULE 150 MG	4	PA; LA
ALIMTA INTRAVENOUS RECON SOLN 100 MG (pemetrexed disodium)	4	PA; LA
ALIMTA INTRAVENOUS RECON SOLN 500 MG (pemetrexed disodium)	4	PA
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	4	PA
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	4	PA; LA
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	4	PA; LA
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	0	
ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML (nelarabine)	4	PA; LA

Drug Name	Drug Tier	Requirements/Limits
ARZERRA INTRAVENOUS SOLUTION 1,000 MG/50 ML, 100 MG/5 ML	4	PA; LA
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	4	PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	4	PA
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	4	PA; LA
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	4	PA
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	4	PA; LA
<i>bendamustine intravenous recon soln 100 mg, 25 mg</i> (Treanda)	4	PA
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	4	PA
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	1	
BICNU INTRAVENOUS RECON SOLN 100 MG (carmustine)	4	PA; LA
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	1	PA; LA
BLINCYTO INTRAVENOUS KIT 35 MCG	4	PA; LA
<i>bortezomib injection recon soln 1 mg, 2.5 mg</i>	4	PA
<i>bortezomib injection recon soln 3.5 mg</i> (Velcade)	4	PA; LA
BOSULIF ORAL TABLET 100 MG	4	PA; LA; QL (4 per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PA; LA; QL (1 per 1 day)
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG	4	PA
BRUKINSA ORAL CAPSULE 80 MG	4	PA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	4	PA; LA

Drug Name	Drug Tier	Requirements/Limits
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	4	PA
CALQUENCE ORAL CAPSULE 100 MG	4	PA; LA
<i>capecitabine oral tablet 150 mg</i> (Xeloda)	4	PA; LA; QL (28 per 21 days)
<i>capecitabine oral tablet 500 mg</i> (Xeloda)	4	PA; LA; QL (112 per 21 days)
CAPRELSA ORAL TABLET 100 MG (vandetanib)	4	PA; LA; QL (2 per 1 day)
CAPRELSA ORAL TABLET 300 MG (vandetanib)	4	PA; LA; QL (1 per 1 day)
<i>carboplatin intravenous solution 10 mg/ml</i> (Paraplatin)	1	PA; LA
<i>carmustine intravenous recon soln 100 mg</i> (BiCNU)	4	PA; LA
<i>cisplatin intravenous recon soln 50 mg</i>	1	PA; LA
<i>cisplatin intravenous solution 1 mg/ml</i> (Kemoplat)	1	PA; LA
<i>cladribine intravenous solution 10 mg/10 ml</i>	4	PA; LA
<i>clofarabine intravenous solution 1 mg/ml</i>	4	PA; LA
CLOLAR INTRAVENOUS SOLUTION 1 MG/ML (clofarabine)	4	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)	4	PA; LA; QL (4 per 1 day)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	4	PA
COSMEGEN INTRAVENOUS RECON SOLN 0.5 MG (dactinomycin)	4	PA; LA
COTELLIC ORAL TABLET 20 MG	4	PA; LA
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	1	PA NSO; LA

Drug Name	Drug Tier	Requirements/Limits
<i>cyclophosphamide intravenous solution 100 mg/ml</i>	1	PA
<i>cyclophosphamide intravenous solution 200 mg/ml</i>	4	PA NSO; LA
<i>cyclophosphamide intravenous solution 500 mg/ml</i>	1	PA NSO; LA
<i>cyclophosphamide oral capsule 25 mg</i>	4	
<i>cyclophosphamide oral capsule 50 mg</i>	4	LA
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	4	
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	4	PA; LA
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	1	PA; LA
<i>cytarabine injection solution 20 mg/ml</i>	1	PA; LA
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	1	PA
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	4	PA
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	4	PA
<i>daunorubicin intravenous recon soln 20 mg</i>	4	PA; LA
<i>daunorubicin intravenous solution 5 mg/ml</i>	4	PA; LA
<i>decitabine intravenous recon soln (Dacogen) 50 mg</i>	4	PA; LA
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	4	PA; LA
<i>doxorubicin intravenous recon soln 10 mg</i>	3	PA
<i>doxorubicin intravenous recon soln 50 mg</i> (Adriamycin)	3	PA

Drug Name	Drug Tier	Requirements/Limits
<i>doxorubicin intravenous solution</i> 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml	3	PA
<i>doxorubicin, peg-liposomal intravenous suspension</i> 2 mg/ml (Caelyx)	4	PA; LA
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA; LA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA; LA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA; LA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA; LA
EMCYT ORAL CAPSULE 140 MG	3	LA
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	4	PA
ENHERTU INTRAVENOUS RECON SOLN 100 MG	4	PA
<i>epirubicin intravenous recon soln</i> 200 mg	4	PA; LA
<i>epirubicin intravenous recon soln</i> 50 mg	4	PA; LA
<i>epirubicin intravenous solution</i> 200 mg/100 ml, 50 mg/25 ml (Ellence)	4	PA; LA
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	4	PA; LA
ERIVEDGE ORAL CAPSULE 150 MG	4	PA; LA; QL (1 per 1 day)
ERLEADA ORAL TABLET 240 MG, 60 MG	4	PA
<i>erlotinib oral tablet</i> 100 mg (Tarceva)	4	PA
<i>erlotinib oral tablet</i> 150 mg, 25 mg	4	PA
<i>etoposide intravenous solution</i> 20 mg/ml	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus (antineoplastic) oral tablet 10 mg</i> (Afinitor)	4	PA; QL (1 per 1 day)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Afinitor)	4	PA
<i>exemestane oral tablet 25 mg</i> (Aromasin)	0	
FARESTON ORAL TABLET 60 MG (toremifene)	3	LA
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	4	PA; LA
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML (fulvestrant)	4	PA; LA
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	4	PA; LA; QL (2 per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PA; LA; QL (1 per 30 days)
<i>floxuridine injection recon soln 0.5 gram</i>	3	PA; LA
<i>fludarabine intravenous recon soln 50 mg</i>	3	PA; LA
<i>fludarabine intravenous solution 50 mg/2 ml</i>	3	PA; LA
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>	1	PA
<i>flutamide oral capsule 125 mg</i> (Eulexin)	1	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) (pralatrexate)	4	PA; LA
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	4	PA
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex)	4	PA
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	4	PA
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	4	PA; LA
<i>gefitinib oral tablet 250 mg</i> (Iressa)	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>	4	PA; LA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 100 mg/ml, 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	4	PA; LA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	4	PA; LA
GLEOSTINE ORAL CAPSULE 10 (lomustine) MG, 100 MG, 40 MG	4	PA; LA
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML) (eribulin)	4	PA; LA
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	4	PA
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	4	PA; LA
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	4	PA; LA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	4	PA
ICLUSIG ORAL TABLET 10 MG	4	PA; QL (2 per 1 day)
ICLUSIG ORAL TABLET 15 MG	4	PA; LA; QL (2 per 1 day)
ICLUSIG ORAL TABLET 30 MG	4	PA; QL (1 per 1 day)
ICLUSIG ORAL TABLET 45 MG	4	PA; LA; QL (1 per 1 day)
<i>idarubicin intravenous solution 1 mg/ml</i> (Idamycin PFS)	4	PA; LA
IDHIFA ORAL TABLET 100 MG, 50 MG	4	PA; LA
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i> (Ifex)	4	PA; LA
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	4	PA; LA
<i>imatinib oral tablet 100 mg, 400 mg</i> (Gleevec)	4	PA; LA

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	4	PA; LA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	4	PA; LA
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	4	PA; LA
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	4	PA
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML, 10EXP8 (100 MILLION) PFU/ML	4	PA
INFUGEM INTRAVENOUS PIGGYBACK 1,900 MG/190 ML (10 MG/ML)	4	PA
INLYTA ORAL TABLET 1 MG	4	PA; LA; QL (6 per 1 day)
INLYTA ORAL TABLET 5 MG	4	PA; LA; QL (2 per 1 day)
INREBIC ORAL CAPSULE 100 MG	4	PA
IRESSA ORAL TABLET 250 MG (gefitinib)	4	PA; LA
<i>irinotecan intravenous solution</i> (Camptosar) <i>100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml</i>	4	PA; LA
<i>irinotecan intravenous solution</i> <i>500 mg/25 ml</i>	4	PA; LA
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	4	PA; LA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA; LA; QL (2 per 1 day)
JAYPIRCA ORAL TABLET 100 MG, 50 MG	4	PA
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	4	PA
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	4	PA; LA
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	4	PA; LA

Drug Name	Drug Tier	Requirements/Limits
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	4	PA; LA
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	4	
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	4	PA
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	4	PA
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	4	PA
KRAZATI ORAL TABLET 200 MG	4	PA; QL (60 per 30 days)
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	4	PA
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	4	PA
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	4	PA
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	4	PA; LA
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	4	PA; LA
<i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i>	4	PA
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	4	PA; LA

Drug Name	Drug Tier	Requirements/Limits
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	4	PA
LONSURF ORAL TABLET 15-6.14 MG	3	PA; LA
LONSURF ORAL TABLET 20-8.19 MG	4	PA; LA
LUMAKRAS ORAL TABLET 120 MG, 320 MG	4	PA
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	4	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	4	PA; LA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	4	PA; LA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA; LA
LYNPARZA ORAL TABLET 100 MG, 150 MG	4	PA; LA; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	3	LA
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	4	PA
MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL	4	PA; LA
MATULANE ORAL CAPSULE 50 MG	4	PA; LA
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	
MEKINIST ORAL RECON SOLN 0.05 MG/ML	4	PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	4	PA; LA
MEKTOVI ORAL TABLET 15 MG	4	PA
<i>melphalan hcl intravenous recon soln 50 mg</i> (Alkeran (as HCl))	4	PA; LA

Drug Name	Drug Tier	Requirements/Limits
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
<i>mitomycin intravenous recon soln (Mutamycin) 20 mg, 40 mg, 5 mg</i>	1	PA; LA
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	1	PA; LA
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	4	PA; LA
<i>nelarabine intravenous solution (Arranon) 250 mg/50 ml</i>	4	PA
NERLYNX ORAL TABLET 40 MG	4	PA; LA
NEXAVAR ORAL TABLET 200 MG (sorafenib)	4	PA; LA; QL (4 per 1 day)
<i>nilutamide oral tablet 150 mg (Nilandron)</i>	4	PA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	4	PA; LA
NIPENT INTRAVENOUS RECON SOLN 10 MG (pentostatin)	4	PA; LA
NUBEQA ORAL TABLET 300 MG	4	PA
ODOMZO ORAL CAPSULE 200 MG	4	PA; LA
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	4	PA
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	4	PA; QL (30 per 30 days)
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	4	PA; LA
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	4	PA; LA

Drug Name	Drug Tier	Requirements/Limits
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	4	PA
ORSERDU ORAL TABLET 345 MG, 86 MG	4	PA
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	1	PA; LA
<i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i>	1	PA; LA
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	4	LA
<i>paclitaxel protein-bound (Abraxane) intravenous suspension for reconstitution 100 mg</i>	4	PA
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	4	PA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	4	PA
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg</i>	4	PA
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	4	PA
<i>pemetrexed intravenous recon soln 100 mg, 500 mg</i>	4	PA
PEPAXTO INTRAVENOUS RECON SOLN 20 MG	4	PA
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	4	PA; LA
PHOTOFRIN INTRAVENOUS RECON SOLN 75 MG	4	PA; LA
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	4	PA
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	4	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4	PA; LA

Drug Name	Drug Tier	Requirements/Limits
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	4	PA; LA
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	4	PA
<i>pralatrexate intravenous solution</i> (Folotyn) 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml)	4	PA
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	4	PA; LA
QINLOCK ORAL TABLET 50 MG	4	PA
RETEVMO ORAL CAPSULE 40 MG, 80 MG	4	PA
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	4	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (lenalidomide)	4	PA; LA; QL (1 per 1 day)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	4	PA
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	4	PA; LA
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	4	PA; LA
<i>romidepsin intravenous recon soln</i> 10 mg/2 ml (Istodax)	4	PA; LA
<i>romidepsin intravenous solution</i> 5 mg/ml	4	PA; LA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	4	PA
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	4	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	4	PA; LA
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	4	PA
RYDAPT ORAL CAPSULE 25 MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	4	PA
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	4	PA
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	4	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG (dasatinib)	4	PA; LA; QL (1 per 1 day)
SPRYCEL ORAL TABLET 20 MG (dasatinib)	4	PA; LA; QL (2 per 1 day)
STIVARGA ORAL TABLET 40 MG	4	PA; LA; QL (3 per 1 day)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	4	PA; QL (1 per 1 day)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 50 MG (sunitinib malate)	4	PA; LA; QL (1 per 1 day)
SUTENT ORAL CAPSULE 37.5 MG (sunitinib malate)	4	PA
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	4	PA; LA
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	4	PA; LA
TABLOID ORAL TABLET 40 MG (thioguanine)	3	LA
TABRECTA ORAL TABLET 150 MG, 200 MG	4	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	PA; LA
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	4	PA
TAGRISSO ORAL TABLET 40 MG, 80 MG	4	PA; LA
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	4	PA
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	0	
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG (erlotinib)	4	PA; LA; QL (1 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	4	PA; LA; QL (4 per 1 day)
TAZVERIK ORAL TABLET 200 MG	4	PA
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	4	PA
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	4	PA
TEMODAR INTRAVENOUS RECON SOLN 100 MG	4	PA; LA
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	4	PA; LA
<i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i> (Torisel)	4	PA; LA
TEPADINA INJECTION RECON SOLN 100 MG, 15 MG (thiotepa)	4	PA
TEPMETKO ORAL TABLET 225 MG	4	PA
<i>thiotepa injection recon soln 100 mg, 15 mg</i> (Tepadina)	4	PA
TIBSOVO ORAL TABLET 250 MG	4	PA
<i>toposar intravenous solution 20 mg/ml</i> (etoposide)	1	PA
<i>topotecan intravenous recon soln 4 mg</i>	4	PA; LA
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	4	PA; LA
<i>toremifene oral tablet 60 mg</i> (Fareston)	4	PA
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST) (temsirolimus)	4	PA; LA
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG	4	PA
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG (bendamustine)	4	PA; LA

Drug Name	Drug Tier	Requirements/Limits
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	4	PA; LA
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	1	LA
TRODELVY INTRAVENOUS RECON SOLN 180 MG	4	PA
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3)	4	PA
TUKYSA ORAL TABLET 150 MG, 50 MG	4	PA
TYKERB ORAL TABLET 250 MG (lapatinib)	4	PA; LA
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	4	PA
<i>valrubicin intravesical solution 40 mg/ml</i> (Valstar)	4	PA
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML (valrubicin)	4	PA
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	4	PA
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	4	PA; LA
VELCADE INJECTION RECON SOLN 3.5 MG (bortezomib)	4	PA
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	4	PA; LA
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	4	PA; LA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA; LA
<i>vinblastine intravenous solution 1 mg/ml</i>	4	PA; LA
<i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i> (vincristine)	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i> (Vincasar PFS)	1	PA NSO
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	1	PA; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	4	PA
VOTRIENT ORAL TABLET 200 MG (pazopanib)	4	PA; LA; QL (4 per 1 day)
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	4	PA; LA
XALKORI ORAL CAPSULE 200 MG, 250 MG	4	PA; LA; QL (2 per 1 day)
XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG	4	PA
XATMEP ORAL SOLUTION 2.5 MG/ML	3	QL (120 per 60 days); AGE (Max 12 Years)
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5), 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (20 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 40MG TWICE WEEK (80 MG/WEEK), 60 MG/WEEK (20 MG X 3), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (20 MG X 4), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	4	PA
XTANDI ORAL CAPSULE 40 MG	4	PA; LA; QL (4 per 1 day)
XTANDI ORAL TABLET 80 MG	4	PA
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	4	PA; LA
YONDELIS INTRAVENOUS RECON SOLN 1 MG	4	PA
YONSA ORAL TABLET 125 MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	4	PA
ZALTRAP INTRAVENOUS SOLUTION 200 MG/8 ML (25 MG/ML)	4	PA; LA
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	4	PA; LA
ZEJULA ORAL CAPSULE 100 MG	4	PA; LA
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	4	PA
ZELBORAF ORAL TABLET 240 MG	4	PA; LA; QL (8 per 1 day)
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	4	PA
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	4	PA; LA
ZOLINZA ORAL CAPSULE 100 MG	4	PA; LA
ZYDELIG ORAL TABLET 100 MG, 150 MG	4	PA; LA
ZYKADIA ORAL TABLET 150 MG	4	PA
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	4	PA
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	4	PA

Anticholinergic Agents

Antimuscarinics/Antispasmodics

<i>atropine injection solution 0.4 mg/ml</i>	1	
<i>atropine injection syringe 0.1 mg/ml</i>	1	
<i>atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml)</i>	1	
CUVPOSA ORAL SOLUTION 1 (glycopyrrolate) MG/5 ML (0.2 MG/ML)	4	PA
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i> (Cuvposa)	1	
GLYRX-PF INJECTION SOLUTION 0.2 MG/ML	1	
Anticonvulsants		
Anticonvulsants		
BANZEL ORAL SUSPENSION 40 MG/ML (rufinamide)	2	PA; QL (80 per 1 day)
BANZEL ORAL TABLET 200 MG (rufinamide)	2	PA; QL (16 per 1 day)
BANZEL ORAL TABLET 400 MG (rufinamide)	2	PA; QL (8 per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	1	
<i>carbamazepine oral tablet 200 mg</i> (Epilex)	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
<i>carbamazepine oral tablet, chewable 200 mg</i>	1	
CELONTIN ORAL CAPSULE 300 MG (methsuximide)	3	
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	1	PA; QL (2 per 1 day)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	4	PA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	4	PA
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	QL (1 per 1 day)
DILANTIN EXTENDED ORAL CAPSULE 100 MG (phenytoin sodium extended)	3	
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG (phenytoin)	3	
DILANTIN ORAL CAPSULE 30 MG	2	

Drug Name		Drug Tier	Requirements/Limits
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	(phenytoin)	3	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	(Depakote Sprinkles)	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	(Depakote ER)	1	
<i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i>	(Depakote)	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML		4	PA
<i>epitol oral tablet 200 mg</i>	(carbamazepine)	1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG		3	
<i>ethosuximide oral capsule 250 mg</i>	(Zarontin)	1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	(Zarontin)	1	
<i>felbamate oral suspension 600 mg/5 ml</i>		1	ST; QL (30 per 1 day)
<i>felbamate oral tablet 400 mg</i>	(Felbatol)	1	ST; QL (9 per 1 day)
<i>felbamate oral tablet 600 mg</i>	(Felbatol)	1	ST; QL (6 per 1 day)
FINTEPLA ORAL SOLUTION 2.2 MG/ML		4	PA
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i>	(Cerebyx)	1	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	(Neurontin)	1	
<i>gabapentin oral solution 250 mg/5 ml</i>	(Neurontin)	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	(Neurontin)	1	
GABITRIL ORAL TABLET 12 MG	(tiagabine)	3	QL (4 per 1 day)
GABITRIL ORAL TABLET 16 MG	(tiagabine)	3	QL (3 per 1 day)
<i>lacosamide oral solution 10 mg/ml</i>	(Vimpat)	1	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	(Vimpat)	1	QL (2 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL STARTER (GREEN) (lamotrigine) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	3	
LAMICTAL STARTER (ORANGE) (lamotrigine) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	3	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	3	ST
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	3	ST
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	3	ST
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Lamictal)	1	
<i>lamotrigine oral tablet extended release 24hr 100 mg</i> (Lamictal XR)	1	ST; QL (3 per 1 day)
<i>lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg</i> (Lamictal XR)	1	ST; QL (2 per 1 day)
<i>lamotrigine oral tablet extended release 24hr 25 mg, 50 mg</i> (Lamictal XR)	1	ST; QL (6 per 1 day)
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	1	
<i>lamotrigine oral tablet,disintegrating 100 mg</i> (Lamictal ODT)	1	QL (3 per 1 day)
<i>lamotrigine oral tablet,disintegrating 200 mg</i> (Lamictal ODT)	1	QL (2 per 1 day)
<i>lamotrigine oral tablet,disintegrating 25 mg, 50 mg</i> (Lamictal ODT)	1	QL (6 per 1 day)
<i>lamotrigine oral tablets,dose pack 25 mg (42) -100 mg (7)</i> (Lamictal Starter (Orange) Kit)	1	
<i>lamotrigine oral tablets,dose pack 25 mg (84) -100 mg (14)</i> (Lamictal Starter (Green) Kit)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	1	
<i>levetiracetam intravenous solution (Keppra) 500 mg/5 ml</i>	1	
<i>levetiracetam oral solution 100 mg/ml (Keppra)</i>	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg (Keppra)</i>	1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg (Keppra XR)</i>	1	
<i>methsuximide oral capsule 300 mg (Celontin)</i>	1	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	3	QL (5 per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG (clobazam)	3	PA; QL (2 per 1 day)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml) (Trileptal)</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg (Trileptal)</i>	1	
PEGANONE ORAL TABLET 250 MG	3	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
<i>phenobarbital sodium injection solution 130 mg/ml</i>	3	
<i>phenobarbital sodium injection solution 65 mg/ml</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml (Dilantin-125)</i>	1	
<i>phenytoin oral tablet, chewable 50 mg (Dilantin Infatabs)</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg (Dilantin Extended)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	1	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	1	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> (Lyrica)	1	
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	2	PA
<i>primidone oral tablet 125 mg</i>	1	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	1	
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	2	PA; QL (16 per 1 day)
<i>rufinamide oral tablet 200 mg</i> (Banzel)	2	PA; QL (16 per 1 day)
<i>rufinamide oral tablet 400 mg</i> (Banzel)	2	PA; QL (8 per 1 day)
SABRIL ORAL TABLET 500 MG (vigabatrin)	4	PA; QL (6 per 1 day)
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>	1	QL (4 per 1 day)
<i>tiagabine oral tablet 16 mg</i>	1	QL (3 per 1 day)
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	1	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> (Qudexy XR)	1	ST
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	1	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
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)	3	QL (10 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>vigabatrin oral powder in packet 500 mg</i> (Sabril)	4	PA
<i>vigabatrin oral tablet 500 mg</i> (Sabril)	4	PA
VIMPAT ORAL SOLUTION 10 MG/ML (Iacosamide)	3	QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (Iacosamide)	3	ST; QL (2 per 1 day)
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	1	
<i>zonisamide oral capsule 50 mg</i>	1	
Antidementia Agents		
Antidementia Agents		
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)	1	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	1	
<i>ergoloid oral tablet 1 mg</i>	1	
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	QL (30 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	QL (60 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	1	QL (300 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	1	QL (60 per 30 days)
<i>memantine oral tablets, dose pack 5-10 mg</i> (Namenda Titration Pak)	1	QL (49 per 28 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch)	1	QL (30 per 30 days)
Antidepressants		
Antidepressants		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	1	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	1	
<i>citalopram oral solution 10 mg/5 ml</i>	1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)	1	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	1	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	1	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 50 mg</i> (Pristiq)	1	PA; QL (1 per 1 day)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	1	QL (2 per 1 day)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	3	PA; QL (1 per 1 day)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	3	QL (1 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	3	QL (1 per 1 day)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg</i>	1	QL (2 per 1 day)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	
MARPLAN ORAL TABLET 10 MG	3	
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	1	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	1	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)	1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	1	

Drug Name	Drug Tier	Requirements/Limits
PAXIL ORAL SUSPENSION 10 (paroxetine hcl) MG/5 ML	2	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	1	
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (1 per 1 day)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i> (Effexor XR)	1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (vilazodone)	3	QL (1 per 1 day)
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	3	QL (1 per 1 day)
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	1	QL (1 per 1 day)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	4	PA; QL (14 per 14 days)
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	1	
AVANDIA ORAL TABLET 2 MG, 4 MG	3	
CYCLOSET ORAL TABLET 0.8 MG	3	ST
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	2	ST; QL (1 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	ST
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	ST; QL (2 per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	ST; QL (1 per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	ST; QL (2 per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	ST; QL (1 per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	ST; QL (1 per 1 day)
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	3	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	PA
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	1	
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (DUETACT)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone-metformin oral tablet</i> 15-500 mg	1	ST
<i>pioglitazone-metformin oral tablet</i> (Actoplus MET) 15-850 mg	1	ST
QTERN ORAL TABLET 10-5 MG, 5-5 MG	2	ST
<i>repaglinide oral tablet</i> 0.5 mg, 1 mg, 2 mg	1	
RIOMET ER ORAL SUSPENSION, EXTENDED REL RECON 500 MG/5 ML	3	
RIOMET ORAL SOLUTION 500 (metformin) MG/5 ML	3	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	3	PA
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	3	PA
SYNJARDY ORAL TABLET 12.5- 1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	ST
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10- 1,000 MG, 12.5-1,000 MG, 25- 1,000 MG, 5-1,000 MG	2	ST
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	2	PA
TZIELD INTRAVENOUS SOLUTION 1 MG/ML	4	PA
VICTOZA SUBCUTANEOUS (liraglutide) PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	PA; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - (dapaglifloz propaned- ER, BIPHASIC 24HR 10-1,000 metformin) MG, 5-1,000 MG	2	ST

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 2.5-1,000 MG, 5-500 MG	2	ST
Insulins		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	2	QL (30 per 28 days)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	2	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL (40 per 28 days)
LANTUS SOLOSTAR U-100 (insulin glargine) INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (30 per 28 days)
LANTUS U-100 INSULIN (insulin glargine) SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL (40 per 28 days)
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (30 per 28 days)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL (40 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (30 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (30 per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	2	
NOVOLOG FLEXPEN U-100 (insulin aspart u-100) INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
NOVOLOG MIX 70-30 U-100 (insulin asp prt-insulin INSULN SUBCUTANEOUS aspart) SOLUTION 100 UNIT/ML (70-30)	2	QL (40 per 28 days)
NOVOLOG MIX 70-30FLEXPEN (insulin asp prt-insulin U-100 SUBCUTANEOUS aspart) INSULIN PEN 100 UNIT/ML (70- 30)	2	QL (30 per 28 days)
NOVOLOG PENFILL U-100 (insulin aspart u-100) INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	
NOVOLOG U-100 INSULIN (insulin aspart u-100) ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL (40 per 28 days)
TOUJEO MAX U-300 (insulin glargine u-300 SOLOSTAR SUBCUTANEOUS conc) INSULIN PEN 300 UNIT/ML (3 ML)	2	
TOUJEO SOLOSTAR U-300 (insulin glargine u-300 INSULIN SUBCUTANEOUS conc) INSULIN PEN 300 UNIT/ML (1.5 ML)	2	
TRESIBA FLEXTOUCH U-100 (insulin degludec) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
TRESIBA FLEXTOUCH U-200 (insulin degludec) SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	

Drug Name	Drug Tier	Requirements/Limits
TRESIBA U-100 INSULIN (insulin degludec) SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
Sulfonylureas		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glimepiride oral tablet 3 mg</i>	1	
<i>glipizide oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide oral tablet extended (Glucotrol XL) release 24hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide-metformin oral tablet 2.5- 250 mg, 2.5-500 mg, 5-500 mg</i>	1	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	3	
AMBISOME INTRAVENOUS (amphotericin b SUSPENSION FOR liposome) RECONSTITUTION 50 MG	3	
<i>amphotericin b injection recon soln 50 mg</i>	1	
<i>amphotericin b liposome (AmBisome) intravenous suspension for reconstitution 50 mg</i>	1	PA
BREXAFEMME ORAL TABLET 150 MG	3	PA
CANCIDAS INTRAVENOUS (caspofungin) RECON SOLN 50 MG	3	
<i>ciclopirox topical cream 0.77 % (Ciclodan)</i>	1	
<i>ciclopirox topical gel 0.77 %</i>	1	
<i>ciclopirox topical shampoo 1 %</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	1	
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	1	
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	1	
<i>clotrimazole topical solution 1 %</i>	1	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	3	
ERTACZO TOPICAL CREAM 2 %	3	PA
EXELDERM TOPICAL CREAM 1 % (sulconazole)	3	
EXELDERM TOPICAL SOLUTION 1 % (sulconazole)	3	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	1	
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	1	
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan)	1	
<i>fluconazole oral tablet 100 mg, 200 mg</i> (Diflucan)	1	
<i>fluconazole oral tablet 150 mg, 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	1	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	4	PA
<i>itraconazole oral solution 10 mg/ml</i> (Sporanox)	3	PA
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>ketoconazole topical cream 2 %</i>	1	
<i>ketoconazole topical foam 2 %</i> (Ketodan)	1	
<i>ketoconazole topical shampoo 2 %</i>	1	
<i>ketodan topical foam 2 %</i> (ketoconazole)	1	
<i>luliconazole topical cream 1 %</i> (Luzu)	1	PA
LUZU TOPICAL CREAM 1 % (luliconazole)	3	PA
MENTAX TOPICAL CREAM 1 % (butenafine)	3	PA
<i>micafungin intravenous recon soln 100 mg, 50 mg</i> (Mycamine)	3	
<i>miconazole-3 vaginal suppository 200 mg</i>	1	
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG (micafungin)	3	
<i>naftifine topical cream 1 %</i>	1	
<i>naftifine topical gel 1 %</i>	3	
<i>naftifine topical gel 2 %</i> (Naftin)	1	
NAFTIN TOPICAL GEL 1 %	3	
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG	4	PA
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML) (posaconazole)	4	PA
<i>nyamyc topical powder 100,000 unit/gram</i> (nystatin)	1	
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
<i>nystatin topical cream 100,000 unit/gram</i>	1	
<i>nystatin topical ointment 100,000 unit/gram</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	
<i>nystop topical powder 100,000 unit/gram</i> (nystatin)	1	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	3	
<i>oxiconazole topical cream 1 %</i>	1	
OXISTAT TOPICAL LOTION 1 %	3	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i> (Noxafil)	4	PA
<i>posaconazole oral tablet, delayed release (drlec) 100 mg</i> (Noxafil)	4	PA
SPORANOX ORAL SOLUTION 10 MG/ML (itraconazole)	4	PA
<i>sulconazole topical cream 1 %</i> (Exelderm)	3	
<i>sulconazole topical solution 1 %</i> (Exelderm)	3	
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole intravenous recon soln 200 mg</i> (Vfend IV)	1	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	4	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)	4	PA
XOLEGEL TOPICAL GEL 2 %	3	
Antigout Agents		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	1	
<i>allopurinol oral tablet 300 mg</i>	1	
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	3	
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	3	
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	1	ST
<i>probenecid oral tablet 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>probenecid-colchicine oral tablet</i> 500-0.5 mg	1	
ULORIC ORAL TABLET 40 MG, (febuxostat) 80 MG	3	ST; QL (30 per 30 days)
Antihistamines		
Antihistamines		
<i>carbinoxamine maleate oral liquid</i> 4 mg/5 ml	1	
<i>carbinoxamine maleate oral tablet</i> 4 mg	1	
<i>cetirizine oral solution 1 mg/ml</i> (Allergy Relief (cetirizine))	1	
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	3	ST; QL (2 per 1 day)
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	
<i>cyproheptadine oral tablet 4 mg</i>	1	
<i>desloratadine oral tablet 5 mg</i> (Clarinet)	1	QL (1 per 1 day)
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	ST; QL (1 per 1 day)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i> (Diphen)	1	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	1	QL (10 per 1 day)
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine vc oral syrup 6.25-5 mg/5 ml</i> (promethazine-phenylephrine)	1	
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	1	
GYNAZOLE-1 VAGINAL CREAM 2 %	3	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> (Vandazole)	1	
<i>metronidazole vaginal gel 1.3 % (65 mg/5 gram)</i> (Nuversa)	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
VANDAZOLE VAGINAL GEL 0.75 % (37.5MG/5 GRAM) (metronidazole)	3	
Antimigraine Agents		
Antimigraine Agents		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	4	PA
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	4	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	4	PA
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	1	ST; QL (2 per 5 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	1	QL (15 per 14 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	1	QL (8 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>eletriptan oral tablet 20 mg, 40 mg</i> (Relpax)	1	ST; QL (2 per 5 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	4	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3)	4	PA
ERGOMAR SUBLINGUAL TABLET 2 MG	3	QL (10 per 7 days)
<i>frovatriptan oral tablet 2.5 mg</i> (Frova)	3	ST
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL (3 per 5 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	4	PA
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	4	PA
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	1	QL (3 per 5 days)
<i>rizatriptan oral tablet 5 mg</i>	1	QL (3 per 5 days)
<i>rizatriptan oral tablet,disintegrating 10 mg</i> (Maxalt-MLT)	1	QL (3 per 5 days)
<i>rizatriptan oral tablet,disintegrating 5 mg</i>	1	QL (3 per 5 days)
<i>sumatriptan nasal spray,non- aerosol 20 mg/actuation, 5 mg/actuation</i>	1	QL (6 per 15 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i> (Imitrex)	1	QL (3 per 5 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i> (Imitrex STATdose Pen)	1	QL (1 per 14 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	1	QL (1 per 14 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	1	QL (1 per 14 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	QL (1 per 14 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	4	PA
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML	4	PA
<i>zolmitriptan nasal spray, non-aerosol 2.5 mg, 5 mg</i> (Zomig)	1	ST; QL (6 per 15 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	1	ST; QL (2 per 5 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	ST; QL (2 per 5 days)
Antimycobacterials		
Antimycobacterials		
CAPASTAT INJECTION RECON SOLN 1 GRAM	3	
<i>cycloserine oral capsule 250 mg</i>	1	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
<i>isoniazid injection solution 100 mg/ml</i>	1	
<i>isoniazid oral solution 50 mg/5 ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	3	
PRIFTIN ORAL TABLET 150 MG	3	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	1	
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
TRECTOR ORAL TABLET 250 MG	3	

Drug Name	Drug Tier	Requirements/Limits
Antinausea Agents		
Antinausea Agents		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	4	PA
ANZEMET ORAL TABLET 50 MG	4	PA; QL (8 per 1 day)
<i>aprepitant oral capsule 125 mg</i>	4	PA; QL (1 per 1 day)
<i>aprepitant oral capsule 40 mg</i>	4	PA; QL (4 per 1 day)
<i>aprepitant oral capsule 80 mg</i> (Emend)	4	PA; QL (2 per 1 day)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	4	PA; QL (3 per 1 day)
<i>compro rectal suppository 25 mg</i> (prochlorperazine)	1	
DICLEGIS ORAL TABLET, DELAYED RELEASE (DR/EC) 10-10 MG (doxylamine-pyridoxine (vit b6))	3	QL (4 per 1 day)
<i>dimenhydrinate injection solution 50 mg/ml</i>	1	
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (drlec) 10-10 mg</i> (Diclegis)	3	QL (4 per 1 day)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	1	PA; QL (2 per 1 day)
<i>droperidol injection solution 2.5 mg/ml</i>	1	
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	4	PA
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml</i>	4	
<i>granisetron hcl intravenous solution 1 mg/ml</i>	4	
<i>granisetron hcl oral tablet 1 mg</i>	1	QL (8 per 30 days)
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	1	
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	1	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	QL (50 per 15 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	
<i>ondansetron oral tablet, disintegrating 16 mg</i>	1	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	
<i>palonosetron intravenous solution (Posfrea) 0.25 mg/5 ml</i>	1	
<i>palonosetron intravenous syringe 0.25 mg/5 ml</i>	1	
<i>phenadoz rectal suppository 25 mg (promethazine)</i>	1	
<i>prochlorperazine edisylate injection solution 5 mg/ml</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg (Compazine)</i>	1	
<i>prochlorperazine rectal suppository 25 mg (Compro)</i>	1	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml (Phenergan)</i>	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg (Promethegan)</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg (promethazine)</i>	1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	4	PA; QL (1 per 7 days)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days (Transderm-Scop)</i>	1	
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML (trimethobenzamide)	3	PA
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS (scopolamine base)	3	

Drug Name	Drug Tier	Requirements/Limits
<i>trimethobenzamide oral capsule 300 mg</i>	1	
VARUBI ORAL TABLET 90 MG	3	PA
Antiparasite Agents		
Antiparasite Agents		
<i>albendazole oral tablet 200 mg</i>	3	
ALBENZA ORAL TABLET 200 MG (albendazole)	3	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	3	
ALINIA ORAL TABLET 500 MG (nitazoxanide)	3	
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	1	
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	1	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	1	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	2	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
COARTEM ORAL TABLET 20-120 MG	3	
DARAPRIM ORAL TABLET 25 MG (pyrimethamine)	2	PA
EMVERM ORAL TABLET,CHEWABLE 100 MG (mebendazole)	1	PA
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	1	
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	1	
LAMPIT ORAL TABLET 120 MG, 30 MG	2	
<i>mefloquine oral tablet 250 mg</i>	1	
NEBUPENT INHALATION RECON SOLN 300 MG (pentamidine)	3	
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	3	
<i>paromomycin oral capsule 250 mg</i> (Humatin)	1	

Drug Name	Drug Tier	Requirements/Limits
PENTAM INJECTION RECON SOLN 300 MG (pentamidine)	4	
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	1	
<i>pentamidine injection recon soln 300 mg</i> (Pentam)	4	
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	3	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	2	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	2	PA
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	1	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML (apomorphine)	4	PA; LA; QL (2 per 1 day)
<i>apomorphine subcutaneous cartridge 10 mg/ml</i> (APOKYN)	1	PA
<i>benztropine injection solution 1 mg/ml</i>	1	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine oral capsule 5 mg</i>	1	
<i>bromocriptine oral tablet 2.5 mg</i>	1	
<i>cabergoline oral tablet 0.5 mg</i>	1	
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	1	
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	1	
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	1	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>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</i>	3	
<i>entacapone oral tablet 200 mg</i>	1	
KYNMOBI SUBLINGUAL FILM 10 MG, 10-15-20-25-30 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA
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	4	PA; QL (1 per 1 day)
NOURIANZ ORAL TABLET 20 MG, 40 MG	4	PA
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	3	PA
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 4.5 mg</i>	1	ST
<i>pramipexole oral tablet extended release 24 hr 1.5 mg, 2.25 mg, 3 mg, 3.75 mg</i> (Mirapex ER)	1	ST
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	1	QL (1 per 1 day)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	QL (1 per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>selegiline hcl oral tablet 5 mg</i>	1	
<i>tolcapone oral tablet 100 mg</i> (Tasmar)	1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	3	QL (2 per 1 day)
Antipsychotic Agents		
Antipsychotic Agents		
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	1	QL (1 per 1 day)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	1	
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)	3	QL (2 per 1 day)
<i>chlorpromazine injection solution 25 mg/ml</i>	1	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)	1	QL (3 per 1 day)
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	1	QL (3 per 1 day)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	QL (2 per 1 day)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	3	QL (8 per 28 days)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl oral concentrate</i> 5 mg/ml	1	
<i>fluphenazine hcl oral elixir</i> 2.5 mg/5 ml	1	
<i>fluphenazine hcl oral tablet</i> 1 mg, 10 mg, 2.5 mg, 5 mg	1	
GEODON INTRAMUSCULAR (ziprasidone mesylate) RECON SOLN 20 MG/ML (FINAL CONC.)	4	
<i>haloperidol decanoate</i> (Haldol Decanoate) <i>intramuscular solution</i> 100 mg/ml, 50 mg/ml	1	
<i>haloperidol lactate injection</i> <i>solution</i> 5 mg/ml	1	
<i>haloperidol lactate intramuscular</i> <i>syringe</i> 5 mg/ml	1	
<i>haloperidol lactate oral</i> <i>concentrate</i> 2 mg/ml	1	
<i>haloperidol oral tablet</i> 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	4	PA; LA
LATUDA ORAL TABLET 120 MG, (lurasidone) 20 MG, 40 MG, 60 MG	3	QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG (lurasidone)	3	QL (60 per 30 days)
<i>loxapine succinate oral capsule</i> 10 mg, 25 mg, 5 mg, 50 mg	1	
<i>lurasidone oral tablet</i> 120 mg, 20 (Latuda) mg, 40 mg, 60 mg	1	QL (30 per 30 days)
<i>lurasidone oral tablet</i> 80 mg (Latuda)	1	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	3	PA
NUPLAZID ORAL CAPSULE 34 MG	4	PA; LA
NUPLAZID ORAL TABLET 10 MG	4	PA; LA

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	1	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	1	QL (1 per 1 day)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	1	QL (1 per 1 day)
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	1	
<i>paliperidone oral tablet extended release 24hr 3 mg, 6 mg, 9 mg</i> (Invega)	1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	1	QL (3 per 1 day)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	1	QL (1 per 1 day)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	PA
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML (risperidone microspheres)	4	PA; LA
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml</i> (Risperdal Consta)	4	PA
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	1	QL (8 per 1 day)
<i>risperidone oral tablet 0.25 mg</i>	1	QL (2 per 1 day)
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	1	QL (2 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL (2 per 1 day)
SAPHRIS SUBLINGUAL TABLET (asenapine maleate) 10 MG, 5 MG	3	QL (2 per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	3	PA
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	3	
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)	3	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	1	QL (2 per 1 day)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (Geodon)	2	
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	1	QL (900 per 30 days)
<i>abacavir oral tablet 300 mg</i>	1	QL (60 per 30 days)
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	1	QL (30 per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	1	QL (30 per 30 days)
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML	4	PA
APTIVUS ORAL CAPSULE 250 MG	4	PA
<i>atazanavir oral capsule 150 mg</i>	1	QL (30 per 30 days)
<i>atazanavir oral capsule 200 mg, 300 mg</i> (Reyataz)	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ATRIPLA ORAL TABLET 600-200-300 MG (efavirenz-emtricitabin-tenofof)	4	QL (30 per 30 days)
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	4	QL (1 per 1 day)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML	4	QL (4 per 30 days); AGE (Min 18 Years)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML	4	QL (6 per 30 days); AGE (Min 18 Years)
<i>cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)</i>	1	
<i>cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)</i> (Apretude)	1	
CIMDUO ORAL TABLET 300-300 MG	3	QL (1 per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG	4	PA
CRIXIVAN ORAL CAPSULE 200 MG	4	QL (180 per 30 days)
<i>darunavir oral tablet 600 mg</i> (Prezista)	4	QL (60 per 30 days)
<i>darunavir oral tablet 800 mg</i> (Prezista)	4	QL (30 per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	4	QL (1 per 1 day)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	4	QL (30 per 30 days)
<i>didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg</i>	1	
DOVATO ORAL TABLET 50-300 MG	4	QL (1 per 1 day)
EDURANT ORAL TABLET 25 MG	4	PA
<i>efavirenz oral capsule 200 mg, 50 mg</i>	1	QL (30 per 30 days)
<i>efavirenz oral tablet 600 mg</i>	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i> (Atripla)	4	QL (30 per 30 days)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg</i> (Symfi Lo)	3	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i> (Symfi)	3	
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	4	QL (30 per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i> (Truvada)	4	QL (30 per 30 days)
EMTRIVA ORAL CAPSULE 200 MG (emtricitabine)	4	QL (30 per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	4	QL (720 per 30 days)
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	4	
<i>etravirine oral tablet 100 mg, 200 mg</i> (Intence)	4	PA
EVOTAZ ORAL TABLET 300-150 MG	4	QL (30 per 30 days)
<i>fosamprenavir oral tablet 700 mg</i>	1	PA NSO
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	4	PA
GENVOYA ORAL TABLET 150-150-200-10 MG	4	QL (30 per 30 days)
INTELENCE ORAL TABLET 100 MG, 200 MG (etravirine)	4	PA
INTELENCE ORAL TABLET 25 MG	4	PA
INVIRASE ORAL TABLET 500 MG	4	QL (120 per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	4	QL (120 per 30 days)
ISENTRESS ORAL POWDER IN PACKET 100 MG	4	QL (180 per 30 days)
ISENTRESS ORAL TABLET 400 MG	4	QL (120 per 30 days)
ISENTRESS ORAL TABLET, CHEWABLE 100 MG	4	QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	4	QL (120 per 30 days)
JULUCA ORAL TABLET 50-25 MG	4	QL (1 per 1 day)
KALETRA ORAL TABLET 100-25 MG (lopinavir-ritonavir)	4	QL (300 per 30 days)
KALETRA ORAL TABLET 200-50 MG (lopinavir-ritonavir)	4	QL (120 per 30 days)
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	4	PA NSO; QL (900 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	4	
<i>lamivudine oral tablet 150 mg</i> (Epivir)	1	QL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i> (Epivir)	1	QL (30 per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	4	QL (60 per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	4	PA
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	1	QL (390 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	4	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	4	QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i> (Selzentry)	1	PA
<i>nevirapine oral suspension 50 mg/5 ml</i>	4	QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	1	QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	1	
NORVIR ORAL POWDER IN PACKET 100 MG	4	QL (12 per 1 day)
NORVIR ORAL SOLUTION 80 MG/ML	4	QL (450 per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	4	PA
PIFELTRO ORAL TABLET 100 MG	4	QL (2 per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG	4	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
PREZISTA ORAL SUSPENSION 100 MG/ML	4	QL (240 per 30 days)
PREZISTA ORAL TABLET 150 MG	4	QL (240 per 30 days)
PREZISTA ORAL TABLET 600 (darunavir) MG	4	QL (60 per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QL (480 per 30 days)
PREZISTA ORAL TABLET 800 (darunavir) MG	4	PA NSO; QL (30 per 30 days)
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	
<i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i>	1	PA
<i>ritonavir oral tablet 100 mg</i> (Norvir)	1	QL (360 per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	4	PA
SELZENTRY ORAL TABLET 150 (maraviroc) MG, 300 MG	4	PA
SELZENTRY ORAL TABLET 25 MG, 75 MG	4	PA
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	1	QL (60 per 30 days)
STRIBILD ORAL TABLET 150- 150-200-300 MG	4	QL (30 per 30 days)
SUNLENCA ORAL TABLET 300 MG	4	PA
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	4	PA
SYMFI LO ORAL TABLET 400- 300-300 MG (efavirenz-lamivu- tenofof disop)	3	QL (1 per 1 day)
SYMFI ORAL TABLET 600-300- 300 MG (efavirenz-lamivu- tenofof disop)	3	QL (1 per 1 day)
SYMTUZA ORAL TABLET 800- 150-200-10 MG	4	PA
TEMIXYS ORAL TABLET 300- 300 MG	3	QL (1 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	1	QL (30 per 30 days)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	4	QL (60 per 30 days)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	4	QL (60 per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	4	QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	4	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	4	PA
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (emtricitabine-tenofovir (tdf))	4	ST; QL (30 per 30 days)
VEMLIDY ORAL TABLET 25 MG	4	LA; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG	4	QL (180 per 30 days)
VIRACEPT ORAL TABLET 625 MG	4	QL (120 per 30 days)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	4	QL (225 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	QL (30 per 30 days)
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	1	QL (180 per 30 days)
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	1	QL (1800 per 30 days)
<i>zidovudine oral tablet 300 mg</i>	1	QL (60 per 30 days)
Antivirals, Miscellaneous		
<i>foscarnet intravenous solution 24 mg/ml</i> (Foscavir)	1	
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	1	QL (40 per 183 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i> (Tamiflu)	1	QL (20 per 183 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	1	QL (360 per 183 days)

Drug Name	Drug Tier	Requirements/Limits
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	2	QL (30 per 5 days); AGE (Min 12 Years)
PREVYMIS ORAL TABLET 240 MG, 480 MG	4	PA
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	QL (40 per 183 days)
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	1	
TAMIFLU ORAL CAPSULE 30 MG (oseltamivir)	1	QL (40 per 183 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG (oseltamivir)	1	QL (20 per 183 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML (oseltamivir)	1	QL (360 per 183 days)
XOFLUZA ORAL TABLET 20 MG, 40 MG, 80 MG	2	QL (4 per 180 days)
Hcv Antivirals		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	4	PA
EPCLUSA ORAL TABLET 200-50 MG	4	PA
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	4	PA; LA
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	4	PA
HARVONI ORAL TABLET 45-200 MG	4	PA
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	4	PA; LA
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	4	PA
MAVYRET ORAL TABLET 100-40 MG	4	PA; LA
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
SOVALDI ORAL TABLET 200 MG, 400 MG	4	PA; LA
VOSEVI ORAL TABLET 400-100-100 MG	4	PA; LA
ZEPATIER ORAL TABLET 50-100 MG	4	PA; LA
Interferons		
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	4	PA; LA
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	4	PA; LA
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	4	PA; LA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	PA; LA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	4	PA; LA
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	4	PA; LA
Nucleosides And Nucleotides		
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	
<i>adefovir oral tablet 10 mg</i> (Hepsera)	4	PA; LA
BARACLUDGE ORAL SOLUTION 0.05 MG/ML	4	PA; LA
<i>cidofovir intravenous solution 75 mg/ml</i>	4	
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	4	PA; LA
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	4	PA NSO
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	4	PA NSO
<i>lagevrio (eua) oral capsule 200 mg</i>	1	QL (40 per 5 days); AGE (Min 18 Years)
<i>ribavirin inhalation recon soln 6 gram</i> (Virazole)	4	PA
<i>ribavirin oral capsule 200 mg</i>	4	PA
<i>ribavirin oral tablet 200 mg</i>	4	PA
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	1	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	4	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	4	PA
VIRAZOLE INHALATION RECON SOLN 6 GRAM (ribavirin)	4	PA
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
ARGATROBAN IN 0.9 % SOD CHLOR INTRAVENOUS SOLUTION 1 MG/ML	3	
ARGATROBAN INTRAVENOUS SOLUTION 100 MG/ML	3	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	QL (74 per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	2	QL (2 per 1 day)
ELIQUIS ORAL TABLET 5 MG	2	QL (74 per 30 days)
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	1	QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> (Lovenox)	1	QL (20 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox)	1	QL (16 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox)	1	QL (6 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 40 mg/0.4 ml	1	QL (8 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 60 mg/0.6 ml	1	QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe</i> 10 mg/0.8 ml (Arixtra)	4	PA; QL (8 per 30 days)
<i>fondaparinux subcutaneous syringe</i> 2.5 mg/0.5 ml (Arixtra)	4	PA; QL (5 per 30 days)
<i>fondaparinux subcutaneous syringe</i> 5 mg/0.4 ml (Arixtra)	4	PA; QL (4 per 30 days)
<i>fondaparinux subcutaneous syringe</i> 7.5 mg/0.6 ml (Arixtra)	4	PA; QL (6 per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML	3	QL (7.6 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	3	QL (10 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	3	QL (5 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	3	QL (6 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	3	QL (7.2 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	3	QL (2 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	3	QL (3 per 30 days)
<i>heparin (porcine) in 5 % dex intravenous parenteral solution</i> 20,000 unit/500 ml (40 unit/ml)	1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution</i> 25,000 unit/250 ml(100 unit/ml)	4	

Drug Name	Drug Tier	Requirements/Limits
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/500 ml (50 unit/ml)</i>	3	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	1	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml</i>	4	
<i>heparin lockflush(porcine)(pf) intravenous syringe 100 unit/ml</i>	(heparin, porcine (pf)) 4	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	1	
<i>heparin, porcine (pf) intravenous syringe 100 unit/ml</i>	(Heparin LockFlush(Porcine)(PF)) 4	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	(warfarin) 1	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	(Jantoven) 1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	2	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	2	QL (20 per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG	2	QL (1 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
XARELTO ORAL TABLET 15 MG, 2.5 MG	2	QL (2 per 1 day)
Blood Formation Modifiers		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; LA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML	4	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	4	PA; LA
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	4	PA; LA
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	4	PA; LA
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	4	PA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	4	PA
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	4	PA
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA; LA
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	4	PA; LA
LEUKINE INJECTION RECON SOLN 250 MCG	4	PA; LA

Drug Name	Drug Tier	Requirements/Limits
MOZOBIL SUBCUTANEOUS (plerixafor) SOLUTION 24 MG/1.2 ML (20 MG/ML)	4	PA; LA
MULPLETA ORAL TABLET 3 MG	4	PA
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	4	PA; LA
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; LA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML	4	PA
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML	4	PA; LA
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; LA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	4	PA
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	4	PA; LA
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	4	PA; QL (1 per 1 day)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	4	PA; LA; QL (1 per 1 day)
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG	4	PA
RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	PA

Drug Name	Drug Tier	Requirements/Limits
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	4	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; LA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA
Hematologic Agents, Miscellaneous		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	4	PA
<i>aminocaproic acid intravenous solution 250 mg/ml</i>	1	
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i> (Amicar)	1	
<i>aminocaproic acid oral tablet 500 mg</i> (Amicar)	1	
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	1	
<i>anagrelide oral capsule 1 mg</i>	1	
CABLIVI INJECTION KIT 11 MG	4	PA
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	4	PA NSO; LA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	4	PA
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML	4	PA
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML	4	PA

Drug Name	Drug Tier	Requirements/Limits
OXBRYTA ORAL TABLET 300 MG, 500 MG	4	PA
OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG	4	PA
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 500 (+/-) UNIT	4	PA NSO; LA
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	4	PA
PYRUKYND ORAL TABLETS, DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	4	PA
RIXUBIS INTRAVENOUS RECON SOLN 250 UNIT	4	PA NSO; LA
TAVALISSE ORAL TABLET 100 MG, 150 MG	4	PA
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i> (Cyklokapron)	4	
<i>tranexamic acid oral tablet 650 mg</i>	1	
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	
BRILINTA ORAL TABLET 60 MG	3	
BRILINTA ORAL TABLET 90 MG	3	QL (2 per 1 day)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 300 mg</i>	1	QL (4 per 30 days)
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	1	QL (1 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
Caloric Agents		
Caloric Agents		
AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 %	3	
AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	3	
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %	3	
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	3	
AMINOSYN II 8.5 %- ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	3	
AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION 3.5 %	3	
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	
AMINOSYN-PF 7 % (SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	3	
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 %	3	
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	
CLINIMIX 5%-D20W(SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	3	
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	3	
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	3	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	1	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	1	
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	4	PA
FREAMINE III 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	

Drug Name	Drug Tier	Requirements/Limits
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	3	
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	3	
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	
Cardiovascular Agents		
Alpha-Adrenergic Agents		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	3	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine hcl oral tablet extended release 24 hr 0.17 mg</i> (Nexiclon XR)	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	1	
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	1	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	1	
<i>doxazosin oral tablet 1 mg, 2 mg, 8 mg</i> (Cardura)	1	
<i>doxazosin oral tablet 4 mg</i> (Cardura)	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	1	
<i>methyldopate intravenous solution 250 mg/5 ml</i>	1	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>phenoxybenzamine oral capsule 10 mg</i> (Dibenzyline)	1	LA

Drug Name	Drug Tier	Requirements/Limits
<i>phentolamine injection recon soln</i> 5 mg	1	
<i>phenylephrine hcl injection</i> (Vazculep) <i>solution 10 mg/ml</i>	1	
<i>prazosin oral capsule 1 mg, 2 mg,</i> <i>5 mg</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan oral tablet 16 mg, 32</i> (Atacand) <i>mg, 4 mg, 8 mg</i>	1	
<i>candesartan-hydrochlorothiazid</i> (Atacand HCT) <i>oral tablet 16-12.5 mg, 32-12.5</i> <i>mg, 32-25 mg</i>	1	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320- 12.5 MG, 320-25 MG, 80-12.5 MG (valsartan- hydrochlorothiazide)	3	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (valsartan)	3	
EDARBI ORAL TABLET 40 MG, 80 MG	3	ST
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	3	ST
ENTRESTO ORAL TABLET 24- 26 MG, 49-51 MG, 97-103 MG (sacubitril-valsartan)	3	PA
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG	3	PA
<i>eprosartan oral tablet 600 mg</i>	1	
<i>irbesartan oral tablet 150 mg, 300</i> (Avapro) <i>mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide</i> (Avalide) <i>oral tablet 150-12.5 mg, 300-12.5</i> <i>mg</i>	1	
<i>losartan oral tablet 100 mg, 25</i> (Cozaar) <i>mg, 50 mg</i>	1	
<i>losartan-hydrochlorothiazide oral</i> (Hyzaar) <i>tablet 100-12.5 mg, 100-25 mg,</i> <i>50-12.5 mg</i>	1	
<i>olmesartan oral tablet 20 mg, 40</i> (Benicar) <i>mg, 5 mg</i>	1	ST

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan-amlodipin-hcthiazid</i> (Tribenzor) 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	1	ST
<i>olmesartan-hydrochlorothiazide</i> (Benicar HCT) oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	ST
<i>telmisartan</i> oral tablet 20 mg, 40 mg, 80 mg (Micardis)	1	
<i>telmisartan-amlodipine</i> oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	
<i>telmisartan-hydrochlorothiazid</i> (Micardis HCT) oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	
<i>valsartan</i> oral tablet 160 mg, 320 mg, 40 mg, 80 mg (Diovan)	1	
<i>valsartan-hydrochlorothiazide</i> oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg (Diovan HCT)	1	
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril</i> oral tablet 10 mg, 20 mg, 40 mg (Lotensin)	1	
<i>benazepril</i> oral tablet 5 mg	1	
<i>benazepril-hydrochlorothiazide</i> (Lotensin HCT) oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
<i>benazepril-hydrochlorothiazide</i> oral tablet 5-6.25 mg	1	
<i>captopril</i> oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	
<i>captopril-hydrochlorothiazide</i> oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
<i>enalapril maleate</i> oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg (Vasotec)	1	
<i>enalaprilat</i> intravenous solution 1.25 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
Antiarrhythmic Agents		
ADENOSCAN INTRAVENOUS SOLUTION 3 MG/ML (adenosine (diagnostic))	3	
<i>adenosine (diagnostic) intravenous solution 3 mg/ml</i> (Adenoscan)	1	
<i>adenosine intravenous solution 3 mg/ml</i>	1	
<i>amiodarone intravenous solution 50 mg/ml</i>	1	
<i>amiodarone intravenous syringe 150 mg/3 ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>ibutilide fumarate intravenous solution 0.1 mg/ml</i> (Corvert)	1	
<i>lidocaine (pf) injection syringe 100 mg/5 ml (2 %)</i>	1	PA
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %)</i>	1	PA
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	3	
NEXTERONE INTRAVENOUS SOLUTION 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML)	4	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG	3	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 150 MG (disopyramide phosphate)	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> (amiodarone)	1	
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	1	
<i>procainamide intravenous syringe 100 mg/ml</i>	1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	1	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (nebivolol)	3	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i> (Coreg CR)	1	
<i>esmolol intravenous solution 100 mg/10 ml (10 mg/ml)</i> (Brevibloc)	1	
<i>esmolol intravenous syringe 100 mg/10 ml (10 mg/ml)</i>	1	
INNOPRAN XL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 80 MG	3	ST
<i>labetalol intravenous solution 5 mg/ml</i>	1	
<i>labetalol intravenous syringe 10 mg/2 ml (5 mg/ml), 20 mg/4 ml (5 mg/ml)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	1	
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg</i>	1	
<i>nadolol oral tablet 80 mg</i> (Corgard)	1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	3	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol intravenous solution 1 mg/ml</i>	1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg</i> (sotalol)	1	
<i>sorine oral tablet 80 mg</i> (sotalol)	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> (sotalol)	1	
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)	1	
<i>sotalol oral tablet 240 mg</i> (Betapace)	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Calcium-Channel Blocking Agents		
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG (diltiazem hcl)	3	
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (diltiazem hcl)	1	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	1	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 24 hr 360 mg, 420 mg</i> (Tiadylt ER)	1	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	1	
<i>diltiazem hcl oral tablet 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i> (Cardizem LA)	1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Matzim LA)	1	
<i>dilt-xr oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i> (diltiazem hcl)	1	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl)	1	
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (diltiazem hcl)	1	
<i>verapamil intravenous solution 2.5 mg/ml</i>	1	
<i>verapamil intravenous syringe 2.5 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan PM)	1	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
Cardiovascular Agents, Miscellaneous		
CORLANOR ORAL SOLUTION 5 MG/5 ML	2	PA
CORLANOR ORAL TABLET 5 MG, 7.5 MG (ivabradine)	2	PA; QL (2 per 1 day)
DEMSEER ORAL CAPSULE 250 MG (metyrosine)	3	
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (digoxin)	1	
<i>digox oral tablet 125 mcg (0.125 mg)</i> (digoxin)	1	
<i>digoxin injection solution 250 mcg/ml (0.25 mg/ml)</i> (Lanoxin)	1	
<i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i>	1	
DIGOXIN ORAL SOLUTION 50 MCG/ML (0.05 MG/ML)	2	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	1	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)	1	
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	1	
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/250 ml (3,200 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	1	
<i>ephedrine sulfate intravenous solution 50 mg/ml</i> (Akovaz)	1	
<i>epinephrine hcl (pf) injection solution 1 mg/ml (1 ml)</i>	1	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i> (Auvi-Q)	1	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr 2-Pak)	1	
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (EpiPen 2-Pak)	1	
<i>epinephrine injection solution 1 mg/ml</i> (Adrenalin)	1	
<i>epinephrine injection syringe 0.1 mg/ml</i>	1	
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (epinephrine)	3	
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (epinephrine)	3	
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML (icatibant)	4	PA; LA
<i>hydralazine injection solution 20 mg/ml</i>	1	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr)	4	PA
ISUPREL INJECTION SOLUTION 0.2 MG/ML (isoproterenol hcl)	3	
<i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)	1	PA; QL (2 per 1 day)
<i>metyrosine oral capsule 250 mg</i> (Demser)	3	

Drug Name	Drug Tier	Requirements/Limits
<i>milrinone in 5 % dextrose intravenous piggyback 20 mg/100 ml (200 mcg/ml), 40 mg/200 ml (200 mcg/ml)</i>	1	
<i>milrinone intravenous solution 1 mg/ml</i>	1	
NEFFY NASAL SPRAY, NON-AEROSOL 2 MG/SPRAY (0.1 ML)	3	
<i>papaverine injection solution 30 mg/ml</i>	1	
RANEXA ORAL TABLET (ranolazine) EXTENDED RELEASE 12 HR 1,000 MG	3	ST; QL (60 per 30 days)
RANEXA ORAL TABLET (ranolazine) EXTENDED RELEASE 12 HR 500 MG	3	ST; QL (120 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	1	ST; QL (60 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	1	ST; QL (120 per 30 days)
<i>sajazir subcutaneous syringe 30 mg/3 ml</i> (icatibant)	4	PA
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	3	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	PA
VYNDAMAX ORAL CAPSULE 61 MG	4	PA
VYNDAQEL ORAL CAPSULE 20 MG	4	PA
Dihydropyridines		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	1	
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-olmesartan oral tablet</i> (Azor) 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	ST
<i>amlodipine-valsartan oral tablet</i> (Exforge) 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	ST
<i>amlodipine-valsartan-hcthiazid oral tablet</i> (Exforge HCT) 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	ST
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (levamlodipine)	3	PA
<i>felodipine oral tablet extended release 24 hr</i> 10 mg, 2.5 mg, 5 mg	1	
<i>isradipine oral capsule</i> 2.5 mg, 5 mg	1	
<i>levamlodipine oral tablet</i> 2.5 mg, 5 mg (Conjupri)	1	PA
<i>nicardipine intravenous solution</i> (Cardene IV) 25 mg/10 ml	1	
<i>nicardipine oral capsule</i> 20 mg, 30 mg	1	
<i>nifedipine oral capsule</i> 10 mg, 20 mg	1	
<i>nifedipine oral tablet extended release 24hr</i> 30 mg, 60 mg, 90 mg (Procardia XL)	1	
<i>nifedipine oral tablet extended release</i> 30 mg, 60 mg, 90 mg	1	
<i>nimodipine oral capsule</i> 30 mg	1	
<i>nisoldipine oral tablet extended release 24 hr</i> 17 mg, 34 mg, 8.5 mg (Sular)	1	
<i>nisoldipine oral tablet extended release 24 hr</i> 20 mg, 25.5 mg, 30 mg, 40 mg	1	
Diuretics		
<i>amiloride oral tablet</i> 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>bumetanide injection solution 0.25 mg/ml</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>chlorothiazide sodium intravenous recon soln 500 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
DIURIL ORAL SUSPENSION 250 MG/5 ML	3	
DYRENIUM ORAL CAPSULE (triamterene) 100 MG, 50 MG	3	
<i>ethacrynic acid oral tablet 25 mg</i> (Edecrin)	1	
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide injection syringe 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
JYNARQUE ORAL TABLET 30 MG	4	PA
JYNARQUE 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)	4	PA
<i>mannitol 20 % intravenous parenteral solution 20 %</i> (Osmitrol 20 %)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
OSMITROL 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	3	
SAMSCA ORAL TABLET 15 MG (tolvaptan)	4	PA; QL (30 per 365 days)
SAMSCA ORAL TABLET 30 MG (tolvaptan)	4	PA; QL (60 per 365 days)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	
<i>tolvaptan oral tablet 15 mg</i> (Samsca)	4	PA; QL (30 per 365 days)
<i>tolvaptan oral tablet 30 mg</i> (Samsca)	4	PA; QL (60 per 365 days)
<i>toremide oral tablet 10 mg, 100 mg, 5 mg</i>	1	
<i>toremide oral tablet 20 mg</i> (Soaanz)	1	
<i>triamterene oral capsule 100 mg, 50 mg</i> (Dyrenium)	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
Dyslipidemics		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	1	QL (1 per 1 day)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	1	QL (1 per 1 day)
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	1	QL (1 per 1 day)
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	1	
<i>cholestyramine light oral powder in packet 4 gram</i> (cholestyramine-aspartame)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)	1	
<i>colesevelam oral tablet 625 mg</i> (WelChol)	1	
<i>colestipol oral packet 5 gram</i>	1	
<i>colestipol oral tablet 1 gram</i> (Colestid)	1	
EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML	4	PA
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	1	QL (1 per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	1	ST; QL (1 per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	1	ST; QL (1 per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	1	ST; QL (1 per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	1	PA; QL (1 per 1 day)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	1	
<i>fenofibrate oral capsule 150 mg, 50 mg</i> (Lipofen)	3	ST
<i>fenofibrate oral tablet 120 mg, 40 mg</i> (Fenoglide)	1	ST
<i>fenofibrate oral tablet 160 mg</i>	1	ST
<i>fenofibrate oral tablet 54 mg</i>	1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i> (Trilipix)	1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i> (Fibricor)	1	ST
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	1	QL (2 per 1 day)
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	1	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (pitavastatin calcium)	3	ST; QL (1 per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL (1 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
NEXLETOL ORAL TABLET 180 MG	4	PA
NEXLIZET ORAL TABLET 180-10 MG	4	PA
<i>niacin oral tablet 500 mg</i> (Niacor)	1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	ST
<i>niacor oral tablet 500 mg</i> (niacin)	1	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	1	QL (4 per 1 day)
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i> (Livalo)	1	QL (1 per 1 day)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	4	PA; LA
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL (1 per 1 day)
<i>prevalite oral powder in packet 4 gram</i> (cholestyramine-aspartame)	1	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	4	PA
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	4	PA; LA
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	4	PA; LA
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	1	QL (1 per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	1	QL (1 per 1 day)
<i>simvastatin oral tablet 5 mg</i>	1	QL (1 per 1 day)
<i>simvastatin oral tablet 80 mg</i>	1	PA; QL (1 per 1 day)
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM (colesevelam)	3	
WELCHOL ORAL TABLET 625 MG (colesevelam)	3	

Drug Name	Drug Tier	Requirements/Limits
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	1	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	3	PA
TEKTURNA ORAL TABLET 150 MG, 300 MG (aliskiren)	3	PA
Vasodilators		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	1	
<i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)	1	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradoso)	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i> (BiDil)	1	
<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (nitroglycerin)	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 % (nitroglycerin)	3	
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	1	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur)	1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i> (Nitrolingual)	1	
Central Nervous System Agents		
Central Nervous System Agents		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG (dalfampridine)	4	PA; LA
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera)	1	QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera)	1	QL (30 per 30 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	4	PA; LA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	4	PA; LA
BAFIERTAM ORAL CAPSULE, DELAYED RELEASE (DR/EC) 95 MG	4	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG	4	PA; LA; QL (14 per 28 days)
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1	QL (120 per 30 days)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	4	PA; LA
DAYBUE ORAL SOLUTION 200 MG/ML	4	PA; QL (3600 per 30 days)
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> (Focalin XR)	1	QL (1 per 1 day)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	1	QL (2 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule)	1	QL (60 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	1	QL (120 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	1	QL (60 per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i> (ProCentra)	1	QL (1800 per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i> (Zenzedi)	1	QL (180 per 30 days)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Zenzedi)	1	QL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i> (Adderall XR)	1	
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	1	QL (2 per 1 day)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i> (Tecfidera)	4	PA; QL (2 per 1 day)
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	4	PA
EXSERVAN ORAL FILM 50 MG	4	PA
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	4	PA; LA; QL (14 per 28 days)
<i> fingolimod oral capsule 0.5 mg</i> (Gilenya)	4	PA; QL (1 per 1 day)
<i>flumazenil intravenous solution 0.1 mg/ml</i>	1	
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i> (Glatopa)	4	PA
<i>glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml</i> (glatiramer)	4	PA; LA
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	1	QL (1 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
JOENJA ORAL TABLET 70 MG	4	PA NSO
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	4	PA
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i> (Vyvanse)	1	QL (1 per 1 day)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	1	
<i>lithium carbonate oral tablet extended release 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
<i>metadate er oral tablet extended release 20 mg</i> (methylphenidate hcl)	1	QL (90 per 30 days)
<i>methamphetamine oral tablet 5 mg</i> (Desoxyn)	1	QL (150 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i> (Metadate CD)	1	QL (1 per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i> (Metadate CD)	1	QL (2 per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 40 mg</i> (Ritalin LA)	1	QL (1 per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 30 mg</i> (Ritalin LA)	1	QL (2 per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	1	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	1	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	1	QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral tablet (Concerta) extended release 24hr 18 mg, 27 mg</i>	1	QL (1 per 1 day)
<i>methylphenidate hcl oral tablet (Concerta) extended release 24hr 36 mg, 54 mg</i>	1	
<i>methylphenidate hcl oral tablet (Relexxii) extended release 24hr 72 mg</i>	1	QL (1 per 1 day)
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	1	QL (90 per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	3	PA
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	4	PA; LA
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML	4	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; LA; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; LA; QL (1 per 28 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; LA; QL (6 per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; LA; QL (4.2 per 28 days)
<i>riluzole oral tablet 50 mg (Rilutek)</i>	4	LA
RYSTIGGO SUBCUTANEOUS SOLUTION 140 MG/ML	4	PA
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	

Drug Name	Drug Tier	Requirements/Limits
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	4	PA
<i>teriflunomide oral tablet 14 mg, 7 mg</i> (Aubagio)	4	PA; QL (1 per 1 day)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	4	PA; LA
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	4	PA
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML	4	PA
ZENZEDI ORAL TABLET 10 MG (dextroamphetamine sulfate)	1	QL (180 per 30 days)
ZENZEDI ORAL TABLET 5 MG (dextroamphetamine sulfate)	1	QL (90 per 30 days)
ZEPOSIA ORAL CAPSULE 0.92 MG	4	PA
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	4	PA
ZEPOSIA STARTER KIT (37-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (30)	4	PA
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	4	PA
Contraceptives		
Contraceptives		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	0	
AIMSCO LATEX CONDOM DEVICE	0	
<i>altavera (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	0	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	0	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	0	

Drug Name		Drug Tier	Requirements/Limits
<i>amethia lo oral tablets, dose pack, 3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estradiol)	0	QL (91 per 84 days)
<i>amethia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estradiol)	0	QL (91 per 84 days)
<i>apri oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	0	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>		0	
<i>ashlyna oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estradiol)	0	QL (91 per 84 days)
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estradiol)	0	
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	0	
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	0	
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	0	
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	0	
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	0	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estradiol)	0	
<i>ayuna oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estradiol)	0	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desogestrel-estradiol/e.estradiol)	0	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>		0	
<i>bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desogestrel-estradiol/e.estradiol)	0	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	0	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	0	

Drug Name	Drug Tier	Requirements/Limits
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	0	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	0	
<i>camila oral tablet 0.35 mg</i> (norethindrone (contraceptive))	0	
<i>camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i> (l norgest/e.estradiol-e.estrad)	0	QL (91 per 84 days)
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (l norgest/e.estradiol-e.estrad)	0	QL (91 per 84 days)
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	0	
<i>caziant (28) oral tablet 0.1/125/15-25 mg-mcg</i>	0	
<i>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24)/75 mg (4)</i> (norethindrone-e.estradiol-iron)	0	
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	0	
CONDOMS-PREM LUBRICATED DEVICE	0	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i> (norgestrel-ethinyl estradiol)	0	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	0	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	0	
<i>cyred eq oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	0	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	0	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	0	
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (l norgest/e.estradiol-e.estrad)	0	QL (91 per 84 days)
<i>deblitane oral tablet 0.35 mg</i> (norethindrone (contraceptive))	0	

Drug Name		Drug Tier	Requirements/Limits
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Azurette (28))	0	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	(Apri)	0	
<i>dolishale oral tablet 90-20 mcg (28)</i>	(levonorgestrel-ethinyl estrad)	0	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	(Beyaz)	0	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	(Tydemy)	0	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	(Loryna (28))	0	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	(Ocella)	0	
<i>econtra one-step oral tablet 1.5 mg</i>	(levonorgestrel)	0	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	0	
ELLA ORAL TABLET 30 MG		0	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	0	QL (1 per 28 days)
<i>emoquette oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	0	
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	0	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	0	
<i>enskyce oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	0	
<i>errin oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	0	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	0	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	(Kelnor 1/35 (28))	0	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	(Kelnor 1/50 (28))	0	

Drug Name		Drug Tier	Requirements/Limits
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	(EluRyng)	0	QL (1 per 28 days)
<i>falmina (28) oral tablet 0.1-20 mcg</i>	(levonorgestrel-ethinyl estrad)	0	
FANTASY CONDOM DEVICE		0	
FC2 FEMALE CONDOM		0	QL (30 per 30 days)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM		0	
<i>femynor oral tablet 0.25-35 mcg</i>	(norgestimate-ethinyl estradiol)	0	
<i>finzala oral tablet, chewable 1 mg-20 mcg(24) 175 mg (4)</i>	(norethindrone-e.estradiol-iron)	0	
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	0	
<i>gianvi (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	0	
GYNOL II VAGINAL GEL 3 %		0	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	0	
<i>hailey oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	0	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	0	QL (1 per 28 days)
<i>heather oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	0	
<i>iclevia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	0	
<i>incassia oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	0	
<i>isibloom oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	0	
<i>jaimiess oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	0	QL (91 per 84 days)
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	1	
<i>jencycla oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	0	

Drug Name		Drug Tier	Requirements/Limits
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	0	QL (91 per 84 days)
<i>juleber oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	0	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	0	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	0	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	0	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	0	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	0	
<i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	(noreth-ethinyl estradiol-iron)	0	
<i>kalliga oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	0	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	0	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	0	
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	(ethynodiol diac-eth estradiol)	0	
KIMONO CONDOMS(NON-LUBRICATED) DEVICE		0	
KIMONO LUBRICATED CONDOMS DEVICE		0	
KIMONO MAXX CONDOMS DEVICE		0	
KIMONO MICROTHIN AQUA LUBE CON DEVICE		0	
KIMONO MICROTHIN CONDOMS DEVICE		0	
KIMONO MICROTHIN LARGE CONDOMS DEVICE		0	
KIMONO TEXTURED CONDOMS DEVICE		0	
KIMONO THIN LUBRICATED CONDOMS DEVICE		0	

Drug Name		Drug Tier	Requirements/Limits
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	0	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG		0	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(Camrese Lo)	0	QL (91 per 84 days)
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	(Quartette)	0	QL (91 per 84 days)
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(Amethia)	0	QL (91 per 84 days)
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	0	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	0	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	0	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	0	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	0	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	0	
<i>layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	(noreth-ethinyl estradiol-iron)	0	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>		0	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	0	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	0	
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	(Balcoltra)	0	
<i>levonorgestrel oral tablet 1.5 mg</i>	(Econtra One-Step)	0	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	(Afirmelle)	0	

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i> (Altavera (28))	0	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i> (Dolishale)	0	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (Iclevia)	0	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Enpresse)	0	QL (91 per 84 days)
<i>levora-28 oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	0	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	0	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	3	ST
<i>lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i> (l norgest/e.estradiol-e.estrad)	0	QL (91 per 84 days)
<i>loryna (28) oral tablet 3-0.02 mg</i> (drospirenone-ethinyl estradiol)	0	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i> (norgestrel-ethinyl estradiol)	0	
<i>luteru (28) oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	0	
<i>lyleq oral tablet 0.35 mg</i> (norethindrone (contraceptive))	0	
<i>lyza oral tablet 0.35 mg</i> (norethindrone (contraceptive))	0	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	0	
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estradiol-iron)	0	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> (norethindrone ac-eth estradiol)	0	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i> (norethindrone ac-eth estradiol)	0	

Drug Name	Drug Tier	Requirements/Limits
<i>microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estradiol-iron)	0	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	0	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	0	
<i>mili oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	1	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	0	
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	0	
<i>my way oral tablet 1.5 mg</i> (levonorgestrel)	0	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	3	ST
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	0	
NEXPLANON SUBDERMAL IMPLANT 68 MG	0	QL (1 per 365 days)
<i>nikki (28) oral tablet 3-0.02 mg</i> (drospirenone-ethinyl estradiol)	0	
<i>nora-be oral tablet 0.35 mg</i> (norethindrone (contraceptive))	0	
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i> (Xulane)	0	QL (3 per 28 days)
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i> (Wymzya Fe)	0	
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i> (Kaitlib Fe)	0	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)	0	
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i> (Aurovela 1.5/30 (21))	0	

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Aurovela 1/20 (21))	0	
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i> (Gemily)	0	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Aurovela Fe 1-20 (28))	0	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (Aurovela Fe 1.5/30 (28))	0	
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> (Tilia Fe)	0	
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i> (Charlotte 24 Fe)	0	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla)	0	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Tri-Estarylla)	0	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i> (Estarylla)	0	
<i>norlyda oral tablet 0.35 mg</i> (norethindrone (contraceptive))	0	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	0	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	0	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	0	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	0	
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)	0	QL (1 per 28 days)
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	0	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	0	

Drug Name		Drug Tier	Requirements/Limits
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	0	
<i>ocella oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	0	
<i>opcicon one-step oral tablet 1.5 mg</i>	(levonorgestrel)	0	
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	0	
ORTHO MICRONOR ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	0	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM		0	
<i>philith oral tablet 0.4-35 mg-mcg</i>		0	
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	0	
<i>pirmella oral tablet 0.5/0.75/1 mg-35 mcg</i>		0	
<i>pirmella oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	0	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	0	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	0	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	0	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	0	
<i>sharobel oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	0	
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	1	
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	0	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG		0	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	0	

Drug Name	Drug Tier	Requirements/Limits
<i>sronyx oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	0	
<i>syeda oral tablet 3-0.03 mg</i> (drospirenone-ethinyl estradiol)	0	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estradiol-iron)	0	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	0	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> (norethindrone-e.estradiol-iron)	0	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG	0	
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	0	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	0	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> (norethindrone-e.estradiol-iron)	0	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	0	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (norgestimate-ethinyl estradiol)	0	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (norgestimate-ethinyl estradiol)	0	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (norgestimate-ethinyl estradiol)	0	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	0	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	0	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	0	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	0	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (levonorg-eth estrad triphasic)	0	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (norgestimate-ethinyl estradiol)	0	

Drug Name	Drug Tier	Requirements/Limits
<i>tri-vylibra oral tablet</i> <i>0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	0	
TRUSTEX LATEX CONDOM DEVICE	0	
TRUSTEX LUBRICATED CONDOMS DEVICE	0	
TRUSTEX NON-LUB CONDOMS DEVICE	0	
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	0	
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	0	
<i>tulana oral tablet 0.35 mg</i> (norethindrone (contraceptive))	0	
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i> (norgestrel-ethinyl estradiol)	0	
<i>tyblume oral tablet, chewable 0.1 mg- 20 mcg</i>	0	
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i> (drospirenone-e.estradiol-lm.fa)	0	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	0	
<i>vcf contraceptive gel vaginal gel 4 %</i>	0	
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	0	
<i>vestura (28) oral tablet 3-0.02 mg</i> (drospirenone-ethinyl estradiol)	0	
<i>vienva oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	0	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol)	0	
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol)	0	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	0	
<i>vylibra oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	0	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	0	

Drug Name	Drug Tier	Requirements/Limits	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	0		
wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)	(noreth-ethinyl estradiol-iron)	0	
xulane transdermal patch weekly 150-35 mcg/24 hr	(norelgestromin- ethin.estradiol)	0	QL (3 per 28 days)
zafemy transdermal patch weekly 150-35 mcg/24 hr	(norelgestromin- ethin.estradiol)	0	QL (3 per 28 days)
zarah oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	0	
zovia 1-35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	0	
zumandimine (28) oral tablet 3- 0.03 mg	(drospirenone-ethinyl estradiol)	0	
Cough And Cold Products			
Cough And Cold Products			
benzonatate oral capsule 100 mg, 200 mg		1	
bromfed dm oral syrup 2-30-10 mg/5 ml	(brompheniramine- pseudoeph-dm)	1	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	(Bromfed DM)	1	
codeine-guaifenesin oral liquid 10-100 mg/5 ml	(G Tussin AC)	1	AGE (Min 18 Years)
hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml		1	QL (10 per 1 day); AGE (Min 18 Years)
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	(Hydromet)	1	QL (30 per 1 day); AGE (Min 18 Years)
hydrocodone-homatropine oral tablet 5-1.5 mg	(Hycodan (with homatropine))	1	QL (6 per 1 day)
hydromet oral syrup 5-1.5 mg/5 ml	(hydrocodone- homatropine)	1	QL (30 per 1 day); AGE (Min 18 Years)
promethazine vc-codeine oral syrup 6.25-5-10 mg/5 ml		1	QL (30 per 1 day); AGE (Min 18 Years)
promethazine-codeine oral syrup 6.25-10 mg/5 ml		1	QL (30 per 1 day); AGE (Min 18 Years)
promethazine-dm oral syrup 6.25- 15 mg/5 ml		1	

Drug Name		Drug Tier	Requirements/Limits
Dental And Oral Agents			
Dental And Oral Agents			
<i>cevimeline oral capsule 30 mg</i>	(Evoxac)	1	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	(Pareox Oral Rinse)	1	
CLINPRO 5000 DENTAL PASTE 1.1 %	(fluoride (sodium))	3	
<i>denta 5000 plus dental cream 1.1 %</i>	(fluoride (sodium))	1	
<i>dentagel dental gel 1.1 %</i>	(fluoride (sodium))	1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	(fluoride (sodium))	1	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	(sodium fluoride-pot nitrate)	1	
KOURZEQ DENTAL PASTE 0.1 %	(triamcinolone acetonide)	1	
<i>oralone dental paste 0.1 %</i>	(triamcinolone acetonide)	1	
<i>pareox oral rinse mucous membrane mouthwash 0.12 %</i>	(chlorhexidine gluconate)	1	
<i>perio gard mucous membrane mouthwash 0.12 %</i>	(chlorhexidine gluconate)	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	(Salagen (pilocarpine))	1	
<i>sf 5000 plus dental cream 1.1 %</i>	(fluoride (sodium))	1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	(Kourzeq)	1	
Dermatological Agents			
Dermatological Agents, Other			
ABSORICA ORAL CAPSULE 25 MG	(isotretinoin)	3	PA
<i>acutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	(isotretinoin)	1	PA
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>		4	PA; LA
<i>acitretin oral capsule 22.5 mg</i>		4	PA; LA
<i>acyclovir topical ointment 5 %</i>	(Zovirax)	1	
<i>ammonium lactate topical cream 12 %</i>		1	

Drug Name	Drug Tier	Requirements/Limits
<i>ammonium lactate topical lotion 12 %</i> (AmLactin)	1	
<i>amneesteem oral capsule 10 mg, 20 mg, 40 mg</i> (isotretinoin)	1	PA
<i>azelaic acid topical gel 15 %</i>	3	PA
<i>bp 10-1 topical cleanser 10-1 %</i> (sulfacetamide sodium-sulfur)	1	
<i>calcipotriene scalp solution 0.005 %</i>	1	ST
<i>calcipotriene topical cream 0.005 %</i>	1	ST
<i>calcipotriene topical ointment 0.005 %</i>	1	ST
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	1	
<i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)	1	ST
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	1	PA
<i>cleansing wash topical cleanser 10-4-10 %</i> (sulfacetamide sod-sulfur-urea)	1	
DENAVIR TOPICAL CREAM 1 % (penciclovir)	3	
<i>doxepin topical cream 5 %</i> (Prudoxin)	1	QL (45 per 30 days)
<i>exoderm topical lotion 25-1 %</i>	1	
FILSUVEZ TOPICAL GEL 10 %	4	PA
FINACEA TOPICAL GEL 15 % (azelaic acid)	3	PA
FLUOROPLEX TOPICAL CREAM 1 %	3	
<i>fluorouracil topical cream 0.5 %</i> (Carac)	3	PA NSO
<i>fluorouracil topical cream 5 %</i> (Efudex)	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
<i>imiquimod topical cream in metered-dose pump 3.75 %</i> (Zyclara)	3	PA
<i>imiquimod topical cream in packet 5 %</i>	1	QL (24 per 30 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (Accutane)	1	PA

Drug Name	Drug Tier	Requirements/Limits
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	4	PA
<i>mafenide acetate topical packet</i> (Sulfamylon) 50 gram	1	
<i>methoxsalen oral capsule,liqd- filled,rapid rel</i> 10 mg	1	
<i>myorisan oral capsule 10 mg, 20</i> (isotretinoin) <i>mg, 30 mg, 40 mg</i>	1	PA
OPZELURA TOPICAL CREAM 1.5 %	4	PA
PANRETIN TOPICAL GEL 0.1 %	4	PA; LA
<i>penciclovir topical cream 1 %</i> (Denavir)	3	
<i>podofilox topical solution 0.5 %</i>	1	
REGRANEX TOPICAL GEL 0.01 %	3	PA
<i>salicylic acid topical film forming</i> (Virasal) <i>liquid w/appl</i> 27.5 %	1	
<i>salicylic acid topical foam 6 %</i> (Salvax)	1	
<i>salicylic acid topical gel 6 %</i> (Keralyt Rx)	1	
<i>salicylic acid topical lotion 6 %</i>	1	
<i>salicylic acid topical shampoo 6 %</i> (Keralyt)	1	
<i>salicylic acid-ceramides no.1</i> <i>topical kit,cleanser and cream er</i> 6 %	1	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	3	
<i>sss 10-5 topical foam 10-5 %</i> (sulfacetamide sodium-sulfur)	1	
<i>sulfacetamide sodium topical</i> (Ovace) <i>cleanser 10 %</i>	1	
<i>sulfacetamide sodium topical</i> (Ovace Plus <i>shampoo 10 %</i> Shampoo)	1	
<i>sulfacetamide sodium-sulfur</i> (Avar LS) <i>topical cleanser 10-2 %</i>	1	
<i>sulfacetamide sodium-sulfur</i> (Avar) <i>topical cleanser 10-5 % (w/w)</i>	1	
<i>sulfacetamide sodium-sulfur</i> (Plexion) <i>topical cleanser 9.8-4.8 %</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium-sulfur</i> (Sumaxin) <i>topical cleanser 9-4 %</i>	1	
<i>sulfacetamide sodium-sulfur</i> (Sumadan) <i>topical cleanser 9-4.5 %</i>	1	
<i>sulfacetamide sodium-sulfur</i> <i>topical cream 10-2 %</i>	1	
<i>sulfacetamide sodium-sulfur</i> (Avar-E) <i>topical cream 10-5 % (w/w)</i>	1	
<i>sulfacetamide sodium-sulfur</i> (Plexion) <i>topical cream 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur</i> <i>topical lotion 10-5 % (w/w)</i>	1	
<i>sulfacetamide sodium-sulfur</i> (Plexion) <i>topical lotion 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur</i> (Sumaxin) <i>topical pads, medicated 10-4 %</i>	1	
<i>sulfacetamide sodium-sulfur</i> (SulfaCleanse 8-4) <i>topical suspension 8-4 %</i>	1	
SULFAMYLON TOPICAL CREAM 85 MG/G	3	
<i>urea nail stick topical solution 50</i> (urea) <i>%</i>	1	
<i>urea topical cream 39 %</i> (Uredeb)	1	
<i>urea topical foam 35 %</i> (Hydro 35)	1	
<i>urea topical gel 45 %</i> (CEM-Urea)	1	
UVADEX INJECTION SOLUTION 20 MCG/ML	4	PA
VALCHLOR TOPICAL GEL 0.016 %	4	PA; LA
VEREGEN TOPICAL OINTMENT 15 %	3	PA
WINLEVI TOPICAL CREAM 1 %	3	PA
<i>zenatane oral capsule 10 mg, 20</i> (isotretinoin) <i>mg, 30 mg, 40 mg</i>	1	PA
ZOVIRAX TOPICAL CREAM 5 % (acyclovir)	3	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 3.75 % (imiquimod)	3	PA

Drug Name		Drug Tier	Requirements/Limits
Dermatological Antibacterials			
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	(clindamycin-benzoyl peroxide)	3	PA
ALTABAX TOPICAL OINTMENT 1 %		3	
<i>clindamycin phosphate topical foam 1 %</i>	(Clindacin)	1	
<i>clindamycin phosphate topical gel 1 %</i>		1	
<i>clindamycin phosphate topical gel, once daily 1 %</i>	(Clindagel)	1	
<i>clindamycin phosphate topical lotion 1 %</i>	(Cleocin T)	1	
<i>clindamycin phosphate topical solution 1 %</i>		1	
<i>clindamycin phosphate topical swab 1 %</i>	(Clindacin ETZ)	1	
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i>	(Neuac)	1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	(Acanya)	1	PA
CORTISPORIN TOPICAL CREAM 3.5-10,000-0.5 MG/G-UNIT/G-%		3	
CORTISPORIN TOPICAL OINTMENT 1 %		3	PA
<i>ery pads topical swab 2 %</i>	(erythromycin with ethanol)	1	
<i>erythromycin with ethanol topical gel 2 %</i>	(Erygel)	1	
<i>erythromycin with ethanol topical solution 2 %</i>		1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	(Benzamycin)	1	
<i>gentamicin topical cream 0.1 %</i>		1	
<i>gentamicin topical ointment 0.1 %</i>		1	
<i>metronidazole topical cream 0.75 %</i>	(Rosadan)	1	
<i>metronidazole topical gel 0.75 %</i>	(Rosadan)	1	
<i>metronidazole topical gel 1 %</i>	(Metrogel)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	1	
<i>mupirocin calcium topical cream 2 %</i>	1	
<i>mupirocin topical ointment 2 %</i> (Centany)	1	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	1	
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	3	ST
<i>neuac topical gel 1.2 % (1 % base) -5 %</i> (clindamycin-benzoyl peroxide)	1	
<i>rosadan topical cream 0.75 %</i> (metronidazole)	1	
<i>selenium sulfide topical lotion 2.5 %</i>	1	
<i>selenium sulfide topical shampoo 2.25 %</i>	1	
<i>silver nitrate applicators topical stick 75-25 %</i>	1	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	1	
<i>ssd topical cream 1 %</i> (silver sulfadiazine)	1	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	1	
XEPI TOPICAL CREAM 1 %	3	ST
ZILXI TOPICAL FOAM 1.5 %	3	PA
Dermatological Anti-Inflammatory Agents		
<i>ala-cort topical cream 1 %</i> (hydrocortisone)	1	
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	
<i>amcinonide topical lotion 0.1 %</i>	1	
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical foam 0.12 %</i> (Luxiq)	1	
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	1	
CAPEX TOPICAL SHAMPOO 0.01 %	3	
<i>clobetasol scalp solution 0.05 %</i>	1	
<i>clobetasol topical cream 0.05 %</i>	1	
<i>clobetasol topical foam 0.05 %</i> (Olux)	1	
<i>clobetasol topical gel 0.05 %</i>	1	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	1	
<i>clobetasol topical ointment 0.05 %</i>	1	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	1	
<i>clobetasol topical spray, non-aerosol 0.05 %</i> (Clobex)	1	
<i>clobetasol-emollient topical cream 0.05 %</i>	1	
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	1	
<i>clocortolone pivalate topical cream 0.1 %</i>	1	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	3	

Drug Name	Drug Tier	Requirements/Limits
CORTIFOAM RECTAL FOAM 10 % (80 MG)	3	
DESONATE TOPICAL GEL 0.05 % (desonide)	3	
<i>desonide topical cream 0.05 %</i> (DesOwen)	1	
<i>desonide topical gel 0.05 %</i>	3	
<i>desonide topical lotion 0.05 %</i>	1	
<i>desonide topical ointment 0.05 %</i>	1	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)	1	
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	1	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort)	1	
<i>desoximetasone topical spray, non-aerosol 0.25 %</i> (Topicort)	3	
DESRX TOPICAL GEL 0.05 % (desonide)	3	
<i>diflorasone topical cream 0.05 %</i>	1	
<i>diflorasone topical ointment 0.05 %</i>	1	
ELIDEL TOPICAL CREAM 1 % (pimecrolimus)	3	PA
EUCRISA TOPICAL OINTMENT 2 %	4	PA
<i>fluocinolone topical cream 0.01 %</i>	1	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	1	
<i>fluocinolone topical oil 0.01 %</i> (Derma-Smoothe/FS Body Oil)	1	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	1	
<i>fluocinolone topical solution 0.01 %</i> (Synalar)	1	
<i>fluocinonide topical cream 0.05 %</i>	1	
<i>fluocinonide topical cream 0.1 %</i> (Vanos)	1	
<i>fluocinonide topical gel 0.05 %</i>	1	
<i>fluocinonide topical ointment 0.05 %</i>	1	
<i>fluocinonide topical solution 0.05 %</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide-e topical cream 0.05 %</i> (fluocinonide-emollient)	1	
<i>fluticasone propionate topical cream 0.05 %</i>	1	
<i>fluticasone propionate topical lotion 0.05 %</i> (Beser)	1	
<i>fluticasone propionate topical ointment 0.005 %</i>	1	
<i>halcinonide topical cream 0.1 %</i> (Halog)	3	
<i>halcinonide topical solution 0.1 %</i> (Halog)	1	
<i>halobetasol propionate topical cream 0.05 %</i>	1	
<i>halobetasol propionate topical ointment 0.05 %</i>	1	
HALOG TOPICAL CREAM 0.1 % (halcinonide)	3	
HALOG TOPICAL OINTMENT 0.1 %	3	
<i>hydrocortisone butyrate topical cream 0.1 %</i>	1	
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	1	
<i>hydrocortisone butyrate topical solution 0.1 %</i>	1	
HYDROCORTISONE LOTION COMPLETE TOPICAL COMBO PACK 2 %	1	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	1	
<i>hydrocortisone topical cream 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	1	
<i>mometasone topical cream 0.1 %</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
<i>pimecrolimus topical cream 1 %</i> (Elidel)	3	PA
<i>prednicarbate topical cream 0.1 %</i>	1	
<i>prednicarbate topical ointment 0.1 %</i>	1	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	ST
TEXACORT TOPICAL SOLUTION 2.5 %	3	
TOPICORT TOPICAL SPRAY, NON-AEROSOL 0.25 % (desoximetasone)	3	ST
<i>triamcinolone acetonide topical cream 0.025 %</i>	1	
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i> (Triderm)	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i> (Trianex)	1	
<i>trianex topical ointment 0.05 %</i> (triamcinolone acetonide)	1	
<i>triderm topical cream 0.1 %</i> (triamcinolone acetonide)	1	
TRITOCIN TOPICAL OINTMENT 0.05 % (triamcinolone acetonide)	1	
VERDESO TOPICAL FOAM 0.05 %	3	
Dermatological Retinoids		
<i>adapalene topical cream 0.1 %</i> (Differin)	1	PA
<i>adapalene topical gel 0.1 %</i> (Differin)	1	PA
<i>adapalene topical gel 0.3 %</i>	1	PA
<i>adapalene topical lotion 0.1 %</i> (Differin)	1	PA

Drug Name	Drug Tier	Requirements/Limits
ALTRENO TOPICAL LOTION 0.05 %	1	PA
<i>avita topical cream 0.025 %</i> (tretinoin)	1	PA
<i>avita topical gel 0.025 %</i> (tretinoin)	1	PA
TAZORAC TOPICAL CREAM 0.05 % (tazarotene)	3	PA
<i>tretinoin (emollient) topical cream 0.05 %</i> (Refissa)	1	PA
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i> (Retin-A Micro)	1	PA
<i>tretinoin topical cream 0.025 %</i> (Avita)	1	PA
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	1	PA
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	1	PA
<i>tretinoin topical gel 0.025 %</i> (Avita)	1	PA
TRETIN-X CREAM KIT TOPICAL COMBO PACK 0.025 %, 0.05 %, 0.1 %	3	PA
TRETIN-X TOPICAL CREAM 0.075 %	3	
TWYNEO TOPICAL CREAM 0.1- 3 %	3	
Scabicides And Pediculicides		
EURAX TOPICAL CREAM 10 %	3	
<i>ivermectin topical lotion 0.5 %</i> (Sklice)	1	
<i>lindane topical shampoo 1 %</i>	1	
<i>malathion topical lotion 0.5 %</i> (Ovide)	1	
<i>permethrin topical cream 5 %</i> (Elimite)	1	
SKLICE TOPICAL LOTION 0.5 % (ivermectin)	3	
<i>spinosad topical suspension 0.9 %</i> (Natroba)	1	
ULESFIA TOPICAL LOTION 5 %	3	
Devices		
Devices		
BREEZE 2 TEST STRIPS STRIP	2	
CONTOUR NEXT LINK KIT	2	
CONTOUR NEXT TEST STRIPS STRIP (blood sugar diagnostic)	2	

Drug Name	Drug Tier	Requirements/Limits
CONTOUR TEST STRIPS STRIP (blood sugar diagnostic)	2	
FREESTYLE LIBRE 14 DAY READER	2	PA
FREESTYLE LIBRE 14 DAY SENSOR KIT	2	PA
FREESTYLE LIBRE 2 READER	2	PA
FREESTYLE LIBRE 2 SENSOR KIT	2	PA
FREESTYLE LIBRE 3 SENSOR DEVICE	2	PA
FREESTYLE PRECISION NEO STRIPS STRIP (blood sugar diagnostic)	2	PA
MINIMED 530G INSULIN PUMP	3	PA; QL (1 per 720 days)
MINIMED 630G GUARDIAN START KT DEVICE	3	PA; QL (1 per 720 days)
MINIMED 630G INSULIN PUMP	3	PA; QL (1 per 720 days)
MINIMED 670G INSULIN PUMP	3	PA; QL (1 per 720 days)
MINIMED 770G INSULIN PUMP	3	PA; QL (1 per 720 days)
MINIMED 780G INSULIN PUMP	3	PA; QL (1 per 720 days)
MINIMED INFUSION SET-MMT 390 INFUSION SET	3	PA; QL (15 per 30 days)
MINIMED MIO 18" INFUSION SET	3	PA; QL (15 per 30 days)
MINIMED MIO ADVANCE INF SET23" INFUSION SET	3	PA; QL (15 per 30 days)
MINIMED QUICK SET 18" INFUSION SET	3	PA; QL (15 per 30 days)
MINIMED QUICK-SERTER (MMT-305)	3	PA; QL (1 per 365 days)
MINIMED QUICK-SERTER (MMT-395)	3	PA; QL (1 per 365 days)
MINIMED SILHOUETTE 18" INFUSION SET	3	PA; QL (15 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
MINIMED SURE T 18" INFUSION SET	3	PA; QL (15 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	3	PA; QL (1 per 720 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	PA; QL (30 per 30 days)
OMNIPOD CLASSIC PDM KIT(GEN 3)	3	PA; QL (1 per 720 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	3	PA; QL (30 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	PA; QL (1 per 720 days)
OMNIPOD DASH PDM KIT (GEN 4)	3	PA; QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	PA; QL (30 per 30 days)
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	PA; QL (10 per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	PA; QL (10 per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	PA; QL (10 per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	PA; QL (10 per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	PA; QL (10 per 30 days)
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	PA; QL (10 per 30 days)
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE	3	PA; QL (10 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	4	PA; LA
CERDELGA ORAL CAPSULE 84 MG	4	PA; LA
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	4	PA; LA
CHENODAL ORAL TABLET 250 MG	3	
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	2	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	4	PA; LA
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT	4	PA; LA
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	4	PA; LA
GALAFOLD ORAL CAPSULE 123 MG	4	PA
<i>javygtor oral powder in packet 100 mg, 500 mg</i> (sapropterin)	4	PA
<i>javygtor oral tablet, soluble 100 mg</i> (sapropterin)	4	
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin)	4	PA
KUVAN ORAL TABLET, SOLUBLE 100 MG (sapropterin)	4	PA; LA
LAMZEDE INTRAVENOUS RECON SOLN 10 MG	4	PA
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	4	PA; LA
<i>miglustat oral capsule 100 mg</i> (Zavesca)	4	PA; LA

Drug Name	Drug Tier	Requirements/Limits
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	4	PA; LA
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin)	4	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	4	PA; LA
OPFOLDA ORAL CAPSULE 65 MG	4	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (nitisinone)	4	PA; LA
ORFADIN ORAL SUSPENSION 4 MG/ML	4	PA
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	4	PA
PANCREAZE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	3	
PERTZYE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	3	
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	PA; LA; QL (5 per 1 day)
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	4	PA
<i>sapropterin oral powder in packet 100 mg, 500 mg</i> (Javygtor)	4	PA
<i>sapropterin oral tablet, soluble 100 mg</i> (Javygtor)	4	PA

Drug Name	Drug Tier	Requirements/Limits
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 40 MG/ML	4	PA; LA
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7 ML, 80 MG/0.8 ML	4	PA
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	4	PA; LA; QL (8 per 1 day)
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	4	PA; LA
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	3	
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	4	PA; LA
XIAFLEX INJECTION RECON SOLN 0.9 MG	4	PA
ZAVESCA ORAL CAPSULE 100 (miglustat) MG	4	PA; LA
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT, 60,000-189,600-252,600 UNIT	2	
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	3	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	
<i>atropine ophthalmic (eye) drops 1 % (Isopto Atropine)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	1	QL (60 per 30 days)
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy)	1	QL (60 per 30 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i> (Dymista)	3	ST; QL (23 per 30 days)
<i>balanced salt intraocular solution</i> (balanced salt soln no.2 irrig.)	1	
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i> (Bepreve)	3	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 % (bepotastine besilate)	3	
<i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i> (Otovel)	3	ST
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
<i>cyclopentolate ophthalmic (eye) drops 1 %, 2 %</i> (Cyclogyl)	1	
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	4	PA
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	4	PA; LA
DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY (azelastine-fluticasone)	3	ST; QL (23 per 30 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>homatropaire ophthalmic (eye) drops 5 %</i> (homatropine hbr)	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	3	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
LASTACAFT OPHTHALMIC (EYE) DROPS 0.25 % (alcaftadine)	3	ST
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	1	
<i>olopatadine nasal spray, non-aerosol 0.6 %</i>	1	ST; QL (30.5 per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)	1	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Pataday Once Daily Relief)	1	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML) (ciprofloxacin-fluocinolone)	3	ST
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	4	PA
PATADAY ONCE DAILY RELIEF OPHTHALMIC (EYE) DROPS 0.2 % (olopatadine)	3	
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	1	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i> (Alcaine)	1	
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	4	PA
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	1	
<i>tetracaine hcl ophthalmic (eye) dropperette 0.5 %</i>	1	
<i>tropicamide ophthalmic (eye) drops 1 %</i> (Mydracyl)	1	
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	3	
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetic acid otic (ear) solution 2 %</i>	1	
AZASITE OPHTHALMIC (EYE) DROPS 1 %	3	ST
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin-polymyxin b ophthalmic (Polycin)</i> <i>(eye) ointment 500-10,000</i> <i>unit/gram</i>	1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	3	ST
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10- 0.2 %	2	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	2	
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	3	
CIPRODEX OTIC (EAR) (ciprofloxacin- DROPS,SUSPENSION 0.3-0.1 % dexamethasone)	3	
<i>ciprofloxacin hcl ophthalmic (eye)</i> <i>drops 0.3 %</i>	1	
<i>ciprofloxacin-dexamethasone otic</i> <i>(ear) drops,suspension 0.3-0.1 %</i>	3	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10- 0.5 MG/ML	3	
<i>erythromycin ophthalmic (eye)</i> <i>ointment 5 mg/gram (0.5 %)</i>	1	
<i>gatifloxacin ophthalmic (eye)</i> <i>drops 0.5 %</i>	1	
<i>gentak ophthalmic (eye) ointment</i> <i>0.3 % (3 mg/gram)</i>	1	
<i>gentamicin ophthalmic (eye)</i> <i>drops 0.3 %</i>	1	
<i>gentamicin ophthalmic (eye)</i> <i>ointment 0.3 % (3 mg/gram)</i>	1	
<i>hydrocortisone-acetic acid otic</i> <i>(ear) drops 1-2 %</i>	1	
<i>levofloxacin ophthalmic (eye)</i> <i>drops 0.5 %</i>	1	
MOXEZA OPHTHALMIC (EYE) (moxifloxacin) DROPS, VISCOUS 0.5 %	3	ST

Drug Name	Drug Tier	Requirements/Limits
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	3	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5- 400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5- 400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml- 10,000 unit/ml-0.1 %</i> (Maxitrol)	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg- 10,000 unit-0.025mg/ml</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml- unit/ml-%</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg- unit/g-1%</i> (neomycin-bacitracin- poly-hc)	1	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit- unit/g</i> (neomycin-bacitracin- polymyxin)	1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i> (bacitracin-polymyxin b)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	2	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	3	ST
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	3	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	2	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
XDEMVIY OPHTHALMIC (EYE) DROPS 0.25 %	4	PA
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	3	
<i>allergy nasal (mometasone) nasal (mometasone) spray,non-aerosol 50 mcg/actuation</i>	1	
ALOCRIAL OPHTHALMIC (EYE) DROPS 2 %	3	
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 % (loteprednol etabonate)	3	

Drug Name	Drug Tier	Requirements/Limits
<i>bromfenac ophthalmic (eye) drops 0.07 %</i> (Prolensa)	1	
<i>bromfenac ophthalmic (eye) drops 0.075 %</i> (BromSite)	1	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1	
<i>budesonide nasal spray,non-aerosol 32 mcg/actuation</i>	1	ST; QL (43 per 75 days)
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> (Restasis)	1	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i> (Durezol)	3	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 % (difluprednate)	3	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	QL (25 per 30 days)
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil)	1	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	1	QL (16 per 30 days)
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	1	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 % (loteprednol etabonate)	3	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 % (loteprednol etabonate)	3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	3	
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i> (Lotemax)	1	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i> (Alrex)	1	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i> (Lotemax)	1	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))	1	
<i>nasal allergy nasal aerosol,spray 55 mcg</i> (triamcinolone acetonide)	1	QL (11 per 20 days)
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG	3	ST; QL (5 per 12 days)
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	3	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	3	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (cyclosporine)	3	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	

Drug Name	Drug Tier	Requirements/Limits
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	1	QL (112 per 10 days)
CARAFATE ORAL (sucralfate) SUSPENSION 100 MG/ML	2	
DEXILANT ORAL (dexlansoprazole) CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG	3	ST; QL (1 per 1 day)
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg</i>	1	ST; QL (1 per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg, 40 mg</i>	3	ST; QL (1 per 1 day)
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	1	
<i>famotidine intravenous solution 10 mg/ml</i>	1	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	1	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	1	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	1	
<i>lansoprazole oral capsule,delayed release(drlec) 15 mg</i> (Acid Reducer (lansoprazole))	1	
<i>lansoprazole oral capsule,delayed release(drlec) 30 mg</i> (Prevacid)	1	
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg</i> (Prevacid SoluTab)	1	PA
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	1	
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 20 MG, 40 MG (esomeprazole magnesium)	3	ST; QL (1 per 1 day)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	3	ST; QL (1 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole oral capsule, delayed release(drlec) 10 mg, 20 mg, 40 mg</i>	1	
<i>pantoprazole intravenous recon soln 40 mg</i> (Protonix)	1	
<i>pantoprazole oral granules dr for susp in packet 40 mg</i> (Protonix)	3	
<i>pantoprazole oral tablet, delayed release (drlec) 20 mg, 40 mg</i> (Protonix)	1	
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG (pantoprazole)	3	ST
<i>rabeprazole oral tablet, delayed release (drlec) 20 mg</i> (AcipHex)	1	ST; QL (1 per 1 day)
<i>sucralfate oral tablet 1 gram</i> (Carafate)	1	
Gastrointestinal Agents, Other		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (lubiprostone)	3	PA; QL (2 per 1 day)
BENTYL INTRAMUSCULAR SOLUTION 10 MG/ML (dicyclomine)	3	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (carglumic acid)	3	PA; LA
<i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)	4	PA
CHOLBAM ORAL CAPSULE 250 MG	4	PA
CHOLBAM ORAL CAPSULE 50 MG	4	PA; LA
<i>constulose oral solution 10 gram/15 ml</i> (lactulose)	1	
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	1	PA
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ed-spaz oral tablet, disintegrating</i> (hyoscyamine sulfate) 0.125 mg	1	
<i>enulose oral solution 10 gram/15 ml</i> (lactulose)	1	
<i>generlac oral solution 10 gram/15 ml</i> (lactulose)	1	
<i>glycopyrrolate intravenous syringe 1 mg/5 ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	1	
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i> (Oscimin)	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> (Levbid)	1	
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i> (Ed-Spaz)	1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i> (Levsin/SL)	1	
<i>hyosyne oral drops 0.125 mg/ml</i> (hyoscyamine sulfate)	1	
<i>hyosyne oral elixir 0.125 mg/5 ml</i> (hyoscyamine sulfate)	1	
<i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml, 15-20 gram/60 ml</i>	3	
KRISTALOSE ORAL PACKET 10 GRAM (lactulose)	3	
KRISTALOSE ORAL PACKET 20 GRAM	3	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	1	
LEVSIN INJECTION SOLUTION 0.5 MG/ML (hyoscyamine sulfate)	3	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	QL (1 per 1 day)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	3	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	1	
<i>metoclopramide hcl oral tablet, disintegrating 5 mg</i>	1	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	3	QL (1 per 1 day)
MOTOFEN ORAL TABLET 1-0.025 MG	3	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	QL (30 per 30 days)
OICALIVA ORAL TABLET 10 MG, 5 MG	4	PA; LA; QL (1 per 1 day)
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	1	
<i>oscimin oral tablet 0.125 mg</i> (hyoscyamine sulfate)	1	
<i>oscimin sr oral tablet extended release 12 hr 0.375 mg</i> (hyoscyamine sulfate)	1	
<i>propantheline oral tablet 15 mg</i>	1	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	4	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	4	PA
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i> (Buphenyl)	4	PA NSO; LA
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	4	PA
<i>sodium polystyrene (sorb free) oral suspension 15 gram/60 ml</i>	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
SYMPROIC ORAL TABLET 0.2 MG	3	ST
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	1	
VIBERZI ORAL TABLET 100 MG, 75 MG	3	PA
XERMELO ORAL TABLET 250 MG	4	PA; LA
Laxatives		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML	3	ST; QL (320 per 365 days)
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i> (peg 3350-electrolytes)	1	(\$0 copay for age 50-75)
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i> (peg 3350-electrolytes)	1	(\$0 copay for age 50-75)
<i>gavilyte-n oral recon soln 420 gram</i> (peg-electrolyte soln)	1	
<i>laxaclear oral powder 17 gram/dose</i> (polyethylene glycol 3350)	1	
<i>laxative peg 3350 oral powder 17 gram/dose</i> (polyethylene glycol 3350)	1	
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM (peg3350-sod sul-nacl-kcl-asb-c)	3	ST; (\$0 copay for age 50-75)
<i>natura-lax oral powder 17 gram/dose</i> (polyethylene glycol 3350)	1	
OSMOPREP ORAL TABLET 1.5 GRAM	3	ST
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	1	(\$0 copay for age 50-75)
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i> (MoviPrep)	1	
<i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)	1	(\$0 copay for age 50-75)
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	3	ST
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i> (LaxaClear)	1	
<i>polyethylene glycol 3350 oral powder in packet 17 gram</i> (Powderlax)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>polyethylene glycol 3350 oral powder in packet 4 gram, 4.25 gram</i>	1	
<i>polyethylene glycol 3350 oral powder in packet 8.5 gram</i> (Gavilax)	1	
<i>powderlax oral powder 17 gram/dose</i> (polyethylene glycol 3350)	1	
<i>powderlax oral powder in packet 17 gram</i> (polyethylene glycol 3350)	1	
<i>smoothlax oral powder 17 gram/dose</i> (polyethylene glycol 3350)	1	
<i>smoothlax oral powder in packet 17 gram</i> (polyethylene glycol 3350)	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM (sodium,potassium,ma g sulfates)	3	ST; (\$0 copay for age 50-75)
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	3	
<i>trilyte with flavor packets oral recon soln 420 gram</i> (peg-electrolyte soln)	1	(\$0 copay for age 50-75)
Phosphate Binders		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i> (Fosrenol)	1	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	3	
RENAGEL ORAL TABLET 800 MG (sevelamer hcl)	2	
RENVELA ORAL TABLET 800 MG (sevelamer carbonate)	2	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	1	
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	2	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet</i> 10 mg, 25 mg, 5 mg, 50 mg	1	
<i>darifenacin oral tablet extended</i> <i>release 24 hr 15 mg, 7.5 mg</i>	1	ST
<i>fesoterodine oral tablet extended</i> (Toviaz) <i>release 24 hr 4 mg, 8 mg</i>	1	
<i>flavoxate oral tablet 100 mg</i>	1	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	3	ST
GEMTESA ORAL TABLET 75 MG	3	ST; QL (30 per 30 days)
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	3	ST; QL (300 per 30 days); AGE (Min 3 Years and Max 17 Years)
MYRBETRIQ ORAL TABLET (mirabegron) EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	ST; QL (30 per 30 days)
<i>oxybutynin chloride oral syrup 5</i> <i>mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 2.5</i> <i>mg, 5 mg</i>	1	
<i>oxybutynin chloride oral tablet</i> <i>extended release 24hr 10 mg, 15</i> <i>mg, 5 mg</i>	1	
<i>solifenacin oral tablet 10 mg, 5</i> (Vesicare) <i>mg</i>	2	ST
<i>tolterodine oral capsule,extended</i> (Detrol LA) <i>release 24hr 2 mg, 4 mg</i>	1	ST
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	1	ST
TOVIAZ ORAL TABLET (fesoterodine) EXTENDED RELEASE 24 HR 4 MG, 8 MG	3	ST
<i>tropium oral capsule,extended</i> <i>release 24hr 60 mg</i>	1	ST
<i>tropium oral tablet 20 mg</i>	1	ST

Drug Name	Drug Tier	Requirements/Limits
VESICARE LS ORAL SUSPENSION 1 MG/ML	3	ST
VESICARE ORAL TABLET 10 MG, 5 MG (solifenacin)	3	ST
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	1	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	1	ST
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	1	ST
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	
<i>hyophen oral tablet 81.6-0.12-10.8 mg</i>	1	
<i>phenazopyridine oral tablet 100 mg</i> (Pyridium)	1	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG (silodosin)	3	ST
<i>silodosin oral capsule 4 mg, 8 mg</i> (Rapaflo)	3	
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>uro-mp oral capsule 118-10-40.8-36 mg</i>	1	
<i>ustell oral capsule 120-0.12 mg</i>	1	
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CHEMET ORAL CAPSULE 100 MG	3	
<i>clovique oral capsule 250 mg</i> (trientine)	1	
<i>deferasirox oral tablet 360 mg, 90 mg</i> (Jadenu)	4	PA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> (Exjade)	4	PA; LA
<i>deferiprone oral tablet 1,000 mg</i> (Ferriprox)	1	PA
<i>deferiprone oral tablet 500 mg</i> (Ferriprox)	3	PA

Drug Name	Drug Tier	Requirements/Limits
<i>deferoxamine injection recon soln</i> 2 gram	1	
<i>deferoxamine injection recon soln</i> (Desferal) 500 mg	1	
DEPEN TITRATABS ORAL (penicillamine) TABLET 250 MG	3	LA
<i>d-penamine oral tablet 125 mg</i>	3	
EXJADE ORAL TABLET, (deferasirox) DISPERSIBLE 125 MG, 250 MG, 500 MG	4	PA; LA
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	3	PA; LA
FERRIPROX ORAL SOLUTION 100 MG/ML	3	PA; LA
FERRIPROX ORAL TABLET (deferiprone) 1,000 MG, 500 MG	3	PA; LA
<i>penicillamine oral capsule 250 mg</i> (Cuprimine)	4	PA
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	3	
<i>trientine oral capsule 250 mg</i> (Syprine)	1	
<i>trientine oral capsule 500 mg</i>	1	
Hormonal Agents, Stimulant/Replacement/Mod ifying		
Androgens		
ANADROL-50 ORAL TABLET 50 MG	3	PA
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	3	PA; QL (1 per 1 day)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
METHITEST ORAL TABLET 10 (methyltestosterone) MG	3	PA
<i>methyltestosterone oral capsule 10 mg</i>	1	PA
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone cypionate</i> (Depo-Testosterone) <i>intramuscular oil 100 mg/ml, 200 mg/ml</i>	0	QL (10 per 30 days)
<i>testosterone enanthate</i> <i>intramuscular oil 200 mg/ml</i>	1	QL (5 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram lactuation</i>	3	PA; QL (4 per 1 day)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1 %)</i> (Vogelxo)	2	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	2	PA; QL (5 per 1 day)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1.62 % (40.5 mg/2.5 gram)</i> (AndroGel)	2	PA; QL (5 per 1 day)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i> (AndroGel)	2	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i> (AndroGel)	2	PA; QL (2.5 per 1 day)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	2	PA; QL (6 per 1 day)
Estrogens And Antiestrogens		
<i>amabelz oral tablet 0.5-0.1 mg</i> (estradiol-norethindrone acet)	1	
<i>amabelz oral tablet 1-0.5 mg</i> (estradiol-norethindrone acet)	1	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	3	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	3	QL (1 per 7 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	3	QL (2 per 7 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dotti transdermal patch</i> (estradiol) <i>semiweekly 0.025 mg/24 hr,</i> <i>0.0375 mg/24 hr, 0.05 mg/24 hr,</i> <i>0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	
DUAVEE ORAL TABLET 0.45-20 MG	3	
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	3	
<i>estradiol oral tablet 0.5 mg, 1 mg,</i> (Estrace) <i>2 mg</i>	0	
<i>estradiol transdermal gel in</i> (Divigel) <i>packet 0.25 mg/0.25 gram (0.1</i> <i>%), 0.5 mg/0.5 gram (0.1 %), 0.75</i> <i>mg/0.75 gram (0.1%), 1 mg/gram</i> <i>(0.1 %), 1.25 mg/1.25 gram (0.1</i> <i>%)</i>	1	QL (30 per 30 days)
<i>estradiol transdermal patch</i> (Dotti) <i>semiweekly 0.025 mg/24 hr,</i> <i>0.0375 mg/24 hr, 0.05 mg/24 hr,</i> <i>0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	
<i>estradiol transdermal patch</i> (Climara) <i>weekly 0.025 mg/24 hr, 0.0375</i> <i>mg/24 hr, 0.05 mg/24 hr, 0.06</i> <i>mg/24 hr, 0.075 mg/24 hr, 0.1</i> <i>mg/24 hr</i>	0	
<i>estradiol vaginal cream 0.01 %</i> (Estrace) <i>(0.1 mg/gram)</i>	1	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvafem)	1	
<i>estradiol valerate intramuscular</i> (Delestrogen) <i>oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet oral</i> <i>tablet 0.5-0.1 mg</i>	0	
<i>estradiol-norethindrone acet oral</i> (Mimvey) <i>tablet 1-0.5 mg</i>	0	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	3	QL (1 per 84 days)
<i>fyavolv oral tablet 0.5-2.5 mg-</i> <i>mcg, 1-5 mg-mcg</i> (norethindrone ac-eth estradiol)	1	
<i>jinteli oral tablet 1-5 mg-mcg</i> (norethindrone ac-eth estradiol)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lyllana transdermal patch</i> (estradiol) <i>semiweekly 0.025 mg/24 hr,</i> <i>0.0375 mg/24 hr, 0.05 mg/24 hr,</i> <i>0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	3	QL (1 per 7 days)
<i>mimvey oral tablet 1-0.5 mg</i> (estradiol- norethindrone acet)	1	
MINIVELLE 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	3	QL (2 per 7 days)
<i>norethindrone ac-eth estradiol</i> (Fyavolv) <i>oral tablet 0.5-2.5 mg-mcg, 1-5</i> <i>mg-mcg</i>	1	
PREFEST ORAL TABLET 1 MG (15)/1 MG- 0.09 MG (15)	3	
PREMARIN INJECTION RECON SOLN 25 MG	2	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	2	
PREMARIN ORAL TABLET 0.625 (conjugated MG, 1.25 MG estrogens)	2	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG- 5MG(14)	2	
PREMPRO ORAL TABLET 0.3- 1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	
<i>raloxifene oral tablet 60 mg</i> (Evista)	0	QL (1 per 1 day)
<i>yuvaferm vaginal tablet 10 mcg</i> (estradiol)	1	
Glucocorticoids/Mineralocorticoids		
<i>a-hydrocort injection recon soln</i> (hydrocortisone sod <i>100 mg succinate)</i>	3	
<i>betamethasone acet,sod phos</i> (Celestone Soluspan) <i>injection suspension 6 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cortisone oral tablet 25 mg</i>	3	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	3	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	3	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	3	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml</i>	3	
<i>dexamethasone sodium phosphate injection solution 4 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	1	
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	1	
<i>hydrocortisone sod succinate injection recon soln 100 mg</i> (Solu-Cortef)	3	
KENALOG INJECTION SUSPENSION 10 MG/ML (triamcinolone acetonide)	3	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> (Depo-Medrol)	1	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	1	
<i>methylprednisolone oral tablet 32 mg</i>	1	
<i>methylprednisolone oral tablets, dose pack 4 mg</i> (Medrol (Pak))	1	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone sodium succ</i> (Solu-Medrol) <i>intravenous recon soln 1,000 mg</i>	1	
MILLIPRED ORAL TABLET 5 MG (prednisolone)	3	
<i>prednisolone oral tablet 5 mg</i> (Millipred)	1	
<i>prednisolone sodium phosphate</i> <i>oral solution 10 mg/5 ml, 15 mg/5</i> <i>ml (3 mg/ml), 25 mg/5 ml (5</i> <i>mg/ml)</i>	1	
<i>prednisolone sodium phosphate</i> (Veripred 20) <i>oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>prednisolone sodium phosphate</i> (Pediapred) <i>oral solution 5 mg base/5 ml (6.7</i> <i>mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate</i> (Orapred ODT) <i>oral tablet, disintegrating 10 mg,</i> <i>15 mg, 30 mg</i>	1	
PREDNISONO INTENSOL ORAL CONCENTRATE 5 MG/ML	2	
<i>prednisone oral solution 5 mg/5</i> <i>ml</i>	1	
<i>prednisone oral tablet 1 mg, 10</i> <i>mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets, dose pack</i> <i>5 mg</i>	1	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	3	
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM	3	
<i>triamcinolone acetonide injection</i> (Kenalog) <i>suspension 40 mg/ml</i>	1	
VERIPRED 20 ORAL SOLUTION (prednisolone sodium 20 MG/5 ML (4 MG/ML) phosphate)	3	
ZILRETTA INTRA-ARTICULAR SUSPENSION, EXTENDED REL RECON 32 MG	4	PA
Pituitary		
ACTHAR INJECTION GEL 80 UNIT/ML	4	PA; LA

Drug Name	Drug Tier	Requirements/Limits
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	4	PA
CHORIONIC GONADOTROPIN, (Pregnyl) HUMAN INTRAMUSCULAR RECON SOLN 10,000 UNIT	4	PA
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	4	PA
DDAVP INJECTION SOLUTION (desmopressin) 4 MCG/ML	3	
<i>desmopressin injection solution 4 (DDAVP) mcg/ml</i>	1	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral tablet 0.1 mg, (DDAVP) 0.2 mg</i>	1	
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	4	PA; LA; QL (2 per 1 day)
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	4	PA; LA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	4	PA; LA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	4	PA; LA
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	4	PA; LA
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA; LA
<i>lanreotide subcutaneous syringe (Somatuline Depot) 120 mg/0.5 ml</i>	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>lanreotide subcutaneous syringe</i> (Somatuline Depot) <i>60 mg/0.2 ml, 90 mg/0.3 ml</i>	4	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	4	PA; LA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	4	PA; LA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	4	PA; LA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	4	PA; LA
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA; LA
MYCAPSSA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG	4	PA
MYFEMBREE ORAL TABLET 40- 1-0.5 MG	4	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA; LA
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	4	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	4	PA; LA
<i>octreotide acetate injection</i> <i>solution 1,000 mcg/ml, 200</i> <i>mcg/ml</i>	4	PA; LA

Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate injection</i> (Sandostatin) <i>solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	4	PA; LA
<i>octreotide acetate injection</i> <i>syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	4	PA; LA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA; LA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	4	PA; LA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	4	PA
ORLISSA ORAL TABLET 150 MG, 200 MG	4	PA
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT (chorionic gonadotropin, human)	4	PA
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	4	PA; LA
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG	4	PA; LA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG	4	PA; LA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 20 MG, 30 MG (octreotide,microspheres)	4	PA; LA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 6 MG	4	PA; LA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	4	PA; LA

Drug Name	Drug Tier	Requirements/Limits
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	4	PA
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	4	PA; LA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA; LA
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	4	PA; LA
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	4	PA; LA
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PA; LA
VANTAS IMPLANT KIT 50 MG (50 MCG/DAY)	4	PA; LA
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	4	PA; LA
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	4	PA; LA
Progestins		
<i>hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml</i>	4	PA; LA
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	4	PA; LA
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	0	QL (1 per 90 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	0	QL (1 per 90 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	0	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	
<i>norethindrone acetate oral tablet 5 mg</i> (Gallifrey)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>progesterone intramuscular oil 50 mg/ml</i>	1	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	1	
Thyroid And Antithyroid Agents		
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (levothyroxine)	1	
<i>iodopen intravenous solution 100 mcg/ml</i>	3	
<i>levothyroxine intravenous recon soln 100 mcg, 200 mcg, 500 mcg</i>	2	
<i>levothyroxine intravenous solution 100 mcg/ml, 20 mcg/ml, 40 mcg/ml</i>	2	
<i>levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Tirosint)	1	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	1	
<i>levothyroxine oral tablet 300 mcg</i> (Synthroid)	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	1	
<i>liothyronine intravenous solution 10 mcg/ml</i>	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	1	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
<i>sski oral solution 1 gram/ml</i> (potassium iodide)	3	

Drug Name	Drug Tier	Requirements/Limits
SYNTHROID ORAL TABLET 100 (levothyroxine) MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
UNITHROID ORAL TABLET 100 (levothyroxine) MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
Immunological Agents		
Immunological Agents		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	4	PA
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	4	PA; LA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4	PA; LA
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	4	PA
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	4	PA; LA
ASTAGRAF XL ORAL (tacrolimus) CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	4	PA
AZASAN ORAL TABLET 100 (azathioprine) MG, 75 MG	3	
<i>azathioprine oral tablet 100 mg,</i> (Azasan) <i>75 mg</i>	1	
<i>azathioprine oral tablet 50 mg</i> (Imuran)	1	
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	4	PA; LA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	4	PA; LA

Drug Name	Drug Tier	Requirements/Limits
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	4	PA; LA
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	4	PA
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN 500 MG (mycophenolate mofetil (hcl))	4	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	4	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	4	PA; LA; QL (1 per 28 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2)	4	PA; LA; QL (1 per 28 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; LA
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	4	PA
<i>cyclosporine intravenous solution 250 mg/5 ml</i> (Sandimmune)	1	
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	1	
<i>cyclosporine modified oral capsule 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	1	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	4	PA

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	4	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	PA; LA; QL (3.92 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	4	PA; LA; QL (1 per 7 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	4	PA; LA; QL (1 per 7 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	4	PA; LA; QL (2.04 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	4	PA; LA; QL (3.92 per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	PA; LA; QL (3.92 per 28 days)
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	4	PA; LA
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	4	PA
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	4	PA
<i>everolimus (immunosuppressive)</i> (Zortress) <i>oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	4	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	4	PA; LA
<i>gengraf oral capsule 100 mg, 25 mg</i> (cyclosporine modified)	1	
<i>gengraf oral solution 100 mg/ml</i> (cyclosporine modified)	1	

Drug Name	Drug Tier	Requirements/Limits
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO- INJECTOR 40 MG/0.8 ML	4	PA
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	4	PA
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO- INJECTOR 40 MG/0.4 ML	4	PA
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	4	PA; LA
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	4	PA; LA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA
HUMIRA PEN PSOR-UVEITS- ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; LA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; LA
HUMIRA(CF) PEN CROHNS-UC- HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; LA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; LA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	4	PA; LA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	4	PA; LA
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML)	4	PA
HYPERHEP B INTRAMUSCULAR SYRINGE 220 UNIT/ML	4	
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML	4	
HYPERRHO S/D INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG)	4	
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %)	4	PA; LA
HYQVIA SUBCUTANEOUS SOLUTION 2.5 GRAM /25 ML (10 %), 5 GRAM /50 ML (10 %)	4	PA
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	4	PA; LA
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	4	PA; LA
<i>infliximab intravenous recon soln</i> (Remicade) 100 mg	4	PA

Drug Name	Drug Tier	Requirements/Limits
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	4	PA; LA
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	1	
LUPKYNIS ORAL CAPSULE 7.9 MG	4	PA
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE 250 UNIT (50 MCG)	4	
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i> (CellCept Intravenous)	4	
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	1	PA
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	1	
<i>mycophenolate sodium oral tablet, delayed release (drlec) 180 mg, 360 mg</i> (Myfortic)	1	ST
NABI-HB INTRAMUSCULAR SOLUTION GREATER THAN 1,560 UNIT/5 ML, GREATER THAN 312 UNIT/ML	4	PA
NULOJIX INTRAVENOUS RECON SOLN 250 MG	4	PA
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	4	PA
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	4	PA; LA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	4	PA; LA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	4	PA; LA; QL (1 per 7 days)
OTEZLA ORAL TABLET 20 MG, 30 MG	4	PA; LA

Drug Name	Drug Tier	Requirements/Limits
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	4	PA; LA
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	
RAPAMUNE ORAL SOLUTION 1 MG/ML (sirolimus)	4	PA
REMICADE INTRAVENOUS RECON SOLN 100 MG (infliximab)	4	PA; LA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	4	PA
REZUROCK ORAL TABLET 200 MG	4	PA
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG)	4	PA NSO
RHOPHYLAC INJECTION SYRINGE 1,500 UNIT (300 MCG)/2 ML	4	PA NSO
RINVOQ LQ ORAL SOLUTION 1 MG/ML	4	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	4	PA
SANDIMMUNE ORAL SOLUTION 100 MG/ML	3	
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2 ML (150 MG/ML)	4	PA
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML (adalimumab-ryvk)	4	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; LA; QL (1 per 30 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	4	PA; LA; QL (0.5 per 30 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; LA; QL (1 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	4	PA; LA; QL (0.5 per 30 days)
<i>sirolimus oral solution 1 mg/ml</i>	4	PA
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	PA
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	4	PA
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML	4	PA
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	4	PA
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	4	PA
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	4	PA; LA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; LA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; LA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	1	
<i>tacrolimus oral capsule, extended release 24hr 0.5 mg, 1 mg, 5 mg</i> (Astagraf XL)	1	PA
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML	4	PA
TAVNEOS ORAL CAPSULE 10 MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	4	PA
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	4	PA
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	4	PA
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	4	PA; LA
ULTOMIRIS INTRAVENOUS SOLUTION 10 MG/ML, 100 MG/ML	4	PA
WINRHO SDF INJECTION SOLUTION 1,500 UNIT (300 MCG)/1.3 ML, 15000 UNIT(3000 MCG)/13 ML, 2,500 UNIT (500 MCG)/2.2 ML, 5,000 UNIT(1000 MCG)/4.4 ML	4	PA NSO
XELJANZ ORAL SOLUTION 1 MG/ML	4	PA
XELJANZ ORAL TABLET 10 MG, 5 MG	4	PA; LA; QL (2 per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	4	PA; LA
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (everolimus (immunosuppressive))	4	PA
Vaccines		
ABRYSV0 (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	0	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	0	QL (0.5 per 365 days); AGE (Min 7 Years)

Drug Name	Drug Tier	Requirements/Limits
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	0	QL (0.5 per 365 days); AGE (Min 7 Years)
AFLURIA QD 2020-21(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 3 Years)
AFLURIA QD 2020-21(6-35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	0	QL (0.25 per 180 days); AGE (Min 6 Months and Max 35 Months)
AFLURIA QD 2021-22(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
AFLURIA QD 2021-22(6-35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	0	QL (0.5 per 180 days)
AFLURIA QD 2022-23(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
AFLURIA QD 2023-24(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
AFLURIA QUAD 2020-2021(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 6 Months)
AFLURIA QUAD 2021-2022(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
AFLURIA QUAD 2022-2023(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)

Drug Name	Drug Tier	Requirements/Limits
AFLURIA QUAD 2023-2024(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
AFLURIA TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	0	QL (0.5 per 180 days)
AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	0	QL (0.5 per 180 days)
AREXVY ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG	0	
ASTRAZENECA COVID19 VAC(UNAPP) INTRAMUSCULAR SUSPENSION 0.5 ML	0	
AUDENZ (NATIONAL STOCKPILE) INTRAMUSCULAR EMULSION 7.5 MCG/0.5 ML	0	
AUDENZ(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SYRINGE 7.5 MCG/0.5 ML	0	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	0	QL (1 per 365 days); AGE (Min 10 Years)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	0	QL (0.5 per 365 days); AGE (Min 7 Years)
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	0	QL (0.5 per 365 days); AGE (Min 7 Years)
COMIRNATY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 30 MCG/0.3 ML	0	

Drug Name	Drug Tier	Requirements/Limits
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	0	
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	0	
COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	0	
COMIRNATY TRIS VACCINE(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	0	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	0	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	0	QL (3 per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	0	QL (3 per 365 days)
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	0	QL (1.5 per 365 days); AGE (Min 12 Months)
FLUAD 2020-2021 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 65 Years)
FLUAD QUAD 2020-21(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 65 Years)
FLUAD QUAD 2021-22(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLUAD QUAD 2022-23(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)

Drug Name	Drug Tier	Requirements/Limits
FLUAD QUAD 2023-24(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	0	QL (0.5 per 180 days)
FLUARIX QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 6 Months)
FLUARIX QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLUARIX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLUARIX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	0	QL (0.5 per 180 days)
FLUBLOK QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 18 Years)
FLUBLOK QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLUBLOK QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 18 Years)
FLUBLOK QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	0	QL (0.5 per 180 days)

Drug Name	Drug Tier	Requirements/Limits
FLUCELVAX QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 4 Years)
FLUCELVAX QUAD 2020-2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 4 Years)
FLUCELVAX QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLUCELVAX QUAD 2021-2022 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLUCELVAX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLUCELVAX QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLUCELVAX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLUCELVAX QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	0	QL (0.5 per 180 days)
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	0	QL (0.5 per 180 days)

Drug Name	Drug Tier	Requirements/Limits
FLULAVAL QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 6 Months)
FLULAVAL QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLULAVAL QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLULAVAL QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	0	QL (0.5 per 180 days)
FLUMIST QUAD 2020-2021 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	0	QL (1 per 180 days); AGE (Min 2 Years and Max 49 Years)
FLUMIST QUAD 2021-2022 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	0	QL (1 per 180 days); AGE (Min 2 Years and Max 49 Years)
FLUMIST QUAD 2022-2023 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	0	
FLUMIST QUAD 2023-2024 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	0	
FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	0	
FLUZONE HIGHDOSE QUAD 20-21 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	0	QL (0.7 per 180 days); AGE (Min 65 Years)

Drug Name	Drug Tier	Requirements/Limits
FLUZONE HIGHDOSE QUAD 21-22 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	0	QL (1 per 180 days); AGE (Min 65 Years)
FLUZONE HIGHDOSE QUAD 22-23 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	0	QL (0.7 per 180 days); AGE (Min 65 Years)
FLUZONE HIGHDOSE QUAD 23-24 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	0	QL (0.7 per 180 days)
FLUZONE HIGH-DOSE TRIV 24- 25 INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	0	QL (0.5 per 180 days)
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 6 Months)
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 6 Months)
FLUZONE QUAD 2020-2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 6 Months)
FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 6 Months)
FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 6 Months)
FLUZONE QUAD 2021-2022 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days); AGE (Min 6 Months)
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)

Drug Name	Drug Tier	Requirements/Limits
FLUZONE QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLUZONE QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLUZONE QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLUZONE QUAD SOUTH HEM2021(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLUZONE QUAD SOUTH HEM2024(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	
FLUZONE QUAD SOUTHERN HEM 2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	QL (0.5 per 180 days)
FLUZONE QUAD SOUTHERN HEM 2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	0	QL (0.5 per 180 days)
FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	0	QL (0.5 per 180 days)
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	0	QL (1.5 per 365 days); AGE (Min 9 Years and Max 45 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	0	QL (1.5 per 365 days); AGE (Min 9 Years and Max 45 Years)

Drug Name	Drug Tier	Requirements/Limits
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	0	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	0	QL (2 per 365 days); AGE (Min 18 Years)
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	0	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	0	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	0	
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	2	
JANSSEN COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 0.5 ML	0	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	0	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	0	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	0	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	0	QL (0.5 per 365 days); AGE (Min 11 Years and Max 23 Years)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	0	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	0	QL (2 per 365 days)

Drug Name	Drug Tier	Requirements/Limits
MODERNA COVID 23-24(6M-11Y)PF INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML	0	
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	0	
MODERNA COVID BIV BOOSTR(UNAP) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	0	
MODERNA COVID BIVAL(6M UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	0	
MODERNA COVID BIVAL(6M-5Y)-PF INTRAMUSCULAR SUSPENSION 10 MCG/0.2 ML	0	
MODERNA COVID(6-11Y) VAC(DNU) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	0	
MODERNA COVID(6M-5Y) VACC(EUA) INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML	0	
MODERNA COVID-19 (6-11YR)(EUA) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	0	
MODERNA COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML	0	
NOVAVAX COVID 2023-24(PF)(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	0	
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	0	
NOVAVAX COVID-19 VACC,ADJ(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	0	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	0	

Drug Name	Drug Tier	Requirements/Limits
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	0	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	0	
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	0	
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	0	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-48MCG-62DU -10 MCG/0.5ML	0	
PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 62 DU/0.5 ML	0	
PFIZER COVID 2023-24(5Y- 11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	0	
PFIZER COVID 2023-24(6MO- 4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML	0	
PFIZER COVID 2024-25(5Y- 11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	0	
PFIZER COVID 2024-25(6MO- 4Y)PF INTRAMUSCULAR SUSPENSION 3 MCG/0.3 ML	0	

Drug Name	Drug Tier	Requirements/Limits
PFIZER COVID BIVAL(12Y UP)(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	0	
PFIZER COVID BIVAL(5-11YR)(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MCG/0.2 ML	0	
PFIZER COVID BIVAL(6MO-4Y)(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.2 ML	0	
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MCG/0.2 ML, 3 MCG/0.2 ML	0	
PFIZER COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 30 MCG/0.3 ML	0	
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	0	QL (0.5 per 365 days)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	0	QL (0.5 per 365 days)
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	0	QL (3 per 365 days)
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	0	QL (0.5 per 365 days)
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	0	
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	0	

Drug Name	Drug Tier	Requirements/Limits
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3- 3- 3.99 TCID50/0.5	0	QL (2 per 365 days); AGE (Min 12 Months)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	0	QL (3 per 365 days)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	0	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	0	QL (3 per 365 days)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	0	
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	0	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	0	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	0	
SANOFI COVID BOOSTER-AG COMPNT INTRAMUSCULAR EMULSION	0	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	0	QL (2 per 365 days); AGE (Min 50 Years)
SPIKEVAX (PF) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML	0	
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	0	

Drug Name	Drug Tier	Requirements/Limits
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	0	
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	0	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (tetanus-diphtheria toxoids-td)	0	QL (0.5 per 365 days); AGE (Min 7 Years)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	0	QL (0.5 per 365 days); AGE (Min 7 Years)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	0	QL (0.5 per 365 days); AGE (Min 7 Years)
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	0	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	0	QL (0.5 per 365 days); AGE (Min 10 Years)
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	0	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	0	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	0	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	0	QL (2 per 365 days); AGE (Min 12 Months)
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	0	QL (1 per 365 days); AGE (Min 50 Years)

Drug Name	Drug Tier	Requirements/Limits
Inflammatory Bowel Disease Agents		
Inflammatory Bowel Disease Agents		
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	1	PA
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM (mesalamine)	3	
<i>balsalazide oral capsule 750 mg</i> (Colazal)	1	
<i>budesonide oral capsule,delayed,extend.release 3 mg</i>	1	
<i>budesonide oral tablet,delayed and ext.release 9 mg</i> (Uceris)	1	ST
CANASA RECTAL SUPPOSITORY 1,000 MG (mesalamine)	3	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG (mesalamine)	3	
DIPENTUM ORAL CAPSULE 250 MG	3	
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	1	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i> (Delzicol)	3	
<i>mesalamine oral capsule, extended release 500 mg</i> (Pentasa)	1	
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i> (Apriso)	1	
<i>mesalamine oral tablet,delayed release (drlec) 1.2 gram</i> (Lialda)	1	
<i>mesalamine oral tablet,delayed release (drlec) 800 mg</i>	1	
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	1	
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	3	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	

Drug Name		Drug Tier	Requirements/Limits
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	(mesalamine)	2	
<i>sulfasalazine oral tablet 500 mg</i>	(Azulfidine)	1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	(Azulfidine EN-tabs)	1	
UCERIS ORAL TABLET, DELAYED AND EXT. RELEASE 9 MG	(budesonide)	3	ST
Irrigating Solutions			
Irrigating Solutions			
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5- 3-98 MEQ/L		3	
<i>sodium chloride irrigation solution 0.9 %</i>	(Sterile Saline)	1	
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg</i>		1	
<i>alendronate oral tablet 70 mg</i>	(Fosamax)	1	
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	(Miacalcin)	3	PA
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>		1	
<i>calcitriol intravenous solution 1 mcg/ml</i>		1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>		1	
<i>calcitriol oral solution 1 mcg/ml</i>	(Rocaltrol)	1	
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	(Sensipar)	4	PA
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i>	(Hectorol)	4	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>		1	PA

Drug Name	Drug Tier	Requirements/Limits
FORTEO SUBCUTANEOUS PEN (teriparatide) INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	4	PA; LA; QL (2.4 per 28 days)
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	3	
HECTOROL INTRAVENOUS SOLUTION 2 MCG/ML	4	
<i>ibandronate intravenous solution 3 mg/3 ml</i>	1	
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	1	
<i>ibandronate oral tablet 150 mg</i>	1	
MIACALCIN INJECTION (calcitonin (salmon)) SOLUTION 200 UNIT/ML	3	PA
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE	4	PA
NATPARA SUBCUTANEOUS CARTRIDGE 75 MCG/DOSE	4	PA; LA
<i>pamidronate intravenous recon soln 30 mg, 90 mg</i>	4	
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	4	
<i>paricalcitol hemodialysis port injection solution 2 mcg/ml</i>	1	
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION 5 MCG/ML	1	
<i>paricalcitol oral capsule 1 mcg, 2 (Zemplar) mcg</i>	1	PA
<i>paricalcitol oral capsule 4 mcg</i>	1	PA
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	4	PA; LA
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	4	PA; LA
<i>risedronate oral tablet 150 mg (Actonel)</i>	1	ST; QL (1 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate oral tablet 30 mg, 5 mg</i>	1	ST
<i>risedronate oral tablet 35 mg</i> (Actonel)	1	ST; QL (1 per 7 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i> (Atelvia)	1	QL (1 per 7 days)
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG (cinacalcet)	4	PA; LA
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	4	PA
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	4	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	PA; LA
<i>zoledronic acid intravenous recon soln 4 mg</i>	4	PA NSO; LA
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	4	PA NSO; LA
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> (Reclast)	4	PA NSO; LA
<i>zoledronic ac-mannitol-0.9nacl intravenous piggyback 4 mg/100 ml</i>	4	PA NSO; LA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	4	PA; LA
AMVUTTRA SUBCUTANEOUS SYRINGE 25 MG/0.5 ML	4	PA
<i>amytal injection recon soln 500 mg</i>	3	
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	1	
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	4	PA
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	4	PA
CYSTADANE ORAL POWDER 1 GRAM/SCOOP (betaine)	3	LA
<i>dehydrated alcohol injection solution 98 %</i> (ethanol (ethyl alcohol))	1	
<i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i>	4	PA NSO
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	3	
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT	4	PA
ELMIRON ORAL CAPSULE 100 MG	3	
ENDARI ORAL POWDER IN PACKET 5 GRAM (glutamine (sickle cell))	4	PA; LA
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	4	PA
FILSPARI ORAL TABLET 200 MG, 400 MG	4	PA; QL (1 per 1 day)
<i>finasteride oral tablet 1 mg</i> (Propecia)	1	PA
FIRDAPSE ORAL TABLET 10 MG	4	PA
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN 1 MG/ML	3	
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	3	
<i>guanidine oral tablet 125 mg</i>	1	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	
HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML	4	PA

Drug Name	Drug Tier	Requirements/Limits
HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	4	PA
<i>hydroxyzine pamoate oral capsule 100 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 25 mg</i> (Vistaril)	1	
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG	4	PA
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG	4	PA
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	4	PA; LA
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG, 6.25 MG	4	LA
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
<i>levocarnitine oral solution 1 gram/10 ml</i> (Acticarnitine SF)	1	
<i>levocarnitine oral solution 100 mg/ml</i> (Carnitor (sugar-free))	1	
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	1	
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	4	PA; LA
<i>levoleucovorin calcium intravenous solution 10 mg/ml</i>	1	PA; LA
<i>mesna intravenous solution 100 mg/ml</i> (Mesnex)	4	PA NSO
MESNEX ORAL TABLET 400 MG	4	PA
<i>methylene blue (antidote) intravenous solution 1 % (10 mg/ml)</i>	1	
<i>methylergonovine oral tablet 0.2 mg</i>	1	
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	4	PA; LA

Drug Name	Drug Tier	Requirements/Limits
<i>neostigmine methylsulfate</i> (Bloxivierz) <i>intravenous solution 0.5 mg/ml, 1 mg/ml</i>	1	
<i>neostigmine methylsulfate</i> <i>intravenous syringe 3 mg/3 ml (1 mg/ml), 4 mg/4 ml (1 mg/ml)</i>	1	
<i>neostigmine methylsulfate</i> (Bloxivierz) <i>intravenous syringe 5 mg/5 ml (1 mg/ml)</i>	1	
NEXAVIR INJECTION SOLUTION 25.5 MG/ML	3	
<i>nitroglycerin rectal ointment 0.4 %</i> (Rectiv) <i>(w/w)</i>	1	
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	4	PA
ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML	4	PA
OXYTOCIN INJECTION (Pitocin) SOLUTION 10 UNIT/ML	3	
<i>physostigmine salicylate injection</i> <i>solution 1 mg/ml</i>	1	
PROGLYCEM ORAL (diazoxide) SUSPENSION 50 MG/ML	3	
<i>pyridostigmine bromide oral syrup</i> (Mestinon) <i>60 mg/5 ml</i>	3	
<i>pyridostigmine bromide oral tablet</i> <i>30 mg</i>	1	
<i>pyridostigmine bromide oral tablet</i> (Mestinon) <i>60 mg</i>	1	
<i>pyridostigmine bromide oral tablet</i> (Mestinon Timespan) <i>extended release 180 mg</i>	1	
REBYOTA RECTAL ENEMA 150 ML	4	PA
RECORLEV ORAL TABLET 150 MG	4	PA
RECTIV RECTAL OINTMENT 0.4 (nitroglycerin) % (W/W)	3	
REGONOL INJECTION SOLUTION 5 MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
SARAFEM ORAL TABLET 10 (fluoxetine) MG, 20 MG	3	
SKYCLARYS ORAL CAPSULE 50 MG	4	PA NSO; QL (90 per 30 days)
SPINRAZA (PF) INTRATHECAL SOLUTION 12 MG/5 ML	4	PA; LA
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML	4	PA
SYNVISC-ONE INTRA- ARTICULAR SYRINGE 48 MG/6 ML	4	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	4	PA
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	4	PA
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	4	PA
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	4	PA; LA; QL (2 per 1 day)
VEOZAH ORAL TABLET 45 MG	2	PA; QL (1 per 1 day)
VIJOICE ORAL GRANULES IN PACKET 50 MG	4	PA
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	4	PA
VILTEPSO INTRAVENOUS SOLUTION 50 MG/ML	4	PA
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	4	PA
VYONDYS-53 INTRAVENOUS SOLUTION 50 MG/ML	4	PA
VYVGART INTRAVENOUS SOLUTION 20 MG/ML	4	PA
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT	4	PA

Drug Name	Drug Tier	Requirements/Limits
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	4	PA
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection recon soln 500 mg</i>	1	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 % (brimonidine)	3	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (brinzolamide)	3	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %	2	
BETIMOL OPHTHALMIC (EYE) DROPS 0.5 % (timolol)	2	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i> (Alphagan P)	1	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> (Combigan)	3	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i> (Azopt)	1	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 % (brimonidine-timolol)	3	
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 % (dorzolamide-timolol (pf))	3	QL (2 per 1 day)
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide-timolol (pf)</i> (Cosopt (PF)) <i>ophthalmic (eye) dropperette 2-0.5 %</i>	1	QL (2 per 1 day)
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	QL (1 per 12 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	2	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	ST; QL (5 per 30 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	2	
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i> (Zioptan (PF))	1	QL (1 per 1 day)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i> (Istalol)	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 % (travoprost)	3	QL (1 per 12 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	3	ST; QL (5 per 30 days)
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 % (tafluprost (pf))	3	QL (1 per 1 day)

Drug Name		Drug Tier	Requirements/Limits
Replacement Preparations			
Replacement Preparations			
<i>cytra-2 oral solution 500-334 mg/5 ml</i>	(sodium citrate-citric acid)	1	
<i>cytra-3 oral solution 550-500-334 mg/5 ml</i>	(pot,sodium citrate-citric acid)	1	
<i>cytra-k oral solution 1,100-334 mg/5 ml</i>	(potassium citrate-citric acid)	1	
<i>effer-k oral tablet, effervescent 25 meq</i>	(potassium bicarb-citric acid)	1	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	(potassium chloride)	1	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	(potassium chloride)	3	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	(potassium chloride)	1	
<i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i>		1	
<i>magnesium sulfate in water intravenous piggyback 4 gram/50 ml (8 %)</i>		1	
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>		1	
<i>phospha 250 neutral oral tablet 250 mg</i>	(sod phos di, mono-k phos mono)	1	
<i>phosphorous oral tablet 250 mg</i>	(sod phos di, mono-k phos mono)	1	
<i>potassium acetate intravenous solution 2 meq/ml</i>		1	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml</i>		1	
<i>potassium chloride intravenous solution 2 meq/ml</i>		1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>		1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>		1	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride oral packet 20 meq</i> (Klor-Con)	1	
<i>potassium chloride oral tablet extended release 10 meq</i> (Klor-Con 10)	1	
<i>potassium chloride oral tablet extended release 15 meq</i>	1	
<i>potassium chloride oral tablet extended release 20 meq</i> (K-Tab)	1	
<i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8)	1	
<i>potassium chloride oral tablet, er particles/crystals 10 meq</i> (Klor-Con M10)	1	
<i>potassium chloride oral tablet, er particles/crystals 15 meq</i> (Klor-Con M15)	1	
<i>potassium chloride oral tablet, er particles/crystals 20 meq</i> (Klor-Con M20)	1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	1	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	1	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>	1	
<i>potassium citrate-citric acid oral solution 1,100-334 mg/5 ml</i> (Cytra-K)	1	
<i>sodium acetate intravenous solution 2 meq/ml</i>	1	
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	1	
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	1	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	1	
<i>sodium chloride intravenous solution 4 meq/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
sodium citrate-citric acid oral solution 500-334 mg/5 ml (Cytra-2)	1	
tricitrates oral solution 550-500-334 mg/5 ml (pot,sodium citrate-citric acid)	1	
zinc sulfate oral capsule 50 mg zinc (220 mg) (Orazinc)	1	
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (fluticasone propion-salmeterol)	2	QL (60 per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (fluticasone propion-salmeterol)	2	QL (12 per 30 days)
ARNUIITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	ST; QL (30 per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	2	QL (1 per 14 days)

Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (fluticasone furoate-vilanterol)	2	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	2	QL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i> (Pulmicort)	1	QL (60 per 15 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i> (Pulmicort)	1	QL (60 per 30 days)
<i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation</i>	1	QL (2 per 1 day)
<i>fluticasone propionate inhalation blister with device 250 mcg/actuation</i>	1	QL (4 per 1 day)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	1	QL (12 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	1	QL (24 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	1	QL (21.2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	2	QL (1 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	QL (21.2 per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION (budesonide-formoterol)	2	QL (10.2 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Antileukotrienes		
montelukast oral granules in packet 4 mg (Singulair)	1	
montelukast oral tablet 10 mg (Singulair)	1	
montelukast oral tablet, chewable 4 mg, 5 mg (Singulair)	1	
zafirlukast oral tablet 10 mg, 20 mg (Accolate)	1	
zileuton oral tablet, er multiphase 12 hr 600 mg	1	
Bronchodilators		
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (Ventolin HFA)	1	
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	1	
albuterol sulfate oral syrup 2 mg/5 ml	1	
albuterol sulfate oral tablet 2 mg, 4 mg	1	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	1	
aminophylline intravenous solution 250 mg/10 ml, 500 mg/20 ml	1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	
arformoterol inhalation solution for nebulization 15 mcg/2 ml (Brovana)	3	QL (60 per 15 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	2	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	2	ST; QL (10.7 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
BROVANA INHALATION (arformoterol) SOLUTION FOR NEBULIZATION 15 MCG/2 ML	3	QL (60 per 15 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	
<i>elixophyllin oral elixir 80 mg/15 ml</i> (theophylline)	2	
<i>formoterol fumarate inhalation</i> (Perforomist) <i>solution for nebulization 20 mcg/2</i> <i>ml</i>	2	QL (120 per 30 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	3	ST; QL (30 per 30 days)
<i>ipratropium bromide inhalation</i> <i>solution 0.02 %</i>	1	
<i>ipratropium-albuterol inhalation</i> <i>solution for nebulization 0.5 mg-3</i> <i>mg(2.5 mg base)/3 ml</i>	1	
<i>levalbuterol hcl inhalation solution</i> <i>for nebulization 0.31 mg/3 ml,</i> <i>0.63 mg/3 ml, 1.25 mg/0.5 ml,</i> <i>1.25 mg/3 ml</i>	1	
<i>levalbuterol tartrate inhalation hfa</i> (Xopenex HFA) <i>aerosol inhaler 45 mcg/actuation</i>	1	
PERFOROMIST INHALATION (formoterol fumarate) SOLUTION FOR NEBULIZATION 20 MCG/2 ML	2	QL (120 per 30 days)
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 90 MCG/ACTUATION	1	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	1	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	QL (28 per 14 days)

Drug Name	Drug Tier	Requirements/Limits
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER (tiotropium bromide) INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	QL (1 per 1 day)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	2	QL (4 per 30 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	1	PA
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	3	
<i>theophylline in dextrose 5 % intravenous parenteral solution 400 mg/250 ml</i>	1	
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200- 62.5-25 MCG	2	ST
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	3	ST; QL (1 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Respiratory Tract Agents, Other		
<i>acetylcysteine intravenous solution 200 mg/ml (20 %)</i> (Acetadote)	1	
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	4	PA; LA
DALIRESP ORAL TABLET 250 MCG, 500 MCG (roflumilast)	3	PA; QL (1 per 1 day)
<i>doxapram intravenous solution 20 mg/ml</i> (Dopram)	1	
ESBRIET ORAL CAPSULE 267 MG (pirfenidone)	4	PA
ESBRIET ORAL TABLET 267 MG, 801 MG (pirfenidone)	4	PA
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)	4	PA; LA
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG	4	PA
KALYDECO ORAL GRANULES IN PACKET 50 MG	4	PA; LA; QL (2 per 1 day)
KALYDECO ORAL GRANULES IN PACKET 75 MG	4	PA; LA
KALYDECO ORAL TABLET 150 MG	4	PA; LA; QL (2 per 1 day)
<i>nebulal inhalation solution for nebulization 3 %</i> (sodium chloride)	1	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	4	PA; LA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA
OFEV ORAL CAPSULE 100 MG, 150 MG	4	PA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	4	PA; LA

Drug Name	Drug Tier	Requirements/Limits
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; LA
<i>pirfenidone oral tablet 267 mg, 801 mg</i> (Esbriet)	4	PA
<i>pirfenidone oral tablet 534 mg</i>	4	PA
<i>roflumilast oral tablet 250 mcg, 500 mcg</i> (Daliresp)	1	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %</i>	1	
<i>sodium chloride inhalation solution for nebulization 3 %</i> (NebuSal)	1	
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/150 MG (N), 50-75 MG (D)/75 MG (N)	4	PA
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	4	PA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	4	PA
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	4	PA
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	4	PA; LA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	4	PA
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>atracurium intravenous solution 10 mg/ml</i>	1	
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	
<i>baclofen oral tablet 15 mg</i>	1	
<i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	1	
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	1	QL (8 per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cisatracurium intravenous solution (Nimbex) 2 mg/ml</i>	1	
COMFORT PAC-CYCLOBENZAPRINE KIT 10 MG	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
<i>dantrolene intravenous recon soln (Revonto) 20 mg</i>	1	
<i>dantrolene oral capsule 25 mg (Dantrium)</i>	1	
<i>dantrolene oral capsule 50 mg</i>	1	
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	
LORZONE ORAL TABLET 375 MG, 750 MG (chlorzoxazone)	3	
<i>metaxall oral tablet 800 mg (metaxalone)</i>	1	
<i>metaxalone oral tablet 800 mg</i>	1	
<i>methocarbamol injection solution (Robaxin) 100 mg/ml</i>	1	
<i>methocarbamol oral tablet 1,000 mg (Tanlor)</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate injection solution 30 mg/ml</i>	1	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	
<i>revonto intravenous recon soln 20 mg (dantrolene)</i>	1	
<i>tanlor oral tablet 1,000 mg (methocarbamol)</i>	1	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg (Zanaflex)</i>	1	
<i>tizanidine oral tablet 2 mg</i>	1	
<i>tizanidine oral tablet 4 mg (Zanaflex)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	1	PA
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	ST; QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	1	ST; QL (1 per 1 day)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	4	PA
HETLIOZ ORAL CAPSULE 20 MG (tasimelteon)	4	PA; LA
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	1	PA
NEMBUTAL SODIUM INJECTION SOLUTION 50 MG/ML (pentobarbital sodium)	3	
<i>pentobarbital sodium injection solution 50 mg/ml</i>	1	
QUVIVIQ ORAL TABLET 25 MG, 50 MG	3	PA
XYREM ORAL SOLUTION 500 MG/ML (sodium oxybate)	4	PA; LA
XYWAV ORAL SOLUTION 0.5 GRAM/ML	4	PA
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL (1 per 1 day)
<i>zolpidem oral capsule 7.5 mg</i>	1	QL (1 per 1 day)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	1	QL (1 per 1 day)
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	1	ST; QL (1 per 1 day)
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	1	ST
Vasodilating Agents		
Vasodilating Agents		
ADCIRCA ORAL TABLET 20 MG (tadalafil (pulm. hypertension))	4	PA; LA

Drug Name	Drug Tier	Requirements/Limits
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; LA
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	4	PA
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	4	PA
CIALIS ORAL TABLET 2.5 MG, 5 MG (tadalafil)	3	PA; QL (1 per 1 day)
<i>epoprostenol intravenous recon soln 0.5 mg, 1.5 mg</i> (Veletri)	4	PA; LA
LETAIRIS ORAL TABLET 10 MG, 5 MG (ambrisentan)	4	PA; LA
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML (treprostinil sodium)	4	PA; LA
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	1	PA; QL (3 per 1 day)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Adcirca)	4	PA; LA
<i>tadalafil oral tablet 2.5 mg</i>	4	PA; LA
<i>tadalafil oral tablet 20 mg, 5 mg</i> (Cialis)	4	PA; LA
TRACLEER ORAL TABLET 125 MG, 62.5 MG (bosentan)	4	PA; LA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	4	PA; LA
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (Remodulin)	4	PA; LA
VELETRI INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG (epoprostenol)	4	PA; LA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	4	PA; LA
Vitamins And Minerals		
Vitamins And Minerals		
<i>cholecalciferol (vitamin d3) oral capsule 25 mcg (1,000 unit), 50 mcg (2,000 unit)</i> (Vitamin D3)	0	AGE (Min 65 Years)

Drug Name		Drug Tier	Requirements/Limits
<i>cholecalciferol (vitamin d3) oral tablet 25 mcg (1,000 unit)</i>	(Vitamin D3)	0	AGE (Min 65 Years)
<i>cholecalciferol (vitamin d3) oral tablet 50 mcg (2,000 unit)</i>	(D3 DOTS)	0	AGE (Min 65 Years)
<i>cholecalciferol (vitamin d3) oral tablet,chewable 10 mcg (400 unit)</i>	(Kids Vitamin D3)	0	AGE (Min 65 Years)
<i>d3 dots oral tablet 50 mcg (2,000 unit)</i>	(cholecalciferol (vitamin d3))	0	AGE (Min 65 Years)
<i>delta d3 oral tablet 10 mcg (400 unit)</i>	(cholecalciferol (vitamin d3))	0	AGE (Min 65 Years)
<i>fe c plus oral tablet 100-250-25-1 mg-mg-mcg-mg</i>		1	
FERAHEME INTRAVENOUS SOLUTION 510 MG/17 ML (30 MG/ML)	(ferumoxytol)	4	PA
<i>ferocon oral capsule 110-0.5 mg</i>		1	
<i>ferraplus 90 oral tablet 90-1-12-120-50 mg-mg-mcg-mg-mg</i>		3	
<i>ferrex 150 forte plus oral capsule 150-60-25-1 mg-mg-mcg-mg</i>	(iron aspgly,ps-c-b12-fa-ca-suc)	3	
FERRLECIT INTRAVENOUS SOLUTION 62.5 MG/5 ML	(sodium ferric gluconat-sucrose)	4	PA
<i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i>	(Fe-Vite)	0	AGE (Min 6 Months and Max 12 Months)
<i>fe-vite oral drops 15 mg iron (75 mg)/ml</i>	(ferrous sulfate)	0	AGE (Min 6 Months and Max 12 Months)
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	(SoluVita)	0	AGE (Min 6 Months and Max 72 Months)
<i>folbee oral tablet 2.5-25-1 mg</i>	(folic acid-vit b6-vit b12)	1	
<i>folbic oral tablet 2.5-25-2 mg</i>	(folic acid-vit b6-vit b12)	1	
<i>folic acid injection solution 5 mg/ml</i>		3	
<i>folic acid oral tablet 1 mg</i>		1	
<i>folic acid oral tablet 400 mcg</i>		0	
<i>folic acid oral tablet 800 mcg</i>		0	
<i>folivane-f oral capsule 125-1-40-3 mg</i>		3	

Drug Name	Drug Tier	Requirements/Limits
<i>hematogen fa oral capsule 200-250-0.01-1 mg</i>	3	
<i>hematogen forte oral capsule 460-60-0.01-1 mg</i>	1	
<i>iferex 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	1	
INFED INJECTION SOLUTION (iron dextran) 50 MG/ML	4	PA
INJECTAFER INTRAVENOUS SOLUTION 50 MG IRON/ML	4	PA; LA
IROSPAN 24/6 ORAL TABLET 65 MG-65 MG -1,000 MCG (24)	3	
<i>liquid multivitamin oral liquid 9 mg iron/ 15 ml (15 ml)</i> (multivit-min-ferrous gluconate)	1	
MONOFERRIC INTRAVENOUS SOLUTION 100 MG IRON/ML	4	PA
<i>multigen oral tablet 70 mg-150 mg-10 mcg-2 mg-75 mg</i> (iron aspgly-c-b12-ca-suc-stoma)	3	
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml</i>	0	AGE (Min 6 Months and Max 72 Months)
<i>multi-vitamin with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	0	AGE (Min 6 Months and Max 72 Months)
<i>myferon 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	1	
NESTABS ONE ORAL CAPSULE 38-1-225 MG	3	
<i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	1	
<i>prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg</i> (pnv, calcium 72-iron-folic acid)	3	
SE-NATAL-19 ORAL TABLET 29 MG IRON- 1 MG	3	
<i>thera-d oral tablet 50 mcg (2,000 unit)</i> (cholecalciferol (vitamin d3))	0	AGE (Min 65 Years)
VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML, 200 MG IRON/10 ML, 50 MG IRON/2.5 ML	4	PA

Drug Name	Drug Tier	Requirements/Limits
VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT) (cholecalciferol (vitamin d3))	0	AGE (Min 65 Years)
<i>vitamin d3 oral capsule 25 mcg (1,000 unit)</i> (cholecalciferol (vitamin d3))	0	AGE (Min 65 Years)
<i>vitamin d3 oral capsule 50 mcg (2,000 unit)</i> (cholecalciferol (vitamin d3))	0	AGE (Min 65 Years)
<i>vitamin d3 oral tablet 10 mcg (400 unit)</i> (cholecalciferol (vitamin d3))	0	AGE (Min 65 Years)
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