



# Student Formulary

**This formulary applies to the following CA plan issued by**

**Wellfleet Group, LLC dba Wellfleet Administrators, LLC:**

University of California Berkeley

Visit [www.wellfleetstudent.com](http://www.wellfleetstudent.com) and search for your school to locate plan-specific coverage documents.

For an electronic version of this document visit: <http://wellfleetrx.com>

To contact customer service please call: (877) 640-7940

*Drug list created 1/1/2019. Updated 7/1/2022. Next planned update 1/1/2023. All Previous versions of this document are no longer active or in effect.*

*The Wellfleet Rx Student Formulary is proprietary to Wellfleet Group, LLC and protected by applicable copyright, trademark, and trade secrets laws.*

*Information contained therein may not be published, distributed, or reproduced, in part or whole, without express written consent of Wellfleet Group, LLC.*

This document represents the efforts of the Remedy-One Pharmacy and Therapeutics (P&T) and Formulary Committees, on behalf of Wellfleet Rx, a pharmacy solution provided by Wellfleet Group, LLC (Wellfleet), in collaboration with Express Scripts (ESI), to provide physicians and pharmacists with a method to evaluate the safety, efficacy and cost-effectiveness of commercially available drug products. This is accomplished through the auspices of the P&T Committees with input from Wellfleet and its Student Health Advisory Board. These committees meet quarterly and more often as warranted to ensure clinical relevancy of the Formulary. To accommodate changes to this document, updates are made accessible as necessary. The P&T Committees use the following criteria in the evaluation of drug selection for the Student Formulary:

- Drug safety profile
- Drug efficacy
- Comparison of relevant therapeutic benefits to current formulary agents of similar use, and to minimize therapeutic duplication where possible
- Cost-effectiveness relative to comparable therapies

As used in this document, the terms defined below have the following meanings.

- “Brand name drug” means a drug that is marketed under a proprietary, trademark-protected name. A brand name drug is listed in this formulary in all CAPITAL letters.
- “Coinsurance” means a percentage of the cost of a covered health care benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.
- “Copayment” means a fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible, if a deductible applies to the health care benefit.
- “Deductible” means the amount you pay for covered health care benefits that are subject to the deductible before your health insurer begins to pay. If your health insurance policy has a deductible, it may have either one deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. Your insurance company pays the rest.
- “Drug Tier” means a group of prescription drugs that correspond to a specified cost sharing tier in your health insurance policy. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.
- “Exception request” means a request for coverage of a non-formulary drug. If you, your designee, or your prescribing health care provider submits a request for coverage of a non-formulary drug, your insurer must cover the non-formulary drug when it is medically necessary for you to take the drug.
- “Exigent circumstances” means when you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.
- “Formulary” or “prescription drug list” means the list of drugs that is covered by your health insurance policy under the prescription drug benefit of the policy.
- “Generic drug” means a drug that is the same as its brand name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in this formulary in italicized lowercase letters.

- “Medically Necessary” means health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Health insurance usually does not cover health care benefits that are not medically necessary.
- “Non-formulary drug” means a prescription drug that is not listed on this formulary.
- “Out-of-pocket costs” means your expenses for health care benefits that aren't reimbursed by your health insurance. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.
- “Prescribing provider” means a health care provider who can write a prescription for a drug to diagnose, treat, or prevent a medical condition.
- “Prescription” means an oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.
- “Prescription drug” means a drug that by law requires a prescription.
- “Prior Authorization” means a decision by your health insurer that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in this formulary, your prescribing provider must request approval from your health insurer to cover the drug before you fill your prescription. Your health insurer must grant a prior authorization request when it is medically necessary for you to take the drug.
- “Step therapy” means a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition. If your prescribing provider submits a request for an exception to the step therapy requirement, your health insurer must grant the request when it is medically necessary for you to take the drug.

### How to Use the Formulary

The Formulary is a list of medications available to Wellfleet Rx members under their pharmacy benefit. All drugs are listed by their generic names or most common proprietary (branded) name. Any drugs not found in this formulary listing or any formulary updates published by Wellfleet Rx are considered non-formulary drugs and require prior authorization.

All drugs are listed in each category in alphabetical order by generic or brand name. If the generic drug is FDA approved, it will appear *italicized* in the formulary listing. Covered brand drugs appear in CAPITALIZED font. See the table below for an example of this formatting:

ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ABECMA INTRAVENOUS SUSPENSION 300X10EXP6 TO 460X10EXP6 CELL	3	PA; SP
<i>abiraterone oral tablet 250 mg, 500 mg</i>	1	SP; Och; QL

Some drugs on the formulary have certain process requirements or limitations for coverage. These are denoted by:

Symbol	Name	Description
Age	Age Edit	Drug may not be recommended for some patients based on age.
OCh	Oral Chemotherapy	Drug subject to a maximum cost sharing amount of \$250.
PA	Prior Authorization	Requires your doctor to request prior authorization to support use of this drug.
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period.
SP	Specialty	Subject to Specialty tier Copay. Pharmaceutical, biotech or biological drugs that are used in the management of chronic, orphan or rare diseases and has a monthly cost $\geq$ \$670 for a 30-day supply. These injectable or non-injectable medications may possess more than one of the following attributes: <ul style="list-style-type: none"> <li>• Requires specialized storage, distribution, and/or handling</li> <li>• Frequent dosing adjustments and clinical monitoring to decrease potential for drug toxicity and improve clinical outcomes</li> <li>• Involves additional patient education, adherence, and/or support</li> <li>• May include generic or biosimilar products</li> <li>• Limited or exclusive drug distribution restrictions</li> </ul>
ST	Step Therapy	Coverage may depend on previous use of another drug.
ACA	ACA Preventative Medications	ACA Preventative Medications. These products will have \$0 cost-share for specific populations.
Opioid	Opioid Medications	These medications have additional limitations and rules. See below under 'Opioid Medications' for more information.

Please note that a drug's presence on the formulary, no matter the tier, does not guarantee that it will be prescribed for any particular medical condition.

### Benefit Coverage and Limitations

This printed Formulary does not provide information regarding the specific coverage and limitations an individual member may have. Many members have specific benefit inclusions, exclusions, or a lack of coverage, which are not reflected in the Formulary. For example, drugs for the treatment of infertility may not be covered. Refer to your benefit summary for more information regarding your specific coverage.

Medications covered under the plan are subject to copay or coinsurance depending on the specific benefit design, type of medication and tier of the medication. Each plan is divided into a 3 Tier copay structure and has a separate copay for Specialty medications. Below is a table divided by plans in the state of California that lists specific copays. Tier 1 medications are preferred formulary generic medications, Tier 2 medications are preferred formulary brand medications and high cost generics, and Tier 3 medications are non-preferred formulary brand and generic as well as excluded.

The Patient Protection and Affordable Care Act (PPACA), commonly known as health care reform, was signed into federal law in 2010. The PPACA established a package of items and services known as essential health benefits, which includes preventative services and medications. As of 2014, certain health plans are required to cover recommended preventive services and medications without charging a copayment, coinsurance or deductible. Wellfleet Rx has developed a list of medications and coverage criteria to support preventive medication requirements based on the recommendations of the U.S. Preventive Services Task Force (USPSTF) and the Centers for Disease Control and Prevention (CDC) to be covered under the pharmacy benefit. Recommendations from USPSTF and the CDC can occur at any time and health plans have specified timelines to implement these recommendations to be compliant with federal law. Plans that meet the definition of a “grandfathered” plan are not subject to PPACA’s Essential Health Benefit requirements. Under the Affordable Care Act (ACA), plans are required to cover USPSTF preventive recommendations that have an A or B rating. Medications covered under this provision are denoted \$0 in the “Drug Tier” column. Coverage for these medications can be acquired by following the steps below in the section marked “How to obtain a Prescription with Your Benefit.”

For members utilizing disability policies, under California State law, the following equipment and supplies for the management and treatment of insulin-using diabetes, non-insulin using diabetes, and gestational diabetes are required to be covered, as medically necessary: blood glucose monitors and blood glucose strips; blood glucose monitors designed to assist the visually impaired; ketone urine testing strips; lancets and lancet puncture devices; pen delivery systems for the administration of insulin; podiatric devices to prevent or treat diabetes-related complications; insulin syringes; visual aids, excluding eyewear, to assist the visually impaired with proper dosing of insulin. Additionally, the following prescriptions are required to be covered as medically necessary: insulin; prescription medications for the treatment of diabetes; and glucagon. Coverage for outpatient self-management training, education, and medical nutrition therapy necessary to enable the member to properly utilize the equipment, supplies, and medication provided by appropriately licensed or registered health care professional is also required

For members utilizing disability policies, under California State law, the following is required to be covered: all FDA-approved, contraceptive drugs, devices, and other contraceptive products, including all FDA-approved contraceptive drugs, devices, and products available over the counter, as prescribed by the member’s health care provider; voluntary sterilization procedures, patient education and counseling on contraception; follow-up services related to the drugs, devices, products, and procedures including management of side-effects, counseling for continued adherence, and device insertion and removal; and up to a 12-month supply of FDA-approved, self-administered hormonal contraceptives are required to be covered.

#### Maximum Cost Sharing by Drug Tier

Plan	Fulfillment Channels	Tier 1 – Preferred Generics	Tier 2 – Preferred Brand - High Cost Generics (HCG)	Tier 3 – Non-preferred Medications	Specialty Medications*
University of California Berkeley	Tang Center Pharmacy	Copays Waived	\$25	\$40	\$75
	Participating Retail	\$20	\$40	\$60	\$250 Copay or 20% (whichever is less)

\*Specialty medications are marked with an “SP” symbol in the Notes column of the drug list. Specialty medications may be obtained at participating pharmacies that carry them. Note that for oral antineoplastic medications, a copay over \$250 is not permissible per CA state law

The Formulary applies only to outpatient drugs provided to members and does not apply to medications used in inpatient settings. Medications used in an inpatient setting are usually covered under the medical benefit. If a member has any specific questions regarding their coverage, they should contact the plan administrator HealthComp at 833.302.9785.

### **Utilization Management (UM) tools**

Depending upon a member's specific benefit, the following topics may apply:

#### **1. Generic Substitution**

When available, FDA approved generic drugs must be used in most situations, regardless of the brand name indicated. Members usually have lower copays and or co-insurance when they use generic drugs. This policy is not meant to preclude or supplant any state statutes that may exist. All drugs that are or become available generically are subject to review by the P&T Committee. The P&T Committee approves such multi- source drugs for addition to the MAC list based on the following criteria:

- A multi- source drug product manufactured by at least one (1) nationally marketed company.
- At least one (1) of the generic manufacturer's products must have an "A" rating or the generic product has been determined to be unassociated with efficacy, safety or bioequivalency concerns by the P&T Committee.
- Drug product will be approved for generic substitution by the P&T Committee.

If a member requests a brand name drug instead of an approved generic, the member, based on their coverage, is typically required to pay the difference in cost between the brand and the generic. Doctors can request prior authorization if they determine that there is a medical need for the brand name drug.

#### **2. Medication Request Process**

Depending upon plan benefit design, a medication request process may apply as follows:

##### *A. Formulary Drugs*

Drugs that are listed in the Formulary with associated Prior Authorization (PA) require evaluation, per P&T Committee Prior Authorization guidelines prior to dispensing at a network pharmacy. Each request will be reviewed on an individual patient need basis. If the request does not meet the guidelines established by the P&T Committee, the request will not be approved, and alternative therapy may be recommended.

##### *B. Non-Formulary Drug Exceptions*

Any drug not found in the Formulary listing, or any Formulary updates published by Wellfleet Rx, shall be considered a Non-Formulary drug. Coverage for non-formulary agents may be applied for in advance. When a member gives a prescription order for a non-formulary drug to a pharmacist, the pharmacist will evaluate the patient's drug history and contact the physician to determine if there is a reasonable medical need for a non-formulary drug. Each request will be reviewed on an individual patient need basis. Approval will be given if a documented medical need exists. The following basic guidelines are used:

- The use of formulary drugs is contraindicated in the patient.
- The patient has failed an appropriate trial of formulary or related agents.

- The choices available in the formulary are not suited for the present patient care need, and the drug selected is required for patient safety.
- The use of a formulary drug may provoke an underlying condition, which would be detrimental to patient care.

If the request does not meet the guidelines established by the P&T Committees, the request will not be approved, and alternative therapy may be recommended.

### *C. Obtaining Coverage*

Coverage, questions or information regarding the medication request or non-formulary exception process may be obtained by:

- Faxing a completed Prior Authorization Request Form to 877.251.5896.
- Contacting at 877-640-7940 and providing all necessary information requested.

An authorization number, specific for the medical need, will be provided for all approved requests. Non-approved requests may be appealed. The prescriber must provide information to support the appeal on the basis of medical necessity. Therapy that is deemed medically necessary must be covered pending the submission of supporting clinical evidence and documentation. Prior Authorization is generally not available for drugs that are specifically not covered by benefit design.

For any and all requests, a notice to either the member or a designated representative will be made no later than 72 hours following the receipt of all non-urgent requests and 24 hours following the receipt of an urgent or exigent request. Approved coverage for non-urgent requests must provide coverage for the duration of the prescription including refills. Approved coverage for an urgent or exigent circumstance must provide coverage for the duration of the urgency or exigency. A denied claim may be appealed and additional information about appeal rights and procedures will be provided with coverage documents.

### **3. Step Therapy Process**

Drugs that are listed in the Formulary with associated Step Therapy (ST) require evaluation, per P&T Committee Step Therapy guidelines prior to dispensing at a network pharmacy. Previous claims for pre-requisite drugs will be noted at the time of processing if they are within a certain time frame. If no claims are found a prior authorization request form must be submitted stating all previous therapy. Each request will be reviewed on an individual patient need basis. If the request does not meet the guidelines established by the P&T Committee, the request will not be approved, and alternative therapy may be recommended. Note that a member cannot be required to try previously met steps from previous coverage but may be required to try any pre-requisite medication that has not been previously tried before coverage of a medication is approved.

To obtain coverage for a medication bypassing its step therapy requirements, please refer to the above section (3.C) for step by step instructions on requesting an exception.

### **4. Quantity Limits**

Drugs that are listed in the Formulary with associated Quantity Limits (QL) are subject to those limits. Approval for a quantity of a drug outside of an established QL requires evaluation, per P&T Committee guidelines prior to dispensing at a network

pharmacy. Each request will be reviewed on an individual patient need basis. If the request does not meet the guidelines established by the P&T Committee, the request will not be approved, and alternative therapy may be recommended.

### **5. General Items Not Covered on the Formulary**

- A. Over the Counter (OTC) medications or their equivalents, unless otherwise specified in the Formulary listing.
- B. Nicotine Smoking Cessation products (i.e., transdermal nicotine, nicotine gum, nicotine inhaler), except as required by ACA.
- C. Drugs specifically listed as not covered.
- D. Any drug products used for cosmetic purposes.
- E. Experimental drug products or any drug product used in an experimental manner.
- F. Replacement of lost or stolen medication.
- G. Non-self-administered injectable drug products unless otherwise specified in the Formulary listing.
- H. Foreign sourced drugs or drugs not approved by the United States Food & Drug Administration.
- I. New drug entities will be excluded for up to 180 days after they become available on the market until a formulary decision is made. Depending on the formulary decision, the new drug entity may be excluded or have additional requirements under the formulary thereafter.

Any drugs not listed in this print formulary are considered not covered by the drug benefit. The P&T and Formulary Committees recognize that not all medical needs can be met with this document and encourage inquiries about alternative therapies.

### **6. Opioid Medications**

- 1. Opioid Overutilization Prevention – Opioid medications for treatment of pain will be available to Wellfleet members under the following restrictions which are reflective of current State and Federal guidance for prescribing of these agents.
  - a. Maximum Days Supply for Opioid Prescriptions
    - i. Prescriber Type
      - 1. General Prescribers – 5-day supply
      - 2. Dentists – 3-day supply
      - 3. Oncologists – No limit
  - b. Cumulative Morphine Milligram Equivalents (MME) Limit (all prescriptions in last 120 days included) – Cumulative MME are utilized for calculating the total daily dose of opioids. Monitoring of MME allows clinicians to appropriately adjust prescribed opioid medications and are often used to reduce risk of overdose.
    - i. 90 MME total (and above) will encounter a soft rejection at the pharmacy which can be overridden by a pharmacist (except in the state of Pennsylvania).
    - ii. 120 MME total (and above) will encounter a hard rejection which requires prior authorization to be obtained by the prescriber.
  - c. More than a 5-day supply across all opioid prescriptions within a 60 day period requires prior authorization.
  - d. Quantity limits will be placed on opioid medications at the individual medication level.

### **8. Pharmacist and Physician Communication**

The Formulary is a tool to promote cost-effective prescription drug use. The P&T and Formulary Committees have made every attempt to create a document that meets all therapeutic needs; however, the art of medicine makes this a formidable task.



**How to obtain a Prescription with Your Benefit**

Prescriptions can be obtained through the all network pharmacies. To have a prescription filled, you may contact your physician and have them send a new prescription to any network pharmacy or you are able to have a network pharmacy transfer-in any current Prescription by contacting them and providing your current pharmacy's information. To locate an in-network pharmacy, please visit <http://wellfleetrx.com/students/pharmacy-network/>. The listing of in-network pharmacies is updated on a quarterly basis.

In the case of specialty drugs, all available specialty drugs may be filled at a network pharmacy unless the medication is under a limited distribution contract.

**Formulary Changes**

This formulary must be updated monthly to reflect formulary changes as new brand name and generic medications become available. At those times, medications may be subject to any Utilization Management (UM) tool available as determined by the P&T committee. Additional items that may be subject to change are a drugs inclusion on the formulary, a drug's tier placement on the formulary, and any UM tools that affect a drug on the formulary. The plan usually makes and implements changes to the present formulary on a quarterly basis, but depending on your benefit design, those changes may not impact member coverage until the next plan year renewal. For any formulary changes that may negatively affect members, letters will be mailed at least 90 days prior to the effective date of the changes to inform members about the change to their coverage. Letters will also be mailed to providers at the same time to better facilitate either continued coverage of a medication that is impacted or to provide alternative medication that would be covered by the plan.

A medication that has been previously approved for coverage for a member's medical condition that continues to be prescribed for that medical condition cannot be limited any more than previously limited, nor can coverage be excluded, provided that the medication is appropriately prescribed, safe, and effective for treating the medical condition.

*Drug list created 1/1/2019. Updated 7/1/2022. Next planned update 1/1/2023.*

## Table of Contents

<b>ANTI - INFECTIVES</b> .....	2
<b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b> .....	19
<b>AUTONOMIC &amp; CNS DRUGS, NEUROLOGY &amp; PSYCH</b> .....	27
<b>CARDIOVASCULAR, HYPERTENSION &amp; LIPIDS</b> .....	54
<b>DERMATOLOGICALS/TOPICAL THERAPY</b> .....	70
<b>DIAGNOSTICS &amp; MISCELLANEOUS AGENTS</b> .....	81
<b>EAR, NOSE &amp; THROAT MEDICATIONS</b> .....	85
<b>ENDOCRINE/DIABETES</b> .....	86
<b>GASTROENTEROLOGY</b> .....	97
<b>IMMUNOLOGY, VACCINES &amp; BIOTECHNOLOGY</b> .....	105
<b>MUSCULOSKELETAL &amp; RHEUMATOLOGY</b> .....	115
<b>OBSTETRICS &amp; GYNECOLOGY</b> .....	118
<b>OPHTHALMOLOGY</b> .....	129
<b>RESPIRATORY, ALLERGY, COUGH &amp; COLD</b> .....	136
<b>UROLOGICALS</b> .....	143
<b>VITAMINS, HEMATINICS &amp; ELECTROLYTES</b> .....	145
<b>Index</b> .....	151

Drug Name	Drug Tier	Requirements / Limits
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	2	
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	
<i>amphotericin b injection recon soln 50 mg</i>	1	
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i>	1	
CANCIDAS INTRAVENOUS RECON SOLN 50 MG, 70 MG	2	
<i>casprofungin intravenous recon soln 50 mg, 70 mg</i>	1	
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
CRESEMBA INTRAVENOUS RECON SOLN 372 MG	2	
CRESEMBA ORAL CAPSULE 186 MG	2	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	2	
<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, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	2	
<i>itraconazole oral capsule 100 mg</i>	1	QL
<i>itraconazole oral solution 10 mg/ml</i>	1	QL
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	1	
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG	3	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	2	
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	1	
<i>terbinafine hcl oral tablet 250 mg</i>	1	
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)	3	
VFEND ORAL TABLET 200 MG, 50 MG	3	
<i>voriconazole intravenous recon soln 200 mg</i>	1	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	1	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	2	
<b>ANTIVIRALS</b>		
<i>abacavir oral solution 20 mg/ml</i>	1	QL
<i>abacavir oral tablet 300 mg</i>	1	QL
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	1	QL
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	
<i>adefovir oral tablet 10 mg</i>	1	SP; QL
<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	
APRETUDE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	3	ACA(\$0 if used for PrEP)
APTIVUS ORAL CAPSULE 250 MG	2	QL
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	1	QL
BARACLUDE ORAL SOLUTION 0.05 MG/ML	2	SP; QL
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	2	QL
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	3	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>cidofovir intravenous solution 75 mg/ml</i>	1	
CIMDUO ORAL TABLET 300-300 MG	2	QL
COMBIVIR ORAL TABLET 150-300 MG	3	QL
DESCOVY ORAL TABLET 200-25 MG	2	ACA; QL
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	1	QL
DOVATO ORAL TABLET 50-300 MG	2	QL
EDURANT ORAL TABLET 25 MG	2	QL
<i>efavirenz oral capsule 200 mg, 50 mg</i>	1	
<i>efavirenz oral tablet 600 mg</i>	1	
<i>efavirenz-lamivu-tenofovir disop oral tablet 400- 300-300 mg, 600-300-300 mg</i>	1	QL
<i>emtricitabine oral capsule 200 mg</i>	1	ACA(\$0 if used for PrEP); QL
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	QL
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	1	ACA(\$0 if used for PrEP); QL
EMTRIVA ORAL SOLUTION 10 MG/ML	2	QL
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	SP; QL
EPCLUSA ORAL PELLETS IN PACKET 150- 37.5 MG, 200-50 MG	2	PA; SP; QL
EPCLUSA ORAL TABLET 200-50 MG	2	SP; QL
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	2	QL
EPIVIR HBV ORAL TABLET 100 MG	3	QL
EPIVIR ORAL SOLUTION 10 MG/ML	3	QL
EPIVIR ORAL TABLET 150 MG, 300 MG	3	QL
EPZICOM ORAL TABLET 600-300 MG	3	QL
<i>etravirine oral tablet 100 mg, 200 mg</i>	1	QL
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<i>fosamprenavir oral tablet 700 mg</i>	1	QL
<i>foscarnet intravenous solution 24 mg/ml</i>	1	
FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML	3	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	2	ST; QL
GANCICLOVIR INTRAVENOUS SOLUTION 500 MG/250 ML (2 MG/ML)	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	1	
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	1	
GENVOYA ORAL TABLET 150-150-200-10 MG	2	QL
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	2	PA; SP; QL
HARVONI ORAL TABLET 45-200 MG	2	PA; SP; QL
INVIRASE ORAL TABLET 500 MG	2	QL
ISENTRESS HD ORAL TABLET 600 MG	2	QL
ISENTRESS ORAL POWDER IN PACKET 100 MG	2	QL
ISENTRESS ORAL TABLET 400 MG	2	QL
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	2	QL
JULUCA ORAL TABLET 50-25 MG	3	
<i>lamivudine oral solution 10 mg/ml</i>	1	QL
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	1	QL
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	QL
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	1	PA; SP; QL
LEXIVA ORAL SUSPENSION 50 MG/ML	3	QL
LEXIVA ORAL TABLET 700 MG	3	QL
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	1	QL
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	1	QL
<i>maraviroc oral tablet 150 mg, 300 mg</i>	1	QL
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	2	PA; SP; QL
MAVYRET ORAL TABLET 100-40 MG	2	PA; SP; QL
MOLNUPIRAVIR ORAL CAPSULE 200 MG	3	ACA; QL; Age (Min 18 Years and Max 999 Years)
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	QL
<i>nevirapine oral tablet 200 mg</i>	1	QL
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	1	QL
NORVIR ORAL POWDER IN PACKET 100 MG	3	QL
NORVIR ORAL SOLUTION 80 MG/ML	3	QL
NORVIR ORAL TABLET 100 MG	3	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ODEFSEY ORAL TABLET 200-25-25 MG	2	QL
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	1	QL
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1	QL
PAXLOVID (EUA) ORAL TABLET 150 MG X 2- 100 MG	3	ACA; QL; Age (Min 12 Years and Max 999 Years)
PIFELTRO ORAL TABLET 100 MG	3	
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML, 480 MG/24 ML	3	QL
PREVYMIS ORAL TABLET 240 MG, 480 MG	3	QL
PREZCOBIX ORAL TABLET 800-150 MG-MG	3	QL
PREZISTA ORAL SUSPENSION 100 MG/ML	2	QL
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	QL
RAPIVAB (PF) INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	2	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	2	QL
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	2	
RETROVIR ORAL CAPSULE 100 MG	3	QL
RETROVIR ORAL SYRUP 10 MG/ML	3	QL
REYATAZ ORAL POWDER IN PACKET 50 MG	3	QL
<i>ribavirin inhalation recon soln 6 gram</i>	1	
<i>rimantadine oral tablet 100 mg</i>	1	
<i>ritonavir oral tablet 100 mg</i>	1	QL
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	2	PA; QL
SELZENTRY ORAL SOLUTION 20 MG/ML	2	QL
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	2	QL
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	1	PA; SP; QL
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	3	SP; QL
SOVALDI ORAL TABLET 200 MG, 400 MG	3	SP; QL
<i>stavudine oral capsule 15 mg, 20 mg, 40 mg</i>	1	QL
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
SYMFI LO ORAL TABLET 400-300-300 MG	3	QL
SYMFI ORAL TABLET 600-300-300 MG	3	QL
SYMTUZA ORAL TABLET 800-150-200-10 MG	3	QL
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	2	PA; SP; QL
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	3	QL
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	3	QL
TEMIXYS ORAL TABLET 300-300 MG	3	QL
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	ACA(\$0 if used for PrEP); QL
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	2	QL
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	2	QL
TRIUMEQ ORAL TABLET 600-50-300 MG	2	QL
TRIZIVIR ORAL TABLET 300-150-300 MG	3	QL
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	3	
TYBOST ORAL TABLET 150 MG	3	PA; QL
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1	
<i>valganciclovir oral recon soln 50 mg/ml</i>	1	
<i>valganciclovir oral tablet 450 mg</i>	1	
VEKLURY INTRAVENOUS RECON SOLN 100 MG	3	
VEMLIDY ORAL TABLET 25 MG	2	SP; QL
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	3	SP; QL
VIRACEPT ORAL TABLET 250 MG, 625 MG	2	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	3	QL
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	3	QL
VOSEVI ORAL TABLET 400-100-100 MG	3	PA; SP
XOFLUZA ORAL TABLET 20 MG, 40 MG, 80 MG	3	QL
ZIAGEN ORAL SOLUTION 20 MG/ML	3	QL
ZIAGEN ORAL TABLET 300 MG	3	QL
<i>zidovudine oral capsule 100 mg</i>	1	QL



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>zidovudine oral syrup 10 mg/ml</i>	1	QL
<i>zidovudine oral tablet 300 mg</i>	1	QL
<b>CEPHALOSPORINS</b>		
AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM	2	
<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	
CEFAZOLIN IN 0.9% SOD CHLORIDE INTRAVENOUS PIGGYBACK 3 GRAM/100 ML	1	
<i>cefazolin in 0.9% sod chloride intravenous solution 2 gram/100 ml</i>	1	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML	1	
<i>cefazolin in dextrose 5 % intravenous solution 2 gram/100 ml</i>	1	
CEFAZOLIN IN STERILE WATER INTRAVENOUS SYRINGE 1 GRAM/10 ML, 2 GRAM/20 ML	1	
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 20 gram, 300 g, 500 mg</i>	1	
<i>cefazolin intravenous recon soln 1 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>cefditoren pivoxil oral tablet 200 mg, 400 mg</i>	1	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	3	
<i>cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>cefepime injection recon soln 1 gram, 2 gram</i>	1	
CEFEPIME INTRAVENOUS RECON SOLN 100 GRAM	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	
CEFOTAN INJECTION RECON SOLN 1 GRAM, 2 GRAM	3	
<i>cefotaxime injection recon soln 1 gram</i>	1	
CEFOTETAN IN DEXTROSE, ISO-OSM INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	1	
<i>cefotetan injection recon soln 1 gram, 2 gram</i>	1	
<i>cefotetan intravenous recon soln 10 gram</i>	1	
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 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	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
CEFTAZIDIME IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	2	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	1	
<i>ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	
CEFTRIAXONE INJECTION RECON SOLN 100 GRAM	1	
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>cephalexin oral capsule 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	
FETROJA INTRAVENOUS RECON SOLN 1 GRAM	3	
<i>tazicef injection recon soln 1 gram</i>	1	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	2	
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	2	
<b>ERYTHROMYCINS &amp; OTHER MACROLIDES</b>		
<i>azithromycin intravenous recon soln 500 mg</i>	1	
<i>azithromycin oral packet 1 gram</i>	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg</i>	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	
<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	ST; QL
DIFICID ORAL TABLET 200 MG	3	ST; QL
<i>e.e.s. 400 oral tablet 400 mg</i>	1	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg</i>	1	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin lactobionate intravenous recon soln 500 mg</i>	1	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg</i>	1	
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC) 194 MG	3	PA
<i>albendazole oral tablet 200 mg</i>	1	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	2	
ALINIA ORAL TABLET 500 MG	3	
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	
ARAKODA ORAL TABLET 100 MG	3	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	2	PA; SP; QL
<i>atovaquone oral suspension 750 mg/5 ml</i>	1	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1	
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	1	
<i>bacitracin intramuscular recon soln 50,000 unit</i>	1	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	1	
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	3	PA; SP
BILTRICIDE ORAL TABLET 600 MG	3	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	2	PA; SP; QL
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
CLEOCIN INJECTION SOLUTION 150 MG/ML	3	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML	3	
<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>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>clindamycin phosphate injection solution 150 mg/ml</i>	1	
COARTEM ORAL TABLET 20-120 MG	2	
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	1	
CYCLOSERINE ORAL CAPSULE 250 MG	1	
DALVANCE INTRAVENOUS SOLUTION 500 MG	2	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	Och
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	1	
DARAPRIM ORAL TABLET 25 MG	3	PA; SP
EMVERM ORAL TABLET,CHEWABLE 100 MG	2	PA; QL
<i>ertapenem injection recon soln 1 gram</i>	1	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 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	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	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</i>	1	
GENTAMICIN SULFATE (PF) INTRAVENOUS SOLUTION 60 MG/6 ML	1	
GENTAMICIN-SODIUM CITRATE INTRA-CATHETER SOLUTION 320 MCG/ML-4 %	1	
HYDROXYCHLOROQUINE ORAL TABLET 100 MG, 300 MG, 400 MG	1	
<i>hydroxychloroquine oral tablet 200 mg</i>	1	
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	1	
IMPAVIDO ORAL CAPSULE 50 MG	2	PA; QL
INVANZ INJECTION RECON SOLN 1 GRAM	2	
<i>isoniazid injection solution 100 mg/ml</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>isoniazid oral solution 50 mg/5 ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	2	PA; SP
KRINTAFEL ORAL TABLET 150 MG	2	QL
LAMPIT ORAL TABLET 120 MG, 30 MG	3	
<i>lincomycin injection solution 300 mg/ml</i>	1	
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	1	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1	
<i>linezolid oral tablet 600 mg</i>	1	
<i>linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml</i>	1	
<i>mefloquine oral tablet 250 mg</i>	1	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	1	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 500 MG/50 ML	1	
<i>metro i.v. intravenous piggyback 500 mg/100 ml</i>	2	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	1	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
NEBUPENT INHALATION RECON SOLN 300 MG	3	
<i>neomycin oral tablet 500 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	1	
ORBACTIV INTRAVENOUS RECON SOLN 400 MG	2	
<i>paromomycin oral capsule 250 mg</i>	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	3	
PENTAM INJECTION RECON SOLN 300 MG	3	
<i>pentamidine inhalation recon soln 300 mg</i>	1	
<i>pentamidine injection recon soln 300 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	1	
<i>praziquantel oral tablet 600 mg</i>	1	
PRETOMANID ORAL TABLET 200 MG	3	QL
PRIFTIN ORAL TABLET 150 MG	2	
<i>primaquine oral tablet 26.3 mg</i>	2	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	1	PA; SP
<i>quinine sulfate oral capsule 324 mg</i>	1	
RECARBRIO INTRAVENOUS RECON SOLN 1.25 GRAM	3	
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin intravenous recon soln 600 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	2	PA; QL
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	3	
SIVEXTRO ORAL TABLET 200 MG	3	
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	2	ST; QL
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	1	
SYNERCID INTRAVENOUS RECON SOLN 500 MG	2	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	2	PA; SP
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	1	PA; SP
<i>tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml</i>	1	
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	1	PA; SP
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	1	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	1	
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	1	PA; SP

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TRECTOR ORAL TABLET 250 MG	3	
VABOMERE INTRAVENOUS RECON SOLN 2 GRAM	3	
XENLETA INTRAVENOUS SOLUTION 150 MG/15 ML	3	PA
XENLETA ORAL TABLET 600 MG	3	PA; QL
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML	3	
<b>PENICILLINS</b>		
<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</i>	1	
<i>amoxicillin oral tablet 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, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 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 sodium intravenous recon soln 1 gram, 2 gram</i>	1	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	1	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>	1	
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	2	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	2	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	1	
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	
<i>nafcillin intravenous recon soln 2 gram</i>	1	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	
<b>PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML, 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML</b>	1	
<i>penicillin g potassium injection recon soln 20 million unit, 5 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>pfizerpen-g injection recon soln 20 million unit, 5 million unit</i>	1	
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	1	
<b>ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML</b>	2	
<b>QUINOLONES</b>		
<b>AVELOX IN NAACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK 400 MG/250 ML</b>	2	
<b>BAXDELA INTRAVENOUS RECON SOLN 300 MG</b>	2	PA
<b>BAXDELA ORAL TABLET 450 MG</b>	2	PA
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	1	
<b>FACTIVE ORAL TABLET 320 MG</b>	3	
<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	
<b>MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML</b>	1	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<b>SULFA'S &amp; RELATED AGENTS</b>		
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	1	
<b>TETRACYCLINES</b>		
<i>avidoxy oral tablet 100 mg</i>	2	QL
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	
<i>doxy-100 intravenous recon soln 100 mg</i>	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	QL
<i>doxycycline hyclate oral tablet 100 mg</i>	1	QL
<i>doxycycline hyclate oral tablet 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	QL
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1	QL
<b>MINOCIN INTRAVENOUS RECON SOLN 100 MG</b>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	2	
<i>mondoxyne nl oral capsule 100 mg</i>	1	QL
<i>mondoxyne nl oral capsule 75 mg</i>	1	ST; QL
NUZYRA INTRAVENOUS RECON SOLN 100 MG	3	
NUZYRA ORAL TABLET 150 MG	3	PA; QL
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	
XERAVA INTRAVENOUS RECON SOLN 100 MG, 50 MG	3	
<b>URINARY TRACT AGENTS</b>		
<i>fosfomycin tromethamine oral packet 3 gram</i>	1	QL
<i>methenamine hippurate oral tablet 1 gram</i>	1	
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	1	
MONUROL ORAL PACKET 3 GRAM	3	QL
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
<i>trimethoprim oral tablet 100 mg</i>	1	
<b>VANCOMYCIN</b>		
VANCOCIN ORAL CAPSULE 125 MG, 250 MG	3	QL
VANCOMYCIN HCL IN WATER INTRAVENOUS SOLUTION 100 MG/ML	1	
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML	1	
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS SOLUTION 1 GRAM/250 ML, 1.25 GRAM/250 ML, 1.5 GRAM/250 ML, 1.75 GRAM/250 ML, 2 GRAM/500 ML, 750 MG/150 ML	1	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML	1	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 1.25 GRAM/250 ML, 1.5 GRAM/250 ML	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
VANCOMYCIN INJECTION RECON SOLN 100 GRAM	1	
<i>vancomycin intravenous recon soln 1,000 mg, 1.5 gram, 10 gram, 5 gram, 500 mg, 750 mg</i>	1	
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM	1	
<i>vancomycin oral capsule 125 mg, 250 mg</i>	1	QL
<i>vancomycin oral recon soln 50 mg/ml</i>	1	QL
VANCOMYCIN-WATER INJECT (PEG) INTRAVENOUS PIGGYBACK 1.25 GRAM/250 ML, 1.75 GRAM/350 ML, 2 GRAM/400 ML, 500 MG/100 ML, 750 MG/150 ML	1	
VIBATIV INTRAVENOUS RECON SOLN 750 MG	2	
<b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		
<i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i>	1	
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	2	
ETHYOL INTRAVENOUS RECON SOLN 500 MG	3	
KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG	2	SP
KHAPZORY INTRAVENOUS RECON SOLN 175 MG, 300 MG	3	SP
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	1	
<i>leucovorin calcium injection solution 10 mg/ml</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	1	SP
<i>levoleucovorin calcium intravenous solution 10 mg/ml</i>	1	SP
<i>mesna intravenous solution 100 mg/ml</i>	1	
MESNEX ORAL TABLET 400 MG	2	
TOTECT INTRAVENOUS RECON SOLN 500 MG	3	

Drug Name	Drug Tier	Requirements / Limits
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	2	SP; QL
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT	2	SP
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	2	PA; SP; QL
<b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b>		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	1	SP; Och; QL
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	3	PA; SP
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	2	PA
AFINITOR ORAL TABLET 10 MG	2	PA; QL
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	3	PA; SP; QL
ALKERAN ORAL TABLET 2 MG	3	Och
<i>anastrozole oral tablet 1 mg</i>	1	Och; ACA (\$0 copay if 35 years of age or older); QL
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	3	SP
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	2	PA; SP; Och; QL
<i>azathioprine oral tablet 100 mg, 50 mg</i>	1	
<i>azathioprine sodium injection recon soln 100 mg</i>	1	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	3	PA; SP; Och; QL
<i>bexarotene oral capsule 75 mg</i>	1	PA; SP; QL
<i>bicalutamide oral tablet 50 mg</i>	1	Och
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	2	PA; SP; Och; QL
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG	3	PA; SP; QL
BRUKINSA ORAL CAPSULE 80 MG	2	PA; SP; Och
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	2	PA; SP; Och; QL
<i>capecitabine oral tablet 150 mg, 500 mg</i>	1	SP; Och; QL
CAPRELSA ORAL TABLET 100 MG, 300 MG	2	PA; SP; Och; QL
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)	2	PA; SP; Och; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	3	PA; SP; Och; QL
COTELLIC ORAL TABLET 20 MG	2	PA; SP; QL
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	SP; Och
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	1	Och
<i>cyclosporine intravenous solution 250 mg/5 ml</i>	1	SP
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	SP
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	SP
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	SP
DAURISMO ORAL TABLET 100 MG, 25 MG	3	PA; SP; QL
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	ST
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	2	PA; SP; QL
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	2	PA; SP; QL
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	2	PA; SP; QL
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	2	PA; SP; QL
EMCYT ORAL CAPSULE 140 MG	2	SP
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; SP
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	3	SP
ERIVEDGE ORAL CAPSULE 150 MG	2	PA; SP; QL
ERLEADA ORAL TABLET 60 MG	2	PA; SP; Och; QL
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	1	PA; SP; Och; QL
<i>etoposide oral capsule 50 mg</i>	1	Och
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	PA; SP; QL
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	1	PA; SP
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1	SP
<i>exemestane oral tablet 25 mg</i>	1	Och; ACA(\$0 copay if 35 years of age or older); QL
EXKIVITY ORAL CAPSULE 40 MG	3	PA; SP; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
FARESTON ORAL TABLET 60 MG	3	PA; SP; Och; QL
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	3	PA; SP; QL
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	3	PA; SP; QL
<i>flutamide oral capsule 125 mg</i>	1	Och
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	3	PA; SP
GAVRETO ORAL CAPSULE 100 MG	3	PA; SP; Och; QL
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	SP
<i>gengraf oral solution 100 mg/ml</i>	1	SP
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	2	PA; SP; Och; QL
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	PA; SP; Och
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	2	SP
<i>hydroxyurea oral capsule 500 mg</i>	1	Och
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	2	PA; SP; Och
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	2	PA; SP; Och
ICLUSIG ORAL TABLET 10 MG, 30 MG	2	PA; SP; Och
ICLUSIG ORAL TABLET 15 MG, 45 MG	2	PA; SP; Och; QL
IDHIFA ORAL TABLET 100 MG, 50 MG	3	PA; SP; QL
<i>imatinib oral tablet 100 mg, 400 mg</i>	1	SP; Och; QL
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	2	PA; SP; Och; QL
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	2	PA; SP; Och; QL
IMURAN ORAL TABLET 50 MG	3	
INLYTA ORAL TABLET 1 MG, 5 MG	2	PA; SP; Och; QL
INQOVI ORAL TABLET 35-100 MG	2	PA; SP; Och; QL
IODOPEN INTRAVENOUS SOLUTION 100 MCG/ML	1	
IRESSA ORAL TABLET 250 MG	2	PA; SP; Och; QL
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	2	PA; SP; QL
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	3	PA; SP

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	3	PA; SP; QL
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	3	PA; SP; Och; QL
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	2	PA; SP; QL
<i>lapatinib oral tablet 250 mg</i>	1	PA; SP; Och; QL
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)	2	PA; SP; Och; QL
<i>letrozole oral tablet 2.5 mg</i>	1	Och
LEUKERAN ORAL TABLET 2 MG	2	SP; Och
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	1	PA; SP; QL
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	2	PA; SP; Och; QL
LORBRENA ORAL TABLET 100 MG, 25 MG	2	PA; SP; Och; QL
LUMAKRAS ORAL TABLET 120 MG	3	PA; SP; Och; QL
LUPKYNIS ORAL CAPSULE 7.9 MG	3	PA; SP
LYNPARZA ORAL TABLET 100 MG, 150 MG	2	PA; SP; Och; QL
LYSODREN ORAL TABLET 500 MG	2	SP; Och
MATULANE ORAL CAPSULE 50 MG	2	SP; Och
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	
MEKINIST ORAL TABLET 0.5 MG, 2 MG	2	PA; SP; QL
MEKTOVI ORAL TABLET 15 MG	3	PA; SP; QL
<i>melphalan oral tablet 2 mg</i>	1	Och
<i>mercaptopurine oral tablet 50 mg</i>	1	Och
<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	Och



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	3	SP
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i>	1	SP
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	1	
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) 180 MG, 360 MG	3	
MYLERAN ORAL TABLET 2 MG	2	SP; Och
NEORAL ORAL CAPSULE 100 MG, 25 MG	3	SP
NEORAL ORAL SOLUTION 100 MG/ML	3	SP
NERLYNX ORAL TABLET 40 MG	3	PA; SP; Och; QL
NEXAVAR ORAL TABLET 200 MG	2	PA; SP; Och; QL
<i>nilutamide oral tablet 150 mg</i>	1	SP; Och; QL
NUBEQA ORAL TABLET 300 MG	2	PA; SP; Och; QL
NULOJIX INTRAVENOUS RECON SOLN 250 MG	2	SP
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA; SP
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	1	PA; SP
ODOMZO ORAL CAPSULE 200 MG	3	PA; SP; QL
ONUREG ORAL TABLET 200 MG, 300 MG	2	PA; SP; Och; QL
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	3	PA; SP; Och; QL
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)	3	PA; SP; Och; QL
PURIXAN ORAL SUSPENSION 20 MG/ML	2	ST; SP; Och
QINLOCK ORAL TABLET 50 MG	3	PA; SP; Och; QL
RAPAMUNE ORAL SOLUTION 1 MG/ML	3	
RETEVMO ORAL CAPSULE 40 MG, 80 MG	3	PA; SP; Och; QL
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	2	PA; SP; Och; QL
RUBRACA ORAL TABLET 200 MG, 300 MG	2	PA; SP; Och; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
RUBRACA ORAL TABLET 250 MG	3	SP; Och; QL
RYDAPT ORAL CAPSULE 25 MG	3	PA; SP; Och; QL
SANDIMMUNE ORAL SOLUTION 100 MG/ML	2	SP
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	PA; SP
SCSEMBLIX ORAL TABLET 20 MG, 40 MG	3	PA; SP; QL
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	2	PA; SP; QL
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	2	SP
<i>sirolimus oral solution 1 mg/ml</i>	1	SP
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	SP
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	2	SP
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	2	PA; SP; Och; QL
STIVARGA ORAL TABLET 40 MG	2	PA; SP; Och; QL
<i>sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	PA; SP; Och; QL
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	2	PA; SP; QL
TABLOID ORAL TABLET 40 MG	2	SP; Och
TABRECTA ORAL TABLET 150 MG, 200 MG	3	PA; SP; Och; QL
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	SP
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	2	PA; SP; QL
TAGRISSE ORAL TABLET 40 MG, 80 MG	2	PA; SP; Och; QL
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	2	PA; SP; Och; QL
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	Och; ACA
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	3	PA; SP; Och; QL
TARGRETIN TOPICAL GEL 1 %	2	PA; SP; QL
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	2	PA; SP; Och; QL
TAZVERIK ORAL TABLET 200 MG	2	PA; SP; QL
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 250 MG	3	PA; SP; Och

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	1	PA; SP; Och
TEPMETKO ORAL TABLET 225 MG	3	PA; SP; Och
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	2	PA; SP; Och; QL
TIBSOVO ORAL TABLET 250 MG	3	PA; SP; QL
<i>toremifene oral tablet 60 mg</i>	1	PA; SP; Och; QL
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	1	SP; Och
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	3	Och
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	3	PA; SP; QL
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)	3	PA; SP; Och
TUKYSA ORAL TABLET 150 MG, 50 MG	3	PA; SP; Och; QL
TURALIO ORAL CAPSULE 200 MG	3	PA; SP; Och; QL
TYKERB ORAL TABLET 250 MG	3	PA; SP; Och; QL
UKONIQ ORAL TABLET 200 MG	3	PA; SP; Och
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML	3	PA; SP; QL
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	2	PA; SP; QL
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	2	PA; SP; QL
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	PA; SP; Och; QL
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	3	PA; SP; Och; QL
VITRAKVI ORAL SOLUTION 20 MG/ML	3	PA; SP; Och; QL
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	2	PA; SP; Och; QL
VOTRIENT ORAL TABLET 200 MG	2	PA; SP; Och; QL
WELIREG ORAL TABLET 40 MG	3	PA; SP; QL
XALKORI ORAL CAPSULE 200 MG, 250 MG	2	PA; SP; Och; QL
XERMELO ORAL TABLET 250 MG	2	PA; SP; QL
XOSPATA ORAL TABLET 40 MG	3	PA; SP; Och; QL
XTANDI ORAL CAPSULE 40 MG	2	PA; SP; Och; QL

Drug Name	Drug Tier	Requirements / Limits
XTANDI ORAL TABLET 40 MG, 80 MG	3	PA
YONSA ORAL TABLET 125 MG	2	PA; SP; Och
ZEJULA ORAL CAPSULE 100 MG	3	PA; SP; Och; QL
ZELBORAF ORAL TABLET 240 MG	2	PA; SP; QL
ZOLINZA ORAL CAPSULE 100 MG	2	SP
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	3	SP
ZORTRESS ORAL TABLET 1 MG	2	
ZYDELIG ORAL TABLET 100 MG, 150 MG	2	PA; SP; Och; QL
ZYKADIA ORAL TABLET 150 MG	2	PA; SP; Och; QL

## AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

### ANTICONVULSANTS

BRIVIACT ORAL SOLUTION 10 MG/ML	3	ST; QL
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	ST; QL
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg</i>	1	ST
<i>carbamazepine oral capsule, er multiphase 12 hr 300 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG	3	ST
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG	3	
CELONTIN ORAL CAPSULE 300 MG	2	
CEREBYX INJECTION SOLUTION 100 MG PE/2 ML, 500 MG PE/10 ML	3	
<i>clobazam oral suspension 2.5 mg/ml</i>	1	ST; QL
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	QL
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	3	

Drug Name	Drug Tier	Requirements / Limits
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	3	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	3	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	3	PA; SP; QL
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	3	PA; SP; QL
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	3	QL
DIASTAT RECTAL KIT 2.5 MG	3	QL
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	QL
DILANTIN EXTENDED ORAL CAPSULE 100 MG	3	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	3	
DILANTIN ORAL CAPSULE 30 MG	2	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	3	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	2	PA; SP
<i>epitol oral tablet 200 mg</i>	1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	3	ST
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	
<i>felbamate oral suspension 600 mg/5 ml</i>	1	ST; QL
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	ST; QL
FINTEPLA ORAL SOLUTION 2.2 MG/ML	3	PA; SP; QL
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i>	1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	2	ST; QL
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	ST; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	QL
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	1	ST
<i>lamotrigine oral tablet extended release 24hr 100 mg</i>	1	ST
<i>lamotrigine oral tablet extended release 24hr 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	ST; QL
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	1	ST; QL
<i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	1	
<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 500 mg/5 ml</i>	1	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
<b>NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)</b>	3	QL
<b>ONFI ORAL SUSPENSION 2.5 MG/ML</b>	3	ST; QL
<b>ONFI ORAL TABLET 10 MG, 20 MG</b>	3	QL
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
<b>OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG</b>	3	ST; QL
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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	
<b>PHENYTEK ORAL CAPSULE 200 MG, 300 MG</b>	3	
<i>phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	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>	1	QL
<i>pregabalin oral solution 20 mg/ml</i>	1	
<i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i>	1	QL
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>roweepra oral tablet 1,000 mg, 500 mg, 750 mg</i>	3	
<i>rufinamide oral suspension 40 mg/ml</i>	1	ST; QL
<i>rufinamide oral tablet 200 mg, 400 mg</i>	1	ST; QL
<b>SABRIL ORAL TABLET 500 MG</b>	2	ST; SP; QL
<b>SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG</b>	3	ST; QL
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>subvenite starter (blue) kit oral tablets, dose pack 25 mg (35)</i>	1	
<i>subvenite starter (green) kit oral tablets, dose pack 25 mg (84) -100 mg (14)</i>	1	
<i>subvenite starter (orange) kit oral tablets, dose pack 25 mg (42) -100 mg (7)</i>	1	
<b>SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG</b>	3	PA; QL
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	ST; QL
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1	ST; QL
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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)	2	QL
<i>vigabatrin oral powder in packet 500 mg</i>	1	ST; SP; QL
<i>vigadrone oral powder in packet 500 mg</i>	1	ST; SP; QL
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	3	QL
VIMPAT ORAL SOLUTION 10 MG/ML	3	QL
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	QL
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	ST; QL
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	ST; QL
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	3	ST; QL
ZARONTIN ORAL CAPSULE 250 MG	3	
ZARONTIN ORAL SOLUTION 250 MG/5 ML	3	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<b>ANTIPARKINSONISM AGENTS</b>		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	2	PA; SP; QL
<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>carbidopa oral tablet 25 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<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	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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>	1	
COMTAN ORAL TABLET 200 MG	3	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	3	QL
<i>entacapone oral tablet 200 mg</i>	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	3	PA; SP; QL
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	PA; SP; QL
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	3	ST; QL
NOURIANZ ORAL TABLET 20 MG, 40 MG	3	PA; QL
<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, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1	ST; QL
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1	QL
<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	ST; QL
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	3	ST; QL
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
TASMAR ORAL TABLET 100 MG	3	ST; QL
<i>tolcapone oral tablet 100 mg</i>	1	ST; QL
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
<b>MIGRAINE &amp; CLUSTER HEADACHE THERAPY</b>		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML	2	PA; QL
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	2	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	2	PA; QL
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	2	PA; QL
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	2	ST; QL
<i>dihydroergotamine injection solution 1 mg/ml</i>	1	QL
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	1	QL
<i>eletriptan oral tablet 20 mg, 40 mg</i>	2	ST; QL
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA; QL
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3)	2	PA; QL
ERGOMAR SUBLINGUAL TABLET 2 MG	3	QL
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	QL
<i>frovatriptan oral tablet 2.5 mg</i>	2	ST; QL
<i>migergot rectal suppository 2-100 mg</i>	2	QL
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	2	PA; QL
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	1	QL
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>	1	QL
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	QL
<i>sumatriptan-naproxen oral tablet 85-500 mg</i>	2	ST; QL
UBRELVY ORAL TABLET 100 MG, 50 MG	2	PA; QL
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	2	ST; QL
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	2	ST; QL

### MISCELLANEOUS NEUROLOGICAL THERAPY

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
AMONDYS-45 INTRAVENOUS SOLUTION 50 MG/ML	3	
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	2	PA; SP; QL
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	1	PA; SP; QL
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	1	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	1	
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	3	PA; SP
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	QL
<i>galantamine oral solution 4 mg/ml</i>	1	QL
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	QL
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	1	QL
<i>memantine oral solution 2 mg/ml</i>	1	QL
<i>memantine oral tablet 10 mg, 5 mg</i>	1	QL
NUEDEXTA ORAL CAPSULE 20-10 MG	2	PA; QL
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	3	
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML	2	SP; QL
RAZADYNE ER ORAL CAPSULE, EXT REL. PELLETS 24 HR 16 MG, 24 MG, 8 MG	3	QL
<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>	1	QL
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	3	PA; SP; QL
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	1	PA; SP; QL
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	3	PA; SP; QL
ZEPOSIA ORAL CAPSULE 0.92 MG	2	PA; SP; QL
ZEPOSIA STARTER KIT ORAL CAPSULE, DOSE PACK 0.23-0.46-0.92 MG	2	PA; SP; QL
ZEPOSIA STARTER PACK ORAL CAPSULE, DOSE PACK 0.23 MG (4)- 0.46 MG (3)	2	PA; SP; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ZOLGENSMA INTRAVENOUS KIT 2 X 10EXP13 VG/ML	3	PA; SP; QL
<b>MUSCLE RELAXANTS &amp; ANTISPASMODIC THERAPY</b>		
<i>atracurium intravenous solution 10 mg/ml</i>	1	
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1	ST; QL
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cisatracurium intravenous solution 2 mg/ml</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
<i>cyclobenzaprine oral tablet 7.5 mg</i>	1	ST
DANTRIUM ORAL CAPSULE 25 MG	3	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SYRINGE 3 MG/3 ML (1 MG/ML)	1	
NIMBEX INTRAVENOUS SOLUTION 2 MG/ML	3	
NORGESIC FORTE ORAL TABLET 50-770-60 MG	3	QL
<i>orphenadrine citrate injection solution 30 mg/ml</i>	1	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i>	2	QL
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	
<i>regonol injection solution 5 mg/ml</i>	2	
SKELAXIN ORAL TABLET 800 MG	3	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	1	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	
<b>NARCOTIC ANALGESICS</b>		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i>	1	ST; Opioid; QL
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	ST; Opioid; QL
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	ST; Opioid; QL
ALLZITAL ORAL TABLET 25-325 MG	3	ST
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	1	ST; Opioid; QL
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	1	ST; Opioid
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	1	ST; Opioid
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	QL
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	1	ST; Opioid; QL
<i>butalbital compound w/codeine oral capsule 30-50-325-40 mg</i>	1	ST; Opioid; QL
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	ST; Opioid; QL
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	1	ST; QL
<i>butalbital-acetaminophen oral tablet 25-325 mg</i>	1	ST
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	1	ST; QL
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i>	2	
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	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>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	ST; Opioid; QL
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1	ST; Opioid; QL
DILAUDID (PF) INJECTION SYRINGE 0.2 MG/ML	1	ST; Opioid
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML	3	ST; Opioid

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>diskets oral tablet, soluble 40 mg</i>	2	ST; Opioid; QL
<i>duramorph (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	3	ST; Opioid
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	ST; Opioid; QL
FENTANYL (PF)-BUPIVACAINE-NACL INJECTION SOLUTION 2 MCG/ML- 0.0625 %, 2 MCG/ML- 0.1 %, 2 MCG/ML- 0.125 %	1	ST; Opioid
FENTANYL CITRATE (PF) INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 1,500 MCG/30 ML (50 MCG/ML)	1	ST; Opioid
<i>fentanyl citrate (pf) intravenous pt controlled analgesia syring 1,000 mcg/20 ml (50 mcg/ml)</i>	1	ST; Opioid
FENTANYL CITRATE (PF) INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 1,500 MCG/30 ML (50 MCG/ML)	1	ST; Opioid
FENTANYL CITRATE (PF) INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 2,500 MCG/50 ML (50 MCG/ML)	3	ST; Opioid
FENTANYL CITRATE (PF) INTRAVENOUS SYRINGE 250 MCG/5 ML (50 MCG/ML)	1	ST; Opioid
FENTANYL CITRATE (PF)-0.9%NACL INJECTION PREFILLED PUMP RESERVOIR 10 MCG/ML	1	ST; Opioid
<i>fentanyl citrate (pf)-0.9%nacl injection pt controlled analgesia syring 1,250 mcg/25 ml</i>	1	ST; Opioid
<i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 2,500 mcg/50 ml (50 mcg/ml)</i>	1	ST; Opioid
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 500 MCG/50 ML (10 MCG/ML)	1	ST; Opioid
<i>fentanyl citrate (pf)-0.9%nacl intravenous syringe 10 mcg/ml</i>	1	ST; Opioid
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS SYRINGE 20 MCG/2 ML (10 MCG/ML), 50 MCG/5 ML (10 MCG/ML)	1	ST; Opioid
<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; ST; Opioid; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	1	PA; ST; Opioid; QL
FENTANYL-ROPIVACAINE-NACL (PF) INJECTION PREFILLED PUMP RESERVOIR 2 MCG/ML-0.1 %	1	ST; Opioid
FENTANYL-ROPIVACAINE-NACL (PF) INJECTION SOLUTION 2-0.2 MCG/ML-%	1	ST; Opioid
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	1	ST; Opioid; QL
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	ST; Opioid; QL
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	2	ST; Opioid; QL
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	ST; Opioid; QL
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	ST; Opioid
HYDROMORPHONE (PF) IN WATER INJECTION SYRINGE 1 MG/ML, 2 MG/2 ML (1 MG/ML)	1	ST; Opioid
HYDROMORPHONE (PF) IN WATER INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 10 MG/50 ML (0.2 MG/ML)	3	ST; Opioid
HYDROMORPHONE (PF) IN WATER INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 30 MG/30 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML)	1	ST; Opioid
HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML, 4 MG/ML	1	ST; Opioid
<i>hydromorphone (pf) injection solution 10 mg/ml, 2 mg/ml</i>	1	ST; Opioid
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 30 MG/30 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML)	1	ST; Opioid
<i>hydromorphone (pf)-0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml)</i>	1	ST; Opioid
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 50 MG/50 ML (1 MG/ML)	1	ST; Opioid

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 10 mg/50 ml (0.2 mg/ml), 15 mg/30 ml (0.5 mg/ml)</i>	1	ST; Opioid
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 30 MG/30 ML (1 MG/ML), 50 MG/50 ML (1 MG/ML), 55 MG/55 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML)	1	ST; Opioid
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SOLUTION 0.2 MG/ML, 0.5 MG/ML, 1 MG/ML	1	ST; Opioid
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SYRINGE 1 MG/5 ML (0.2 MG/ML), 1 MG/ML, 2 MG/ML	1	ST; Opioid
<i>hydromorphone injection solution 1 mg/ml, 2 mg/ml</i>	1	ST; Opioid
HYDROMORPHONE INJECTION SYRINGE 0.5 MG/0.5 ML	1	ST; Opioid
<i>hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	ST; Opioid
<i>hydromorphone oral liquid 1 mg/ml</i>	1	ST; Opioid
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	1	ST; Opioid
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	2	PA; ST; Opioid; QL
<i>hydromorphone rectal suppository 3 mg</i>	1	ST; Opioid
HYDROMORPHONE(PF)-NACL,ISO-OSM INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 10 MG/50 ML (0.2 MG/ML)	1	ST; Opioid
INFUMORPH P/F INJECTION SOLUTION 10 MG/ML, 25 MG/ML	3	ST; Opioid
<i>levorphanol tartrate oral tablet 2 mg</i>	1	ST; Opioid
<i>meperidine oral tablet 50 mg</i>	2	ST; Opioid; QL
<i>methadone oral concentrate 10 mg/ml</i>	1	ST; Opioid; QL
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	ST; Opioid; QL
<i>methadone oral tablet 10 mg, 5 mg</i>	1	ST; Opioid; QL
<i>methadone oral tablet,soluble 40 mg</i>	1	ST; Opioid; QL
<i>methadose oral concentrate 10 mg/ml</i>	2	ST; Opioid; QL
<i>methadose oral tablet,soluble 40 mg</i>	1	ST; Opioid; QL
MITIGO (PF) INJECTION SOLUTION 10 MG/ML, 25 MG/ML	1	ST; Opioid



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
MORPHINE (PF) IN 0.9 % SOD CHL INJECTION SYRINGE 1 MG/ML, 2 MG/2 ML (1 MG/ML)	1	ST; Opioid
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 30 MG/30 ML (1 MG/ML)	1	ST; Opioid
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PREFILLED PUMP RESERVOIR 100 MG/100 ML (1 MG/ML), 50 MG/50 ML (1 MG/ML)	1	ST; Opioid
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 150 MG/30 ML (5 MG/ML), 55 MG/55 ML (1 MG/ML)	1	ST; Opioid
<i>morphine (pf) in 0.9 % sod chl intravenous pt controlled analgesia syringe 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	1	ST; Opioid
<i>morphine (pf) in 0.9 % sod chl intravenous solution 1 mg/ml</i>	1	ST; Opioid
<i>morphine (pf) in 0.9 % sod chl intravenous syringe 1 mg/ml, 2 mg/2 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)</i>	1	ST; Opioid
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS SYRINGE 2 MG/ML, 4 MG/ML	1	ST; Opioid
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	1	ST; Opioid
<i>morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml)</i>	1	ST; Opioid
MORPHINE (PF) INTRAVENOUS SYRINGE 1 MG/2 ML	1	ST; Opioid
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	ST; Opioid
MORPHINE IN 0.9 % SODIUM CHLOR INJECTION PT CONTROLLED ANALGESIA SYRING 55 MG/55 ML (1 MG/ML)	1	ST; Opioid
<i>morphine in 0.9 % sodium chlor intravenous prefilled pump reservoir 100 mg/100 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	1	ST; Opioid
<i>morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syringe 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	1	ST; Opioid

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
MORPHINE IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION 1 MG/ML, 5 MG/ML	1	ST; Opioid
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	1	ST; Opioid
<i>morphine injection solution 8 mg/ml</i>	1	ST; Opioid
MORPHINE INJECTION SYRINGE 2 MG/ML	1	ST; Opioid
<i>morphine injection syringe 4 mg/ml, 8 mg/ml</i>	1	ST; Opioid
MORPHINE INTRAMUSCULAR PEN INJECTOR 10 MG/0.7 ML	1	ST; Opioid
<i>morphine intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>	1	ST; Opioid
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml</i>	1	ST; Opioid
MORPHINE INTRAVENOUS SOLUTION 8 MG/ML	1	ST; Opioid
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	ST; Opioid
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	1	ST; Opioid
<i>morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	2	ST; Opioid; QL
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	ST; Opioid
<i>morphine oral tablet 15 mg, 30 mg</i>	1	ST; Opioid
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	ST; Opioid; QL
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	1	ST; Opioid
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG	3	ST; Opioid; QL
<i>oxycodone oral capsule 5 mg</i>	1	ST; Opioid
<i>oxycodone oral concentrate 20 mg/ml</i>	2	ST; Opioid
<i>oxycodone oral solution 5 mg/5 ml</i>	1	ST; Opioid
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	ST; Opioid
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 20 MG, 40 MG, 80 MG	1	ST; Opioid; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	ST; Opioid; QL
<i>oxycodone-acetaminophen oral tablet 5-300 mg</i>	1	ST; Opioid
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	2	ST; Opioid; QL
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	1	ST; Opioid
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	1	ST; Opioid; QL
PROLATE ORAL SOLUTION 10-300 MG/5 ML	3	ST; Opioid
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	2	SP; QL
<i>tencon oral tablet 50-325 mg</i>	1	
<i>zebutal oral capsule 50-325-40 mg</i>	1	
<b>NON-NARCOTIC ANALGESICS</b>		
<i>adult aspirin regimen oral tablet,delayed release (dr/ec) 81 mg</i>	1	ACA
<i>aspirin low dose oral tablet,delayed release (dr/ec) 81 mg</i>	1	ACA
<i>aspirin oral tablet 325 mg</i>	1	ACA
<i>aspirin oral tablet,chewable 81 mg</i>	1	ACA
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg</i>	1	ACA
<i>aspir-trin oral tablet,delayed release (dr/ec) 325 mg</i>	1	ACA
<i>bayer aspirin oral tablet 325 mg</i>	1	ACA
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	QL
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	QL
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	1	ST; Opioid
<i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>	1	ST; Opioid
CALDOLOR INTRAVENOUS PIGGYBACK 800 MG/200 ML (4 MG/ML)	2	
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)	2	
<i>cataflam oral tablet 50 mg</i>	3	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>children's aspirin oral tablet,chewable 81 mg</i>	1	ACA
<i>choline,magnesium salicylate oral liquid 500 mg/5 ml</i>	1	
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR 1.3 %	1	
<i>diclofenac potassium oral capsule 25 mg</i>	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 (dr/ec) 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac sodium topical drops 1.5 %</i>	1	QL
<i>diclofenac sodium topical gel 1 %</i>	1	QL
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	1	
DICLOFONO TOPICAL GEL IN PACKET 1.6 %	3	ST
<i>diflunisal oral tablet 500 mg</i>	1	
DISALCID ORAL TABLET 500 MG, 750 MG	3	
<i>ecotrin oral tablet,delayed release (dr/ec) 325 mg</i>	1	ACA
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1	
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION)	3	PA; QL
<i>fenoprofen oral tablet 600 mg</i>	2	
<i>flurbiprofen oral tablet 100 mg</i>	1	
FROTEK TOPICAL CREAM IN PACKET 10 %	3	ST
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	1	
INDOCIN RECTAL SUPPOSITORY 50 MG	3	QL
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral capsule, extended release 75 mg</i>	1	
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	2	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>ketorolac injection cartridge 15 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 solution 60 mg/2 ml</i>	1	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	1	
<i>ketorolac oral tablet 10 mg</i>	1	QL
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	3	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	3	ST; QL
LIFEMS NALOXONE INJECTION SYRINGE KIT 2 MG/2 ML	2	
LODINE ORAL TABLET 400 MG	3	
LUCEMYRA ORAL TABLET 0.18 MG	2	QL
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	1	
<i>mefenamic acid oral capsule 250 mg</i>	2	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML	2	PA; QL
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	1	ST; Opioid
<i>naloxone injection solution 0.4 mg/ml</i>	1	ACA
<i>naloxone injection syringe 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 1 mg/ml</i>	1	ACA
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	1	ACA
<i>naltrexone oral tablet 50 mg</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
NUCYNТА ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	3	ST; QL
NUCYNТА ORAL TABLET 100 MG, 50 MG, 75 MG	3	ST; Opioid; QL
OLINVYK INTRAVENOUS PATIENT CONTROL ANALGESIA SOLN 30 MG/30 ML (1 MG/ML)	3	ST; Opioid

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
OLINVYK INTRAVENOUS SOLUTION 1 MG/ML	3	ST; Opioid
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML	2	PA; QL
<i>oxaprozin oral tablet 600 mg</i>	1	
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	1	ST; Opioid
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
READYSHARP KETOROLAC INJECTION KIT 15 MG/ML	3	
RELAFEN ORAL TABLET 500 MG, 750 MG	3	
<i>salsalate oral tablet 500 mg, 750 mg</i>	1	
<i>st joseph aspirin oral tablet, chewable 81 mg</i>	1	ACA
<i>st. joseph aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA
<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	
TORONOVA II SUIK KIT 30 MG/ML	3	
TORONOVA SUIK KIT 30 MG/ML	3	
<i>tramadol oral tablet 50 mg</i>	1	ST; Opioid; QL
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	1	ST; Opioid; QL
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	1	ST; Opioid; QL
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	ST; Opioid; QL
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML	3	PA
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	2	SP
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	2	QL
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG	2	SP; QL
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG	2	SP; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	3	ST
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	2	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
<i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	PA; QL
<i>aripiprazole oral solution 1 mg/ml</i>	1	ST; QL
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	1	ST; QL
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	2	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	2	SP
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	QL
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	1	ST; QL
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	QL
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	ST; QL
<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>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	2	ST
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
BYFAVO INTRAVENOUS RECON SOLN 20 MG	3	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	
<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>citalopram oral solution 10 mg/5 ml</i>	1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	2	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1	QL
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	1	ST; QL
CLOZARIL ORAL TABLET 200 MG, 50 MG	3	QL
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	QL
<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>	1	QL
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	QL
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	1	QL
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	1	QL
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	QL



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	QL
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	QL
<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>	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>	1	
<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>	1	
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	2	
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	3	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	3	ST; QL
<i>ergoloid oral tablet 1 mg</i>	1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	QL
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	ST; QL
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	3	ST; QL
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	3	ST; QL
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	3	ST; QL
<i>flumazenil intravenous solution 0.1 mg/ml</i>	1	
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine oral capsule,delayed release(dr/ec) 90 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluoxetine oral tablet 10 mg</i>	1	
<i>fluoxetine oral tablet 20 mg</i>	2	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	1	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
<b>HETLIOZ LQ ORAL SUSPENSION 4 MG/ML</b>	3	PA
<b>HETLIOZ ORAL CAPSULE 20 MG</b>	3	PA
<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>	2	
<b>INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML</b>	3	SP
<b>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</b>	3	SP
<b>INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML</b>	3	SP
<b>LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG</b>	2	ST; QL
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	1	
<i>lorazepam injection syringe 2 mg/ml</i>	1	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 50 mg, 50 mg</i>	1	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	3	PA; QL
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	1	
MARPLAN ORAL TABLET 10 MG	3	ST
<i>methamphetamine oral tablet 5 mg</i>	1	QL
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	QL
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	QL
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	1	
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	1	QL
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	QL
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	1	QL
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	1	QL
MIDAZOLAM (PF) IN 0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 100 MG/100 ML (1 MG/ML)	1	
MIDAZOLAM (PF) IN 0.9 % NACL INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 5 MG/5 ML (1 MG/ML)	1	
MIDAZOLAM IN 0.9 % SOD CHLORID INTRAVENOUS SOLUTION 1 MG/ML	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
MIDAZOLAM IN 0.9 % SOD CHLORID INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 5 MG/5 ML (1 MG/ML)	1	
MIDAZOLAM IN NAACL,ISO-OSMO(PF) INTRAVENOUS SOLUTION 1 MG/ML	1	
MIDAZOLAM INTRAVENOUS SYRINGE 150 MG/30 ML (5 MG/ML)	1	
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	1	
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG	1	
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	QL
<i>molindone oral tablet 10 mg, 25 mg</i>	1	QL
<i>molindone oral tablet 5 mg</i>	1	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	2	QL
<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>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
NUPLAZID ORAL CAPSULE 34 MG	3	PA; SP; QL
NUPLAZID ORAL TABLET 10 MG	3	PA; SP; QL
<i>olanzapine intramuscular recon soln 10 mg</i>	1	QL
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	1	QL
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1	QL
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	2	ST; QL
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	1	ST; QL
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	3	SP
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	3	ST
<i>phenelzine oral tablet 15 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	2	
QUAZEPAM ORAL TABLET 15 MG	2	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 50 mg</i>	1	QL
<i>quetiapine oral tablet 400 mg</i>	1	QL
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	QL
<i>ramelteon oral tablet 8 mg</i>	1	ST; QL
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	2	SP
<i>risperidone oral solution 1 mg/ml</i>	1	QL
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	3	ST; QL
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	3	ST; QL
<i>sertraline oral concentrate 20 mg/ml</i>	1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	
SILENOR ORAL TABLET 3 MG, 6 MG	3	ST; QL
SUNOSI ORAL TABLET 150 MG, 75 MG	3	PA; QL
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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>tranlycypromine oral tablet 10 mg</i>	2	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 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	ST; QL
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	2	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	3	ST; QL
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	3	ST; QL
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	3	ST; QL
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	3	ST; QL
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	2	QL
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	2	QL
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	3	PA; SP; QL
XYREM ORAL SOLUTION 500 MG/ML	3	PA; SP; QL
XYWAV ORAL SOLUTION 0.5 GRAM/ML	3	PA; SP
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	QL
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	1	
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	1	QL
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	1	ST; QL
ZOLPIMIST ORAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	3	ST
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML	3	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	3	SP

## CARDIOVASCULAR, HYPERTENSION & LIPIDS

### ANTIARRHYTHMIC AGENTS

<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>bretylum tosylate injection solution 50 mg/ml</i>	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	3	ST
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	3	ST
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>procainamide injection solution 100 mg/ml, 500 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	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1	
SOTALOL INTRAVENOUS SOLUTION 150 MG/10 ML (15 MG/ML)	2	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	2	ST; QL

### ANTIHYPERTENSIVE THERAPY

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	1	ST; QL
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	ST
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	ST
<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	ST
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	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	
<b>BREVIBLOC IN NAACL (ISO-OSM) INTRAVENOUS PARENTERAL SOLUTION 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML)</b>	3	
<b>BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10 ML (10 MG/ML)</b>	3	
<i>bumetanide injection solution 0.25 mg/ml</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	3	ST
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>chlorothiazide sodium intravenous recon soln 500 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1	
DEMSER ORAL CAPSULE 250 MG	3	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</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 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 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	3	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	3	
DIURIL IV INTRAVENOUS RECON SOLN 500 MG	3	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	3	ST
EDARBI ORAL TABLET 40 MG, 80 MG	2	ST
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	2	ST

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
EDECIN ORAL TABLET 25 MG	3	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg</i>	1	PA
<i>epoprostenol intravenous recon soln 0.5 mg, 1.5 mg</i>	1	PA; SP
<i>eprosartan oral tablet 600 mg</i>	1	ST
<i>esmolol in nacl (iso-osm) intravenous parenteral solution 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml)</i>	1	
ESMOLOL IN STERILE WATER INTRAVENOUS PARENTERAL SOLUTION 2,000 MG/100 ML (20 MG/ML), 2,500 MG/250 ML (10 MG/ML)	1	
<i>esmolol intravenous solution 100 mg/10 ml (10 mg/ml)</i>	1	
<i>ethacrynate sodium intravenous recon soln 50 mg</i>	1	
<i>ethacrynic acid oral tablet 25 mg</i>	1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
FLOLAN INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG	3	PA; SP
<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	
FUROSEMIDE IN 0.9 % NACL INTRAVENOUS PIGGYBACK 100 MG/100 ML (1 MG/ML)	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>	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
<i>hydralazine injection solution 20 mg/ml</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	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	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
<i>labetalol intravenous solution 5 mg/ml</i>	1	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<b>LASIX ORAL TABLET 20 MG, 40 MG, 80 MG</b>	3	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>mannitol 20 % intravenous parenteral solution 20 %</i>	1	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 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>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	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, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>metyrosine oral capsule 250 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	QL
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
NYMALIZE ORAL SOLUTION 60 MG/10 ML	3	PA
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	3	PA; QL
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan-amlodipin-hcthiazyd 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</i>	1	ST
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	3	PA; SP
<i>osmitrol 20 % intravenous parenteral solution 20 %</i>	2	
<i>papaverine injection solution 30 mg/ml</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>phenoxybenzamine oral capsule 10 mg</i>	1	PA; SP; QL
<i>phentolamine injection recon soln 5 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG	3	ST
<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>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
REMODYLIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	3	PA; SP
SODIUM EDECRIN INTRAVENOUS RECON SOLN 50 MG	3	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	2	ST; QL
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>torse mide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	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	
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	1	PA; SP
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	ST
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	2	PA; QL
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	2	PA; SP; QL
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	2	PA; SP; QL
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
<i>veletri intravenous recon soln 0.5 mg, 1.5 mg</i>	3	PA; SP
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	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	
<b>CARDIAC GLYCOSIDES</b>		
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	2	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)</i>	1	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	3	
<b>COAGULATION THERAPY</b>		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	2	SP
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	2	SP

Drug Name	Drug Tier	Requirements / Limits
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	2	SP
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	2	SP
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	2	SP
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	2	SP
<i>aminocaproic acid intravenous solution 250 mg/ml</i>	1	
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	1	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	1	
ANDEXXA INTRAVENOUS RECON SOLN 200 MG	3	PA; SP
<i>argatroban in 0.9 % sod chlor intravenous solution 1 mg/ml</i>	1	SP
ARGATROBAN IN NAACL (ISO-OS) INTRAVENOUS SOLUTION 50 MG/50 ML (1 MG/ML)	3	SP
ARGATROBAN INTRAVENOUS SOLUTION 100 MG/ML	3	SP
ARIKTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 2.5 MG/0.5 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	3	SP; QL
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	
ASPIRIN-OMEPRAZOLE ORAL TABLET,IR,DELAYED REL,BIPHASIC 325-40 MG, 81-40 MG	2	QL
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	2	SP
<i>bivalirudin intravenous recon soln 250 mg</i>	1	PA; SP
BIVALIRUDIN INTRAVENOUS SOLUTION 250 MG/50 ML (5 MG/ML)	1	PA; SP

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
BIVALIRUDIN-0.9 % SODIUM CHLOR INTRAVENOUS PIGGYBACK 250 MG/50 ML (5 MG/ML)	3	SP
BRILINTA ORAL TABLET 60 MG, 90 MG	2	QL
CABLIVI INJECTION KIT 11 MG	3	PA; SP; QL
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	2	SP
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT	2	SP
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 300 mg</i>	1	QL
<i>clopidogrel oral tablet 75 mg</i>	1	
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	2	SP
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	2	SP
DEFITELIO INTRAVENOUS SOLUTION 80 MG/ML	3	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	2	PA; SP; QL
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	QL
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	QL
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	2	SP
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	1	SP; QL
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	1	SP; QL
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	2	SP
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	2	SP
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG)	3	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	1	SP; QL
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	2	SP; QL
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	2	SP; QL
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML	3	PA; SP
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	2	SP
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	2	SP
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	2	SP
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	2	SP
<i>hep flush-10 (pf) intravenous solution 10 unit/ml</i>	1	
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 2,500 UNIT/500 ML (5 UNIT/ML), 30,000 UNIT/1,000 ML, 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML)	1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 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 flush(porcine)-0.9nacl intravenous kit 100 unit/ml</i>	1	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>heparin lockflush(porcine)(pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	1	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	1	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE 5,000 UNIT/0.5 ML	1	
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	2	SP
IDELVION INTRAVENOUS RECON SOLN 3,500 (+/-) UNIT	3	SP
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	2	SP
<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>	1	
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	2	SP
KCENTRA INTRAVENOUS RECON SOLN 1,000 UNIT (800-1240 UNIT), 500 UNIT (400-620 UNIT)	3	SP
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	3	SP
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	2	SP

Drug Name	Drug Tier	Requirements / Limits
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	2	SP
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML	3	SP; QL
MEPHYTON ORAL TABLET 5 MG	3	
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) ) UNIT	2	SP
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)	2	SP
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG	2	PA; SP
NPLATE SUBCUTANEOUS RECON SOLN 250 MCG, 500 MCG	2	PA; SP; QL
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	2	SP
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	1	
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE 1 MG/0.5 ML	1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	
<i>prasugrel oral tablet 10 mg, 5 mg</i>	1	QL
PRAXBIND INTRAVENOUS SOLUTION 2.5 GRAM/50 ML	3	SP
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	2	SP
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	2	PA; SP; QL
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	2	PA; SP; QL
<i>protamine intravenous solution 10 mg/ml</i>	1	
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 500 (+/-) UNIT	3	SP
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG)	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	3	SP
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG)	3	SP
TRANEXAMIC ACID IN NAACL,ISO-OS INTRAVENOUS PIGGYBACK 1,000 MG/100 ML (10 MG/ML)	1	
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i>	1	
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT	2	SP
<i>vitamin k injection solution 1 mg/0.5 ml</i>	1	
<i>vitamin k1 injection solution 10 mg/ml</i>	1	
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	2	SP
<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>	1	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	2	SP
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	2	QL
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	2	QL
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	QL
ZONTIVITY ORAL TABLET 2.08 MG	3	QL
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	ST; QL
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	ACA (\$0 copay if age 40-75 and no history of cardiovascular disease); QL
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	QL
<i>cholestyramine (with sugar) oral powder 4 gram</i>	1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1	
<i>cholestyramine light oral powder 4 gram</i>	1	
<i>cholestyramine light oral powder in packet 4 gram</i>	1	
<i>colesevelam oral tablet 625 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>colestipol oral granules 5 gram</i>	1	
<i>colestipol oral packet 5 gram</i>	1	
<i>colestipol oral tablet 1 gram</i>	1	
<i>ezetimibe oral tablet 10 mg</i>	1	QL
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>	1	QL
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	1	ST; QL
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
<b>FENOFIBRATE ORAL CAPSULE 150 MG, 50 MG</b>	1	ST
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	1	
<i>fenofibric acid oral tablet 105 mg</i>	2	
<i>fenofibric acid oral tablet 35 mg</i>	1	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	2	ST; ACA(\$0 copay if age 40-75 and no history of cardiovascular disease); QL
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	2	ST; ACA(\$0 copay if age 40-75 and no history of cardiovascular disease); QL
<i>gemfibrozil oral tablet 600 mg</i>	1	
<i>icosapent ethyl oral capsule 1 gram</i>	1	ST; QL
<b>JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG</b>	2	PA; SP; QL
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	ACA(\$0 copay if age 40-75 and no history of cardiovascular disease); QL
<b>NEXLETOL ORAL TABLET 180 MG</b>	2	PA
<b>NEXLIZET ORAL TABLET 180-10 MG</b>	2	PA; QL
<i>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1	QL
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	ACA(\$0 copay if age 40-75 and no history of cardiovascular disease); QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>prevalite oral powder 4 gram</i>	1	
<i>prevalite oral powder in packet 4 gram</i>	1	
QUESTRAN LIGHT ORAL POWDER 4 GRAM	3	
QUESTRAN ORAL POWDER 4 GRAM	3	
QUESTRAN ORAL POWDER IN PACKET 4 GRAM	3	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	PA; QL
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA; QL
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA; QL
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	1	ACA(\$0 copay if age 40-75 and no history of cardiovascular disease); QL
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	QL
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	ACA(\$0 copay if age 40-75 and no history of cardiovascular disease); QL
<i>simvastatin oral tablet 80 mg</i>	1	ST; QL
VASCEPA ORAL CAPSULE 0.5 GRAM	2	ST; QL
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
CORLANOR ORAL SOLUTION 5 MG/5 ML	2	QL
CORLANOR ORAL TABLET 5 MG, 7.5 MG	2	ST; QL
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	
GIAPREZA INTRAVENOUS SOLUTION 2.5 MG/ML	3	
NIPRIDE RTU INTRAVENOUS SOLUTION 20 MG/100 ML (0.2 MG/ML), 50 MG/100 ML (0.5 MG/ML)	3	
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1	QL
VECAMYL ORAL TABLET 2.5 MG	3	PA
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	PA
VYNDAMAX ORAL CAPSULE 61 MG	3	PA; SP; QL
VYNDAQEL ORAL CAPSULE 20 MG	3	PA; SP; QL
<b>NITRATES</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>isosorbide dinitrate oral tablet 40 mg</i>	2	
<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>nitro-bid transdermal ointment 2 %</i>	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR	3	
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 200 mg/500 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml), 50 mg/500 ml (100 mcg/ml)</i>	1	
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	1	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin translingual spray,non-aerosol 400 mcg/spray</i>	1	
NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL 400 MCG/SPRAY	3	
NITROMIST TRANSLINGUAL AEROSOL,SPRAY 400 MCG/SPRAY	3	
<i>nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	1	
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	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	ST
<i>calcitriol topical ointment 3 mcg/gram</i>	1	ST
<i>drithocrema hp topical cream 1 %</i>	2	ST
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	3	PA; SP; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>selenium sulfide topical lotion 2.5 %</i>	1	
<i>selenium sulfide topical shampoo 2.25 %</i>	2	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	PA; SP; QL
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; SP; QL
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	2	PA; SP; QL
SORILUX TOPICAL FOAM 0.005 %	3	ST
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	2	PA; SP
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	2	PA; SP; QL
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	2	PA; SP
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	2	PA; SP; QL
<i>sulfacetamide sodium topical cleanser 10 %</i>	1	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	1	
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	2	PA; SP; QL
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	2	PA; SP; QL
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	2	PA; SP; QL
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	2	PA; SP; QL
TREMFYA SUBCUTANEOUS AUTO- INJECTOR 100 MG/ML	2	PA; SP; QL
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; SP; QL
ZITHRANOL TOPICAL SHAMPOO 1 %	3	
<b>BURN THERAPY</b>		
<i>silver sulfadiazine topical cream 1 %</i>	1	
<i>ssd topical cream 1 %</i>	1	
<b>KERATOLYTICS</b>		
<i>salicylic acid topical cream 6 %</i>	1	
<i>salicylic acid topical cream, extended release 6 %</i>	1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i>	1	
<i>salicylic acid topical film-forming soln er w/ appl 28.5 %</i>	1	
<i>salicylic acid topical foam 6 %</i>	1	
<i>salicylic acid topical gel 6 %</i>	1	
<i>salicylic acid topical liquid 26 %</i>	1	
<i>salicylic acid topical lotion 6 %</i>	1	
<i>salicylic acid topical lotion,extended release 6 %</i>	1	
<i>salicylic acid topical shampoo 6 %</i>	1	
<i>salicylic acid-ceramides no.1 topical kit,cleanser and cream er 6 %</i>	2	
SALIMEZ FORTE TOPICAL CREAM 10 %	3	
<i>salimez topical cream 6 %</i>	2	
<i>salvax topical foam 6 %</i>	1	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 %	3	
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
AMELUZ TOPICAL GEL 10 %	3	
ATRAPRO HYDROGEL TOPICAL GEL	3	
<i>avo cream topical emulsion</i>	1	
<i>cem-urea topical gel 45 %</i>	1	
CERACADE TOPICAL EMULSION	3	
CERAMAX TOPICAL CREAM	3	
CERAMAX TOPICAL LOTION	3	
DEXERYL TOPICAL CREAM	3	
<i>diclofenac sodium topical gel 3 %</i>	1	ST; QL
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	2	PA; SP; QL
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	2	PA; SP; QL
<i>emulsion sb topical emulsion</i>	1	
EUCRISA TOPICAL OINTMENT 2 %	3	ST
FLUOROURACIL TOPICAL CREAM 0.5 %	1	PA
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
HALUCORT TOPICAL GEL	3	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	3	
IODOSORB TOPICAL GEL 0.9 %	3	
LEVICYN ANTIPRURITIC SG TOPICAL SPRAY GEL	3	
LEVICYN ANTIPRURITIC TOPICAL GEL	3	
LEVULAN TOPICAL SOLUTION 20 %	3	
<i>luxamend topical cream</i>	3	
<i>mb hydrogel topical kit,cream and gel 96.53-3-0.4 -0.066 %</i>	1	
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	1	
<i>methyl salicylate oil</i>	1	
<i>methyl salicylate topical liquid</i>	1	
PANRETIN TOPICAL GEL 0.1 %	3	SP
<i>pimecrolimus topical cream 1 %</i>	1	ST
<i>podofilox topical solution 0.5 %</i>	1	
<i>pruclair topical cream</i>	1	
QBREXZA TOPICAL TOWELETTE 2.4 %	3	PA; QL
REGRANEX TOPICAL GEL 0.01 %	2	
SCENESSE SUBCUTANEOUS IMPLANT 16 MG	3	PA; SP; QL
SEBUDERM TOPICAL GEL	3	
<i>silver nitrate applicators topical stick 75-25 %</i>	1	
<i>silver nitrate topical solution 0.5 %, 10 %, 25 %, 50 %</i>	1	
<i>sonafine topical emulsion</i>	1	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	
<i>umecta topical foam 40 %</i>	1	
<i>urea nail stick topical solution 50 %</i>	1	
<i>urea topical cream 39 %, 40 %, 45 %, 47 %, 50 %</i>	1	
<i>urea topical foam 35 %</i>	1	
<i>urea topical gel 45 %</i>	1	
VALCHLOR TOPICAL GEL 0.016 %	2	PA; SP
<i>wintergreen oil oil</i>	1	

## **THERAPY FOR ACNE**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>acutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	QL
<i>adapalene topical cream 0.1 %</i>	1	
<i>adapalene topical gel 0.3 %</i>	1	
<i>adapalene topical gel with pump 0.3 %</i>	1	
ADAPALENE TOPICAL LOTION 0.1 %	1	
<i>adapalene topical solution 0.1 %</i>	2	
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	2	QL
AVAR-E LS TOPICAL CREAM 10-2 %	3	
<i>azelaic acid topical gel 15 %</i>	1	ST
<i>benzepro topical towelette 6 %</i>	1	
<i>benzoyl peroxide topical cleanser 7 %</i>	1	
<i>benzoyl peroxide topical foam 9.8 %</i>	1	
<i>bp 10-1 topical cleanser 10-1 %</i>	1	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	QL
<i>cleansing wash topical cleanser 10-4-10 %</i>	1	
<i>clindamycin phosphate topical foam 1 %</i>	2	
<i>clindamycin phosphate topical gel 1 %</i>	1	
<i>clindamycin phosphate topical gel, once daily 1 %</i>	1	
<i>clindamycin phosphate topical lotion 1 %</i>	1	
<i>clindamycin phosphate topical solution 1 %</i>	1	QL
<i>clindamycin phosphate topical swab 1 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	1	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	2	
<i>dapsone topical gel 5 %</i>	1	
<i>ery pads topical swab 2 %</i>	1	
<i>erythromycin with ethanol topical gel 2 %</i>	1	
<i>erythromycin with ethanol topical solution 2 %</i>	1	QL
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	1	QL
<i>metronidazole topical cream 0.75 %</i>	1	
<i>metronidazole topical gel 0.75 %</i>	1	
<i>metronidazole topical gel 1 %</i>	2	
<i>metronidazole topical gel with pump 1 %</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>metronidazole topical lotion 0.75 %</i>	2	
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	2	
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	QL
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 %	3	
<i>neuac topical gel 1.2 %(1 % base) -5 %</i>	1	
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	1	
<i>rosadan topical cream 0.75 %</i>	1	
<i>rosula cleansing cloths topical pads, medicated 10-5 %</i>	1	
<i>sss 10-5 topical cream 10-5 % (w/w)</i>	1	
<i>sss 10-5 topical foam 10-5 %</i>	1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	1	QL
<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	2	
<i>sulfacetamide sodium-sulfur topical pads, medicated 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	1	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	1	QL
<i>sulfacetamide-sulfur-cleanser23 topical kit 9-4.5 %</i>	1	
<i>sulfacleanse 8-4 topical suspension 8-4 %</i>	1	
<i>tazarotene topical cream 0.1 %</i>	1	
TAZORAC TOPICAL CREAM 0.05 %	2	ST
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	2	ST
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	2	
<i>tretinoin microspheres topical gel with pump 0.1 %</i>	1	ST
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>tretinoin topical gel 0.01 %</i>	1	
<i>tretinoin topical gel 0.025 %, 0.05 %</i>	2	
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	3	
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	QL
<b>TOPICAL ANESTHETICS</b>		
COCAINE NASAL SOLUTION 4 %	1	
<i>ethyl chloride topical aerosol,spray 100 %</i>	3	
<i>glydo mucous membrane jelly in applicator 2 %</i>	1	
GOPRELTO NASAL SOLUTION 4 %	3	
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %)</i>	1	
LIDOCAINE (PF) INJECTION SYRINGE 200 MG/10 ML (2 %), 60 MG/3 ML (2 %)	1	
<i>lidocaine (pf) injection syringe 50 mg/5 ml (1 %)</i>	1	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	1	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	1	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl topical cream 3 %</i>	1	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	
<i>lidocaine topical ointment 5 %</i>	1	QL
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	
<i>lidocort topical cream 3-0.5 %</i>	3	
<i>lta pre-attached laryngotracheal solution 4 %</i>	2	
NUMBRINO NASAL SOLUTION 4 %	1	
XYLOCAINE-MPF INJECTION SOLUTION 20 MG/ML (2 %)	1	
<b>TOPICAL ANTIBACTERIALS</b>		
<i>corti-sav topical cream 1-1 %</i>	1	
<i>gentamicin topical cream 0.1 %</i>	1	QL
<i>gentamicin topical ointment 0.1 %</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i>	1	
<i>hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %</i>	1	
<i>lugols topical solution 5-10 %</i>	1	
<i>mafenide acetate topical packet 50 gram</i>	1	
<i>mupirocin calcium topical cream 2 %</i>	2	QL
<i>mupirocin topical ointment 2 %</i>	1	
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	3	ST
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	3	ST
QUINJA TOPICAL GEL 1.25-1 %	3	
<i>strong iodine topical solution 5-10 %</i>	1	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	
SULFAMYLON TOPICAL CREAM 85 MG/G	2	
SULFAMYLON TOPICAL PACKET 50 GRAM	2	
XEPI TOPICAL CREAM 1 %	3	
<b>TOPICAL ANTIFUNGALS</b>		
ALA-QUIN TOPICAL CREAM 3-0.5 %	3	
<i>ciclopirox topical cream 0.77 %</i>	1	QL
<i>ciclopirox topical gel 0.77 %</i>	2	
<i>ciclopirox topical shampoo 1 %</i>	2	
<i>ciclopirox topical solution 8 %</i>	1	QL
<i>ciclopirox topical suspension 0.77 %</i>	1	QL
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	
<i>econazole topical cream 1 %</i>	2	QL
ERTACZO TOPICAL CREAM 2 %	3	ST
KERYDIN TOPICAL SOLUTION WITH APPLICATOR 5 %	3	PA; QL
<i>ketconazole topical cream 2 %</i>	1	QL
<i>ketconazole topical foam 2 %</i>	2	
<i>ketconazole topical shampoo 2 %</i>	1	
<i>ketodan kit topical combo pack 2 %</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>ketodan topical foam 2 %</i>	2	
LULICONAZOLE TOPICAL CREAM 1 %	3	
<i>naftifine topical cream 1 %</i>	2	
<i>naftifine topical cream 2 %</i>	2	QL
<i>nyamyc topical powder 100,000 unit/gram</i>	1	
<i>nystatin topical cream 100,000 unit/gram</i>	1	
<i>nystatin topical ointment 100,000 unit/gram</i>	1	
<i>nystatin topical powder 100,000 unit/gram</i>	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>	1	
<i>oxiconazole topical cream 1 %</i>	2	QL
OXISTAT TOPICAL LOTION 1 %	3	
SULCONAZOLE TOPICAL CREAM 1 %	2	
<i>tavaborole topical solution with applicator 5 %</i>	1	PA; QL
<b>TOPICAL ANTIVIRALS</b>		
<i>acyclovir topical ointment 5 %</i>	2	
<b>TOPICAL CORTICOSTEROIDS</b>		
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 %	1	
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	
<i>amcinonide topical cream 0.1 %</i>	2	ST
<i>amcinonide topical lotion 0.1 %</i>	2	ST
AQUA GLYCOLIC HC TOPICAL COMBO PACK 2 %	3	
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	
<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>	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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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>	1	
<i>clobetasol scalp solution 0.05 %</i>	1	
<i>clobetasol topical cream 0.05 %</i>	1	
<i>clobetasol topical foam 0.05 %</i>	1	
<i>clobetasol topical gel 0.05 %</i>	1	
<i>clobetasol topical lotion 0.05 %</i>	1	
<i>clobetasol topical ointment 0.05 %</i>	1	
<i>clobetasol topical shampoo 0.05 %</i>	1	
<i>clobetasol topical spray,non-aerosol 0.05 %</i>	1	
<i>clobetasol-emollient topical cream 0.05 %</i>	1	
<i>clobetasol-emollient topical foam 0.05 %</i>	1	
<i>desonide topical cream 0.05 %</i>	2	
<i>desonide topical lotion 0.05 %</i>	2	
<i>desonide topical ointment 0.05 %</i>	2	
<i>desoximetasone topical cream 0.05 %</i>	2	
<i>desoximetasone topical cream 0.25 %</i>	1	
<i>desoximetasone topical gel 0.05 %</i>	2	
<i>desoximetasone topical ointment 0.05 %</i>	2	
<i>desoximetasone topical ointment 0.25 %</i>	1	
<b>DUOBRII TOPICAL LOTION 0.01-0.045 %</b>	3	ST
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone topical oil 0.01 %</i>	1	
<i>fluocinolone topical ointment 0.025 %</i>	1	
<i>fluocinolone topical solution 0.01 %</i>	1	
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	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	
<i>fluocinonide-e topical cream 0.05 %</i>	1	
<i>flurandrenolide topical cream 0.05 %</i>	2	
<i>flurandrenolide topical lotion 0.05 %</i>	1	
<i>flurandrenolide topical ointment 0.05 %</i>	1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>fluticasone propionate topical cream 0.05 %</i>	1	
<i>fluticasone propionate topical lotion 0.05 %</i>	1	
<i>fluticasone propionate topical ointment 0.005 %</i>	1	
<i>halcinonide topical cream 0.1 %</i>	2	ST
<i>halobetasol propionate topical cream 0.05 %</i>	1	
<i>halobetasol propionate topical ointment 0.05 %</i>	1	
<i>hydrocortisone butyrate topical cream 0.1 %</i>	2	
<i>hydrocortisone butyrate topical lotion 0.1 %</i>	1	
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	1	
<i>hydrocortisone butyrate topical solution 0.1 %</i>	1	
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i>	2	
<i>hydrocortisone topical cream 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	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>	2	
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
<b>NUCORT TOPICAL LOTION 2 %</b>	3	
<i>prednicarbate topical cream 0.1 %</i>	1	
<i>prednicarbate topical ointment 0.1 %</i>	1	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	2	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	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>triderm topical cream 0.1 %, 0.5 %</i>	1	
<b>TOPICAL ENZYMES</b>		
<b>SANTYL TOPICAL OINTMENT 250 UNIT/GRAM</b>	2	
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
<i>crotan topical lotion 10 %</i>	3	ST

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
EURAX TOPICAL CREAM 10 %	3	ST
EURAX TOPICAL LOTION 10 %	3	ST
<i>ivermectin topical lotion 0.5 %</i>	1	
<i>lindane topical shampoo 1 %</i>	1	
<i>malathion topical lotion 0.5 %</i>	1	
<i>permethrin topical cream 5 %</i>	1	
<i>spinosad topical suspension 0.9 %</i>	1	
ULESFIA TOPICAL LOTION 5 %	3	ST
<b>DIAGNOSTICS &amp; MISCELLANEOUS AGENTS</b>		
<b>ANTIDOTES</b>		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML	3	
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	3	
<b>IRRIGATING SOLUTIONS</b>		
<i>lactated ringers irrigation solution</i>	3	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	1	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	3	
<i>ringer's irrigation solution</i>	1	
SORBITOL IRRIGATION SOLUTION 3 %	1	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION 2.7-0.54 GRAM/100 ML	1	
<i>tis-u-sol pentalyte irrigation irrigation solution 800-40-20-8.75- 6.25 mg/100 ml</i>	3	
<b>MISCELLANEOUS AGENTS</b>		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1	
<i>acetic acid irrigation solution 0.25 %</i>	1	
AGRYLIN ORAL CAPSULE 0.5 MG	3	
AMMONUL INTRAVENOUS SOLUTION 10-10 %	2	
AMPHADASE INJECTION SOLUTION 150 UNIT/ML	3	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	SP

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>aqua care sodium chloride irrigation solution 0.9 %</i>	1	
<i>aqua care sterile water irrigation solution</i>	1	
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	2	SP
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	1	
<i>carglumic acid oral tablet, dispersible 200 mg</i>	1	SP
CARNITOR ORAL SOLUTION 100 MG/ML	3	
CARNITOR ORAL TABLET 330 MG	3	
<i>cevimeline oral capsule 30 mg</i>	1	
CHEMET ORAL CAPSULE 100 MG	2	
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	1	PA; SP
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	1	PA; SP
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	1	PA; SP
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	1	PA; SP
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	1	PA; QL
ENDARI ORAL POWDER IN PACKET 5 GRAM	3	PA; SP
EVOXAC ORAL CAPSULE 30 MG	3	
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	3	PA; SP
FERRIPROX ORAL SOLUTION 100 MG/ML	2	PA; SP
FERRIPROX ORAL TABLET 1,000 MG	2	PA
FERRIPROX ORAL TABLET 500 MG	3	PA; SP
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	3	PA; SP; QL
HYLENEX INJECTION SOLUTION 150 UNIT/ML	3	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	2	PA; SP
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML	3	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
LITHOSTAT ORAL TABLET 250 MG	3	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	1	PA; SP
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	2	PA; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	2	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML	2	PA; SP
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	2	SP
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	2	SP
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	3	
RAVICTI ORAL LIQUID 1.1 GRAM/ML	2	PA; SP; QL
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	3	PA; SP
RILUTEK ORAL TABLET 50 MG	3	
<i>riluzole oral tablet 50 mg</i>	1	
<i>risedronate oral tablet 30 mg</i>	1	ST; QL
<i>sodium benzoate-sod phenylacet intravenous solution 10-10 %</i>	1	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	1	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	1	
<i>sodium chloride 0.9 % injection solution</i>	1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	
<i>sodium chloride injection syringe 0.9 %</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	1	PA; SP; QL
<i>sodium phenylbutyrate oral tablet 500 mg</i>	1	PA; SP; QL
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML	2	PA; SP; QL
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML	3	
TAVNEOS ORAL CAPSULE 10 MG	3	PA; SP; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG	3	SP
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	3	PA; SP; QL
<i>tiopronin oral tablet 100 mg</i>	1	SP
<i>trientine oral capsule 250 mg</i>	1	SP; QL
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	3	PA; SP; QL
<i>water for irrigation, sterile irrigation solution</i>	1	
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	2	PA; SP; QL
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	2	SP
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	3	PA; SP
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	SP
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	ACA; QL
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR	3	ST; ACA; QL
NICORETTE BUCCAL GUM 2 MG	3	ST; ACA; QL
<i>nicorette buccal gum 4 mg</i>	3	ST; ACA; QL
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG	3	ST; ACA; QL
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	3	ST; ACA; QL
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	1	ST; ACA; QL
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	1	ST; ACA; QL
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	1	ST; ACA; QL
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	1	ST; ACA; QL
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	3	ST; ACA; QL
NICOTROL INHALATION CARTRIDGE 10 MG	3	ACA; QL
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	3	ACA; QL
<i>quit 2 buccal gum 2 mg</i>	1	ST; ACA; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>quit 2 buccal lozenge 2 mg</i>	1	ST; ACA; QL
<i>quit 4 buccal gum 4 mg</i>	1	ST; ACA; QL
<i>quit 4 buccal lozenge 4 mg</i>	1	ST; ACA; QL
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	1	ST; ACA; QL
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	1	ACA; QL
<b>EAR, NOSE &amp; THROAT MEDICATIONS</b>		
<b>MISCELLANEOUS AGENTS</b>		
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	1	QL
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	1	QL
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	3	
DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 %	3	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	2	QL
<i>oralone dental paste 0.1 %</i>	1	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
<i>triamcinolone acetamide dental paste 0.1 %</i>	1	
<b>MISCELLANEOUS OTIC PREPARATIONS</b>		
<i>acetic acid otic (ear) solution 2 %</i>	1	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	1	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
OTIPRIO INTRATYMPANIC SUSPENSION 6 % (6 MG/0.1 ML)	3	
<b>OTIC STEROID / ANTIBIOTIC</b>		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	3	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	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	
<b>ENDOCRINE/DIABETES</b>		
<b>ADRENAL HORMONES</b>		
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i>	1	
BETAMETHASONE SOD PHOSPH-WATER INJECTION SOLUTION 6 MG/ML	1	
<i>decadron oral tablet 0.5 mg</i>	1	
<i>dexamethasone intensol oral drops 1 mg/ml</i>	2	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	
<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>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1	
<i>millipred dp oral tablets,dose pack 5 mg (21 tabs), 5 mg (48 tabs)</i>	2	
<i>millipred oral tablet 5 mg</i>	2	ST
ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG	3	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i>	1	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	2	
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	1	
PRO-C-DURE 5 INJECTION KIT 40 MG/ML	3	
PRO-C-DURE 6 INJECTION KIT 40 MG/ML	3	
<i>triamcinol ac (pf) in 0.9%nacl injection suspension 40 mg/ml</i>	1	
<i>triamcinolone acetamide injection suspension 40 mg/ml</i>	1	
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
SSKI ORAL SOLUTION 1 GRAM/ML	1	
<b>BLOOD GLUCOSE MONITORING DEVICES &amp; SUPPLIES</b>		
CONTOUR TEST STRIPS STRIP	3	PA; QL
ONETOUCH ULTRA TEST STRIP	2	QL
ONETOUCH VERIO TEST STRIPS STRIP	2	QL
<b>DIABETES, SUPPLIES, &amp; DURABLE MEDICAL EQUIPMENT</b>		
ACE AEROSOL CLOUD ENHANCER SPACER	1	
AEROCHAMBER MINI SPACER	1	
AEROCHAMBER PLUS FLOW-VU SPACER	1	
AEROCHAMBER PLUS Z STAT SPACER	1	
AEROTRACH PLUS SPACER	1	
AEROVENT PLUS SPACER	1	
BREATHERITE MDI SPACER SPACER	1	
COMPACT SPACE CHAMBER SPACER	1	
EASIVENT HOLDING CHAMBER SPACER	1	
FLEXICHAMBER SPACER	1	QL
INSPIRACHAMBER SPACER	1	
LITEAIRE MDI CHAMBER SPACER	1	
MICROCHAMBER SPACER	1	
MICROSPACER SPACER	1	
OPTICHAMBER DIAMOND VHC SPACER	1	
POCKET CHAMBER SPACER	1	
PRIMEAIRE SPACER	1	
PROCHAMBER SPACER	1	
RITEFLO AEROCHAMBER SPACER	1	
SPACE CHAMBER SPACER	1	



Drug Name	Drug Tier	Requirements / Limits
VORTEX HOLDING CHAMBER SPACER	1	
<b>GLUCOSE ELEVATING AGENTS</b>		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	2	
<i>diazoxide oral suspension 50 mg/ml</i>	1	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	2	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	1	
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	1	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	2	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	3	
<b>INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU</b>		
ACCU-CHEK COMBO SYSTEM KIT	3	
AUTOSOFT 30 INFUSION SET	3	
AUTOSOFT 90 INFUSION SET	3	
AUTOSOFT XC INFUSION SET 23" INFUSION SET	3	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	2	
CEQUR SIMPLICITY DEVICE 2 UNIT	3	
DEXCOM G6 RECEIVER	2	PA
DEXCOM G6 SENSOR DEVICE	2	PA
DEXCOM G6 TRANSMITTER DEVICE	2	PA
EVERSENSE SENSOR-HOLDER SUBCUTANEOUS DEVICE	3	
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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
GOJJI KETONE CONTROL SOLN-L1 SOLUTION	3	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	3	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	3	
LANCING DEVICE	3	
MINIMED 770G INSULIN PUMP	3	PA
MINIMED MIO ADVANCE INF SET23" INFUSION SET	3	PA
MINIMED QUICK SET 43" INFUSION SET	3	PA
MINIMED SILHOUETTE 23" INFUSION SET	3	PA
MINIMED SURE T 32" INFUSION SET	3	PA
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	3	
OMNIPOD CLASSIC PDM KIT(GEN 3)	3	
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	
ONETOUCH SOLUTIONS STARTER KIT	2	
ONETOUCH ULTRA CONTROL SOLUTION	2	
ONETOUCH ULTRA2 METER	2	
ONETOUCH ULTRAMINI KIT	2	
ONETOUCH VERIO FLEX METER	2	
ONETOUCH VERIO IQ METER	2	
ONETOUCH VERIO METER	2	
SAFE-CLIP BY MAIL DEVICE	3	
T:FLEX SUBCUTANEOUS CARTRIDGE	3	PA
T:SLIM X2 BASAL-IQ INSULIN PMP	3	PA
T:SLIM X2 CONTROL-IQ	3	PA
T:SLIM X2 SUBCUTANEOUS CARTRIDGE	3	PA
TRUSTEEL INFUSION SET 23" INFUSION SET	3	
VARISOFT INFUSION SET 23" INFUSION SET	3	
V-GO 20 DEVICE	3	PA
V-GO 30 DEVICE	3	PA
V-GO 40 DEVICE	3	PA
<b>INSULIN THERAPY</b>		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	3	PA
AFREZZA INHALATION CARTRIDGE WITH INHALER 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60)	3	PA; QL
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	ST
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	ST
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	QL
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	2	QL
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	2	QL
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	2	QL
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	QL
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	2	QL
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	QL
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	QL
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	QL
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	2	QL
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	QL
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	QL
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL
MYXREDLIN INTRAVENOUS SOLUTION 100 UNIT/100 ML (1 UNIT/ML)	3	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	ST; QL
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	QL
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	QL
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	QL
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	ST; QL
<b>MISCELLANEOUS HORMONES</b>		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	2	SP
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	2	PA; QL
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2)	3	SP; QL
<i>cabergoline oral tablet 0.5 mg</i>	1	
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	1	
<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>	1	
CERDELGA ORAL CAPSULE 84 MG	2	PA; SP; QL
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	2	PA; SP
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	1	PA; SP
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	3	PA; SP; QL
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
DESMOPRESSIN NASAL SPRAY, NON- AEROSOL 150 MCG/SPRAY (0.1 ML)	1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	2	SP
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	2	SP
GALAFOLD ORAL CAPSULE 123 MG	3	PA; SP; QL
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG	3	PA; SP; QL
JYNARQUE ORAL TABLET 15 MG, 30 MG	3	PA; SP; QL
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM)	3	PA; SP
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	3	PA; SP; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	2	PA; SP
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	3	PA; SP
KUVAN ORAL TABLET,SOLUBLE 100 MG	3	PA; SP
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	2	PA; SP
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	3	SP
<i>methyltestosterone oral capsule 10 mg</i>	1	ST
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	2	
<i>miglustat oral capsule 100 mg</i>	1	PA; SP; QL
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	2	SP; QL
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	2	SP
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	2	PA; SP; QL
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	3	ST; QL
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	3	ST; QL
ORILISSA ORAL TABLET 150 MG, 200 MG	2	PA; QL
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1	PA
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	3	PA; SP; QL
<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>	1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
PARSABIV INTRAVENOUS SOLUTION 5 MG/ML	3	PA; SP; QL
SAMSCA ORAL TABLET 15 MG, 30 MG	3	PA; SP; QL
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	1	PA; SP
<i>sapropterin oral tablet,soluble 100 mg</i>	1	PA; SP
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	SP

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	2	PA; SP
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	2	PA; SP; QL
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	3	PA; SP; QL
TESTONE CIK INTRAMUSCULAR KIT 200 MG/ML	3	PA
TESTOPEL IMPLANT PELLETT 75 MG	3	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA; QL
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	PA
TESTOSTERONE IMPLANT PELLETT 100 MG, 50 MG	1	PA
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	2	PA
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	PA; QL
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	2	PA; QL
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>	2	PA
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	1	PA; QL
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	2	PA
<i>tolvaptan oral tablet 30 mg</i>	1	PA; SP; QL
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	2	PA; SP
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	3	PA; SP; QL
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	3	PA; SP
ZAVESCA ORAL CAPSULE 100 MG	3	PA; SP; QL
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	
<i>zoledronic acid intravenous recon soln 4 mg</i>	1	SP
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	1	SP
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	1	PA; SP

Drug Name	Drug Tier	Requirements / Limits
ZOLEDRONIC AC-MANNITOL-0.9NAACL INTRAVENOUS PIGGYBACK 4 MG/100 ML	1	SP
<b>NON-INSULIN HYPOGLYCEMIC AGENTS</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	
FARXIGA ORAL TABLET 10 MG, 5 MG	2	QL
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet extended 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	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	ST; QL
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	2	ST; QL
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	2	ST; QL
INVOKANA ORAL TABLET 100 MG, 300 MG	2	QL
JANUMET ORAL TABLET 50-1,000 MG, 50- 500 MG	2	ST; QL
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	2	ST; QL
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	QL
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	QL
<i>metformin oral solution 500 mg/5 ml</i>	1	
<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>migliitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	2	QL



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML)	2	
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	ST
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1	ST
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	1	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	QL
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	2	ST; QL
STEGLATRO ORAL TABLET 15 MG, 5 MG	2	QL
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	2	ST; QL
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	2	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	2	
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	ST; QL
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; QL
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG	3	ST; QL
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	2	QL
TRULICITY SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	ST; QL
<b>THYROID HORMONES</b>		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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>	1	
<i>levo-t 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>	2	
<i>levo-t oral tablet 300 mcg</i>	3	
<i>levothyroxine intravenous recon soln 100 mcg, 200 mcg, 500 mcg</i>	1	
LEVOTHYROXINE INTRAVENOUS SOLUTION 100 MCG/ML, 20 MCG/ML, 40 MCG/ML	1	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>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</i>	2	
<i>liothyronine intravenous solution 10 mcg/ml</i>	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	
SYNTHROID ORAL TABLET 300 MCG	3	
<i>unithroid 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>	2	
<i>unithroid oral tablet 300 mcg</i>	3	

## **GASTROENTEROLOGY**

### **ANTIDIARRHEALS & ANTISPASMODICS**

ATROPINE IN 0.9 % SOD CHLORIDE INTRAVENOUS SYRINGE 0.25 MG/5 ML (0.05 MG/ML), 1 MG/2.5 ML (0.4 MG/ML), 1.2 MG/3 ML (0.4 MG/ML)	1	
<i>atropine injection solution 0.4 mg/ml, 1 mg/ml</i>	1	
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	1	
ATROPINE INTRAVENOUS SOLUTION 0.4 MG/ML, 1 MG/ML	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>atropine intravenous syringe 0.8 mg/2 ml (0.4 mg/ml)</i>	1	
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	1	ST
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	1	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	3	
<i>dicyclomine intramuscular solution 10 mg/ml</i>	1	
<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	ST
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	ST
<i>ed-spaz oral tablet,disintegrating 0.125 mg</i>	1	
GLYCOPYRROLATE (PF) IN WATER INJECTION SYRINGE 0.2 MG/ML	1	
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)</i>	1	
GLYCOPYRROLATE (PF) IN WATER INTRAVENOUS SYRINGE 0.6 MG/3 ML (0.2 MG/ML)	1	
GLYCOPYRROLATE INTRAVENOUS SYRINGE 0.6 MG/3 ML (0.2 MG/ML), 1 MG/5 ML (0.2 MG/ML)	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
GLYRX-PF INJECTION SOLUTION 0.2 MG/ML	3	
GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML), 1 MG/5 ML (0.2 MG/ML)	3	
HYOSCYAMINE SULFATE INJECTION SOLUTION 0.5 MG/ML	1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	1	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i>	1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>hyosyne oral drops 0.125 mg/ml</i>	1	
<i>hyosyne oral elixir 0.125 mg/5 ml</i>	1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	1	ST
<i>oscimin oral tablet 0.125 mg</i>	1	
<i>oscimin sl sublingual tablet 0.125 mg</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	3	
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	3	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML	3	
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	1	
<i>alvimopan oral capsule 12 mg</i>	1	
ANA-LEX KIT RECTAL KIT 2-2 %	1	
<i>anucort-hc rectal suppository 25 mg</i>	1	
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	1	QL
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	1	QL
AURYXIA ORAL TABLET 210 MG IRON	3	QL
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	
AZULFIDINE ORAL TABLET 500 MG	3	
<i>balsalazide oral capsule 750 mg</i>	1	
BARHEMSYS INTRAVENOUS SOLUTION 10 MG/4 ML (2.5 MG/ML), 5 MG/2 ML (2.5 MG/ML)	3	
<i>betaine oral powder 1 gram/scoop</i>	1	SP
<i>budesonide oral capsule,delayed,extend.release 3 mg</i>	1	
<i>budesonide oral tablet,delayed and ext.release 9 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	3	PA; QL
BYLVAY ORAL PELLETT 200 MCG, 600 MCG	3	PA; QL
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	
CANASA RECTAL SUPPOSITORY 1,000 MG	3	
CHENODAL ORAL TABLET 250 MG	2	PA; SP; QL
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	2	PA; SP
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	3	PA; SP; QL
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	3	PA; SP; QL
CINVANTI INTRAVENOUS EMULSION 7.2 MG/ML	3	
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	2	ACA(\$0 copay if age 45-75)
<i>compro rectal suppository 25 mg</i>	1	
<i>constulose oral solution 10 gram/15 ml</i>	1	
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	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	
CYSTADANE ORAL POWDER 1 GRAM/SCOOP	2	SP
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	3	
<i>dimenhydrinate injection solution 50 mg/ml</i>	1	
DIPENTUM ORAL CAPSULE 250 MG	3	ST
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	ST; QL
<i>droperidol injection solution 2.5 mg/ml</i>	1	
ENTEREG ORAL CAPSULE 12 MG	3	
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	2	PA; SP; QL
<i>enulose oral solution 10 gram/15 ml</i>	1	
<i>fosaprepitant intravenous recon soln 150 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	3	PA; SP; QL
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	ACA(\$0 copay if age 45-75)
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	ACA(\$0 copay if age 45-75)
<i>gavilyte-n oral recon soln 420 gram</i>	1	ACA(\$0 copay if age 45-75)
<i>generlac oral solution 10 gram/15 ml</i>	1	
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	3	
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml</i>	1	
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i>	1	
<i>granisetron hcl oral tablet 1 mg</i>	1	ST; QL
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	1	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)</i>	1	
<i>lactulose oral packet 10 gram</i>	2	
<i>lactulose oral solution 10 gram/15 ml</i>	1	
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	1	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL 3 %-2.5 % (7 GRAM)	1	
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	
LIVMARLI ORAL SOLUTION 9.5 MG/ML	3	PA; SP; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	2	PA; QL
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1	
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	1	
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram</i>	1	
<i>mesalamine rectal enema 4 gram/60 ml</i>	1	
<i>mesalamine rectal suppository 1,000 mg</i>	1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	1	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	1	
<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>	1	
<i>metoclopramide hcl oral tablet,disintegrating 10 mg, 5 mg</i>	1	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	2	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	QL
NULYTELY LEMON-LIME ORAL RECON SOLN 420 GRAM	3	
OICALIVA ORAL TABLET 10 MG, 5 MG	2	PA; SP; QL
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	1	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	1	
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	QL
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	1	
PALONOSETRON INTRAVENOUS SOLUTION 0.25 MG/2 ML	3	
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	1	
<i>palonosetron intravenous syringe 0.25 mg/5 ml</i>	1	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	ACA(\$0 copay if age 45-75)
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	1	ACA(\$0 copay if age 45-75)
<i>peg-electrolyte soln oral recon soln 420 gram</i>	1	ACA(\$0 copay if age 45-75)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>peg-prep oral kit 5-210 mg-gram</i>	1	ACA(\$0 copay if age 45-75)
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	2	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	2	
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	3	ACA(\$0 copay if age 45-75)
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1	
<i>procto-pak topical cream with perineal applicator 1 %</i>	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	2	
RELISTOR ORAL TABLET 150 MG	2	PA; QL
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	2	PA; QL
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	2	PA; QL
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	3	PA
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	3	ST; QL
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	1	
<i>sevelamer carbonate oral tablet 800 mg</i>	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
SOLESTA IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (4)	3	SP
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	2	
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	2	SP; QL
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	2	ACA(\$0 copay if age 45-75)
SYMPROIC ORAL TABLET 0.2 MG	2	QL
SYNDROS ORAL SOLUTION 5 MG/ML	3	ST; QL
<i>trimethobenzamide oral capsule 300 mg</i>	1	
TRULANCE ORAL TABLET 3 MG	2	QL
UCERIS RECTAL FOAM 2 MG/ACTUATION	2	
<i>ursodiol oral capsule 200 mg, 300 mg, 400 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
VARUBI ORAL TABLET 90 MG	2	QL
VELPHORO ORAL TABLET,CHEWABLE 500 MG	2	
VIBERZI ORAL TABLET 100 MG, 75 MG	3	PA; QL
VIOKACE ORAL TABLET 10,440-39,150-39,150 UNIT, 20,880-78,300- 78,300 UNIT	2	
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	2	
<b>ULCER THERAPY</b>		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	1	QL
CARAFATE ORAL TABLET 1 GRAM	3	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	3	
DEXLANSOPRAZOLE ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG	3	QL
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg, 40 mg</i>	1	QL
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	1	
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	1	
<i>famotidine intravenous solution 10 mg/ml</i>	1	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	1	
<i>famotidine oral tablet 40 mg</i>	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	
<i>nizatidine oral solution 150 mg/10 ml</i>	1	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	
<i>pantoprazole intravenous recon soln 40 mg</i>	1	
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	1	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	2	
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	QL
<i>sucralfate oral suspension 100 mg/ml</i>	1	
<i>sucralfate oral tablet 1 gram</i>	1	

## **IMMUNOLOGY, VACCINES & BIOTECHNOLOGY**

### **BIOTECHNOLOGY DRUGS**

FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA; SP
LEUKINE INJECTION RECON SOLN 250 MCG	2	PA; SP
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	3	PA; SP
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	3	PA; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	2	PA; SP

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	PA; SP
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	2	PA; SP; QL
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG	3	PA; SP
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	PA; SP; QL
RETACRIT INJECTION SOLUTION 20,000 UNIT/2 ML, 20,000 UNIT/ML	2	PA; SP
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	PA; SP
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA
<b>GROWTH HORMONES</b>		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	2	PA; SP; QL
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	2	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	2	PA; SP
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)	2	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	2	PA; SP
<b>INTERFERONS</b>		
AUBAGIO ORAL TABLET 14 MG, 7 MG	2	PA; SP; QL
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	2	PA; SP; QL
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	2	PA; SP; QL
BAFIERTAM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 95 MG	2	PA; SP

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
BETASERON SUBCUTANEOUS KIT 0.3 MG	2	PA; SP; QL
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	1	PA; SP; QL
GILENYA ORAL CAPSULE 0.5 MG	2	PA; SP
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	1	PA; SP; QL
<i>glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	1	PA; SP; QL
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	3	PA; SP; QL
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	2	PA; SP; QL
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	1	PA; SP; QL
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; QL
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; QL
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; QL
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; QL
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; QL
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; QL
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; QL
MAYZENT ORAL TABLET 0.25 MG, 2 MG	2	PA; SP; QL
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	2	PA; SP
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	3	PA; SP; QL
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	3	PA; SP; QL
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	3	PA; SP; QL
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	2	PA; SP; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; SP; QL
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; SP; QL
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	2	PA; SP; QL
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA; SP; QL
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; SP; QL
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; SP; QL
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	2	PA; SP; QL
<i>ribavirin oral capsule 200 mg</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	2	PA; SP; QL
<b>INTERLEUKINS</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	2	PA; SP
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	3	SP
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	3	PA; SP; QL
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	2	PA; SP; QL
<i>imiquimod topical cream in packet 5 %</i>	1	QL
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	2	PA; SP
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	3	PA; SP; QL
<b>VACCINES &amp; MISCELLANEOUS IMMUNOLOGICALS</b>		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	ACA; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	ACA; QL
AFLURIA QD 2021-22(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	2	ACA; QL
AFLURIA QD 2021-22(6-35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	2	ACA
AFLURIA QUAD 2021-2022(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	2	ACA; QL
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	2	SP
BEXSERO INTRAMUSCULAR SYRINGE 50- 50-50-25 MCG/0.5 ML	3	ACA; QL; Age (Min 10 Years and Max 25 Years)
BIVIGAM INTRAVENOUS SOLUTION 10 %	2	PA; SP
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	3	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	ACA; QL
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	2	PA; SP
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	3	PA; SP
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF- MCG-LF/0.5ML	2	ACA
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT	3	PA; SP
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	ACA; QL; Age (Min 18 Years and Max 999 Years)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	ACA; QL; Age (Min 18 Years and Max 999 Years)
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	ACA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 %	3	PA; SP
FLUAD QUAD 2021-22(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	2	ACA; Age (Min 65 Years and Max 999 Years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
FLUARIX QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	2	ACA
FLUBLOK QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	2	ACA; QL; Age (Min 18 Years and Max 999 Years)
FLUCELVAX QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	2	ACA; QL
FLUCELVAX QUAD 2021-2022 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	2	ACA; QL
FLULAVAL QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	2	ACA
FLUMIST QUAD 2021-2022 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	3	ACA
FLUZONE HIGHDOSE QUAD 21-22 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	2	ACA
FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	2	ACA
FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	2	ACA
FLUZONE QUAD 2021-2022 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	2	ACA
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	2	PA; SP
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	2	PA; SP
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	2	PA; SP
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	2	PA; SP
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	3	PA; SP
GAMMAPLEX INTRAVENOUS SOLUTION 10 %	3	PA; SP

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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 %)	2	PA; SP
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	ACA; QL; Age (Min 9 Years and Max 45 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	ACA; QL; Age (Min 9 Years and Max 45 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	ACA; QL; Age (Min 18 Years and Max 999 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	ACA
HEPAGAM B INJECTION SOLUTION >312 UNIT/ML, GREATR THAN 312 UNIT/ML (5 ML)	2	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	3	ACA; QL; Age (Min 18 Years and Max 999 Years)
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	ACA
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML)	2	
HYPERHEP B INTRAMUSCULAR SYRINGE 220 UNIT/ML	2	
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML	2	
HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML	3	
HYPERTET (PF) INTRAMUSCULAR SYRINGE 250 UNIT/ML	2	
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	3	PA; SP
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	2	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	ACA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	2	ACA
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	2	ACA



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	ACA
JANSSEN COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 0.5 ML	3	ACA; QL
KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	2	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	2	ACA
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	ACA; QL; Age (Min 11 Years and Max 23 Years)
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	3	QL; Age (Min 11 Years and Max 23 Years)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	ACA; QL; Age (Min 11 Years and Max 23 Years)
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	ACA; QL
MODERNA COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML	3	ACA
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML	2	PA; SP
NABI-HB INTRAMUSCULAR SOLUTION GREATER THAN 1,560 UNIT/5 ML, GREATER THAN 312 UNIT/ML	2	
PANZYGA INTRAVENOUS SOLUTION 10 %	3	PA; SP
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	ACA
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	2	ACA
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-48MCG-62DU -10 MCG/0.5ML	2	ACA
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	ACA
PFIZER COVID-19 TRIS VACCIN(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	3	ACA; Age (Min 12 Years and Max 999 Years)
PFIZER COVID-19 TRIS VACCIN(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MCG/0.2 ML	3	ACA; Age (Min 5 Years and Max 11 Years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
PFIZER COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 30 MCG/0.3 ML	3	ACA
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	3	ACA; QL; Age (Min 65 Years and Max 999 Years)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	3	ACA; QL; Age (Min 65 Years and Max 999 Years)
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	ACA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	3	ACA
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	ACA
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	ACA
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	3	ACA; QL; Age (Min 18 Years and Max 999 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	3	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	ACA; QL; Age (Min 18 Years and Max 999 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	ACA
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	2	ACA
ROTATEQ VACCINE ORAL SOLUTION 2 ML	2	ACA
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	3	ACA; QL; Age (Min 19 Years and Max 999 Years)
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	3	ACA
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	3	ACA; QL
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	ACA; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	ACA; QL
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	2	
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG	2	SP
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	ACA; QL; Age (Min 10 Years and Max 25 Years)
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	ACA; QL
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	ACA
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	3	ACA
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	ACA
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	3	ACA; QL; Age (Min 18 Years and Max 999 Years)
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	ACA
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	3	ACA; QL; Age (Min 18 Years and Max 999 Years)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	ACA; QL
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	2	
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	2	ACA
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	2	ACA
VAXNEUVANCE INTRAMUSCULAR SYRINGE 0.5 ML	3	Age (Min 19 Years and Max 999 Years)
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	3	ACA
<b>MUSCULOSKELETAL &amp; RHEUMATOLOGY</b>		
<b>GOUT THERAPY</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>allopurinol sodium intravenous recon soln 500 mg</i>	1	
<i>aloprim intravenous recon soln 500 mg</i>	2	
COLCHICINE ORAL CAPSULE 0.6 MG	1	QL
<i>colchicine oral tablet 0.6 mg</i>	1	QL
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	ST; QL
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	2	PA; SP; QL
MITIGARE ORAL CAPSULE 0.6 MG	2	QL
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
ZYLOPRIM ORAL TABLET 100 MG	3	
<b>OSTEOPOROSIS THERAPY</b>		
<i>alendronate oral solution 70 mg/75 ml</i>	1	QL
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	
EVISTA ORAL TABLET 60 MG	3	QL
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	2	SP; QL
FOSAMAX PLUS D ORAL TABLET 70 MG-2,800 UNIT, 70 MG- 5,600 UNIT	3	
<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	
<i>raloxifene oral tablet 60 mg</i>	1	ACA; QL
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	1	ST; QL
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	1	ST; QL
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	2	PA; SP; QL
<b>OTHER RHEUMATOLOGICALS</b>		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	2	PA; SP; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	2	PA; SP; QL
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	2	PA; SP
ARAVA ORAL TABLET 10 MG, 20 MG	3	
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	2	SP; QL
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	3	PA; SP; QL
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	3	PA; SP; QL
DEPEN TITRATABS ORAL TABLET 250 MG	3	PA; SP; QL
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	2	PA; SP; QL
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	2	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	2	PA; SP; QL
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	2	PA; SP; QL
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	2	PA; SP; QL
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; SP; QL
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; SP; QL
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; SP; QL
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; SP; QL
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	2	PA; SP; QL
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA; SP; QL
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA; SP; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	2	PA; SP; QL
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; SP; QL
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	2	PA; SP; QL
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	3	PA; SP; QL
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	3	PA; SP; QL
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
OLUMIANT ORAL TABLET 1 MG, 2 MG	3	PA; SP; QL
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	3	PA; SP; QL
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	3	PA; SP; QL
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	3	PA; SP; QL
OTEZLA ORAL TABLET 30 MG	2	PA; SP; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	2	PA; SP; QL
<i>penicillamine oral capsule 250 mg</i>	1	PA; SP
<i>penicillamine oral tablet 250 mg</i>	1	PA; SP
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	2	ST; QL
RIDAURA ORAL CAPSULE 3 MG	2	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	2	PA; SP; QL
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	2	
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	2	
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	3	PA; SP; QL
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	3	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	3	PA; SP; QL
XELJANZ ORAL SOLUTION 1 MG/ML	2	PA; SP
XELJANZ ORAL TABLET 10 MG, 5 MG	2	PA; SP; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	2	PA; SP; QL

## OBSTETRICS & GYNECOLOGY

### DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	3	ACA
FC2 FEMALE CONDOM	3	ACA
FEMCAP VAGINAL DEVICE 22 MM	3	ACA
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG	3	ACA
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/24 HRS (6 YRS) 52 MG	3	ACA
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24 HOURS (7 YRS) 52 MG	3	ACA
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	3	ACA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG	3	ACA
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	3	ACA

### ESTROGENS & PROGESTINS

<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	3	
AYGESTIN ORAL TABLET 5 MG	3	
BIJUVA ORAL CAPSULE 1-100 MG	3	ST
<i>camila oral tablet 0.35 mg</i>	1	ACA
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR	3	QL
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	2	QL
<i>covaryx h.s. oral tablet 0.625-1.25 mg</i>	1	
<i>covaryx oral tablet 1.25-2.5 mg</i>	1	
<i>deblitane oral tablet 0.35 mg</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	ST; ACA
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML	3	ST; ACA
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	3	ACA
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %)	2	
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL
DUAVEE ORAL TABLET 0.45-20 MG	2	
<i>eemt hs oral tablet 0.625-1.25 mg</i>	1	
<i>eemt oral tablet 1.25-2.5 mg</i>	1	
<i>errin oral tablet 0.35 mg</i>	1	ACA
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	2	QL
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	1	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>heather oral tablet 0.35 mg</i>	1	ACA
<i>hydroxyprogesterone (pf)(preg preserv) intramuscular oil 250 mg/ml (1 ml)</i>	1	PA; SP; QL



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml</i>	1	PA; SP; QL
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	1	PA; SP
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	3	QL
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	3	QL
<i>incassia oral tablet 0.35 mg</i>	1	ACA
<i>jencycla oral tablet 0.35 mg</i>	1	ACA
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>lyleq oral tablet 0.35 mg</i>	1	ACA
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL
<i>lyza oral tablet 0.35 mg</i>	1	ACA
MAKENA (PF) SUBCUTANEOUS AUTO-INJECTOR 275 MG/1.1 ML	2	PA; SP; QL
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	1	ACA
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	1	ACA
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	3	
<i>mimvey oral tablet 1-0.5 mg</i>	1	
<i>nora-be oral tablet 0.35 mg</i>	1	ACA
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	ACA
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norlyda oral tablet 0.35 mg</i>	1	ACA
PREMARIN INJECTION RECON SOLN 25 MG	2	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	
PREMPHASE ORAL TABLET 0.625 MG (14)/0.625MG-5MG(14)	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	
<i>progesterone intramuscular oil 50 mg/ml</i>	1	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	3	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	
<i>sharobel oral tablet 0.35 mg</i>	1	ACA
<i>tulana oral tablet 0.35 mg</i>	1	ACA
<i>yuvafem vaginal tablet 10 mcg</i>	1	
<b>MISCELLANEOUS OB/GYN</b>		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	3	ACA
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	3	
CLEOCIN VAGINAL CREAM 2 %	3	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA; QL
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA; QL
GYNAZOLE-1 VAGINAL CREAM 2 %	3	
<i>gynol ii vaginal gel 3 %</i>	3	ACA
<i>isoxsuprine oral tablet 10 mg, 20 mg</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	1	
<i>miconazole-3 vaginal suppository 200 mg</i>	1	
MIFEPREX ORAL TABLET 200 MG	3	
<i>mifepristone oral tablet 200 mg</i>	1	
NEXPLANON SUBDERMAL IMPLANT 68 MG	3	ACA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	3	PA; QL
OSPHENA ORAL TABLET 60 MG	3	QL
PHEXXI VAGINAL GEL 1.8-1-0.4 %	3	ACA
PREPIDIL VAGINAL GEL 0.5 MG/3 G	3	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG	3	ACA
<i>tranexamic acid oral tablet 650 mg</i>	1	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	3	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	3	ACA
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	3	ACA
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	1	ACA
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA; QL
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA; QL
<b>ORAL CONTRACEPTIVES &amp; RELATED AGENTS</b>		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>after pill oral tablet 1.5 mg</i>	1	ACA
AFTERA ORAL TABLET 1.5 MG	1	ST; ACA
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	1	ACA
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA
<i>amethia oral tablets,dose pack,3 month 0.15 mg- 30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	1	ACA
<i>apri oral tablet 0.15-0.03 mg</i>	1	ACA
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	ACA
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>aubra oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>ayuna oral tablet 0.15-0.03 mg</i>	1	ACA
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	1	ACA
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	ACA
<i>camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	1	ACA
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	ACA
<i>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	ACA
<i>chateal (28) oral tablet 0.15-0.03 mg</i>	1	ACA
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	1	ACA
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	1	ACA
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA
<i>cyred eq oral tablet 0.15-0.03 mg</i>	1	ACA
<i>cyred oral tablet 0.15-0.03 mg</i>	1	ACA
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	1	ACA
<i>dolishale oral tablet 90-20 mcg (28)</i>	1	ACA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	1	ACA
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	ACA
<i>econtra ez oral tablet 1.5 mg</i>	1	ACA
<i>econtra one-step oral tablet 1.5 mg</i>	1	ACA
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	ACA
<b>ELLA ORAL TABLET 30 MG</b>	3	ACA
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA
<i>enskyce oral tablet 0.15-0.03 mg</i>	1	ACA
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	ACA
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	ACA
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>femynor oral tablet 0.25-35 mg-mcg</i>	1	ACA
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<i>hailey oral tablet 1.5-30 mg-mcg</i>	1	ACA
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	ACA
<i>isibloom oral tablet 0.15-0.03 mg</i>	1	ACA
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	1	ACA
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	ACA
<i>juleber oral tablet 0.15-0.03 mg</i>	1	ACA
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>kaitlib fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	ACA
<i>kalliga oral tablet 0.15-0.03 mg</i>	1	ACA
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA
<i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>	1	ACA
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	1	ACA
<i>l norgest/e.estradiol-e.estradiol oral tablets, dose pack, 3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<i>larissia oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>layolis fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	ACA
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	ACA
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA
<i>levonorgestrel oral tablet 1.5 mg</i>	1	ACA
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	1	ACA
<i>levonorgestrel-ethinyl estradiol oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	1	ACA
<i>levonorg-eth estradiol triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA
<i>levora-28 oral tablet 0.15-0.03 mg</i>	1	ACA
<i>lillow (28) oral tablet 0.15-0.03 mg</i>	1	ACA
<b>LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)</b>	2	ACA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>lojaimiess oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	1	ACA
<i>loryna (28) oral tablet 3-0.02 mg</i>	1	ACA
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	1	ACA
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	1	ACA
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	1	ACA
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	ACA
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA
<b>MICROGESTIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)</b>	1	ACA
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	ACA
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	1	ACA
<i>my choice oral tablet 1.5 mg</i>	1	ACA
<i>my way oral tablet 1.5 mg</i>	1	ACA
<b>NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG</b>	3	ACA
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	ACA
<i>new day oral tablet 1.5 mg</i>	1	ACA
<i>nikki (28) oral tablet 3-0.02 mg</i>	1	ACA
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	1	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	ACA
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	ACA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	1	ACA
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	ACA
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	1	ACA
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	1	ACA
<i>ocella oral tablet 3-0.03 mg</i>	1	ACA
<i>opcicon one-step oral tablet 1.5 mg</i>	1	ACA
<i>option-2 oral tablet 1.5 mg</i>	1	ACA
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	ACA
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg</i>	1	ACA
<i>portia 28 oral tablet 0.15-0.03 mg</i>	1	ACA
<i>previfem oral tablet 0.25-35 mg-mcg</i>	1	ACA
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	1	ACA
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	ACA
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	ACA
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<b>SLYND ORAL TABLET 4 MG (28)</b>	3	ACA
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	1	ACA
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>syeda oral tablet 3-0.03 mg</i>	1	ACA
<b>TAKE ACTION ORAL TABLET 1.5 MG</b>	1	ST; ACA
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<i>taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	2	ST; ACA
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	ACA
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	ACA
<i>tri-lynyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG	1	ACA
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	1	ACA
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	ACA
<i>vestura (28) oral tablet 3-0.02 mg</i>	1	ACA
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	ACA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	1	ACA
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	ACA
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	1	ACA
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	ACA
<i>zarah oral tablet 3-0.03 mg</i>	1	ACA
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	1	ACA
<b>OXYTOCICS</b>		
<i>methergine oral tablet 0.2 mg</i>	3	
<i>methylergonovine oral tablet 0.2 mg</i>	1	
<b>OPHTHALMOLOGY</b>		
<b>ANTIBIOTICS</b>		
<i>ak-poly-bac ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
<b>AZASITE OPHTHALMIC (EYE) DROPS 1 %</b>	2	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
<b>BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %</b>	3	ST
<b>BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %</b>	3	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	1	ST

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	3	
ZYMAXID OPHTHALMIC (EYE) DROPS 0.5 %	3	
<b>ANTIVIRALS</b>		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
<b>BETA-BLOCKERS</b>		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	3	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	ST
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	
<b>CYCLOPLEGIC MYDRIATICS</b>		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
ATROPINE OPHTHALMIC (EYE) DROPS, EMULSION 0.01 %	1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 % , 1 % , 2 %	3	
<i>cyclopentolate ophthalmic (eye) drops 0.5 % , 1 % , 2 %</i>	1	
CYCLOPEN-TROPIC-PHENYLEPH-WATR OPHTHALMIC (EYE) DROPS 1-1-2.5 %	1	
CYCLOPENT-TROPIC-PHEN-KETR-WAT OPHTHALMIC (EYE) DROPS 1 %-1 %-10 %-0.5 % , 1 %-1 %-2.5 %- 0.5 %	1	
CYCLOP-TROP-PROPA-PHEN-KET-WAT OPHTHALMIC (EYE) DROPS 1 %-1 %-0.1 %-2.5 %-0.4 %	1	
<i>homatropaire ophthalmic (eye) drops 5 %</i>	1	
PAREMYD OPHTHALMIC (EYE) DROPS 1-0.25 %	3	
PHENYLEPH-TROPICAMIDE IN WATER OPHTHALMIC (EYE) DROPS 2.5-1 %	1	
<i>tropicamide ophthalmic (eye) drops 0.5 % , 1 %</i>	1	
<b>DIRECT ACTING MIOTICS</b>		
<i>pilocarpine hcl ophthalmic (eye) drops 1 % , 2 % , 4 %</i>	1	
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	3	
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	3	ST
ALOMIDOPHTHALMIC (EYE) DROPS 0.1 %	3	ST
<i>altacaine ophthalmic (eye) drops 0.5 %</i>	1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %	1	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	1	
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	3	PA; QL
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %	1	
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	3	PA; SP; QL
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	2	PA; SP; QL
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>fluorescein-propracaine ophthalmic (eye) drops 0.25-0.5 %</i>	1	
LASTACFT OPHTHALMIC (EYE) DROPS 0.25 %	3	ST
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	3	PA; SP; QL
PREDNISOL ACE-GATIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.075 %	1	
PREDNISOLN SP-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS 1-0.5-0.075 %	1	
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.1 %	1	
PREDNISOLONE-MOXIFLO-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.1 %	1	
PREDNISOLONE-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.075 %	1	
<i>propracaine ophthalmic (eye) drops 0.5 %</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	2	PA; QL
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	2	PA; QL
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 %	1	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	1	
VISUDYNE INTRAVENOUS RECON SOLN 15 MG	2	SP
VITRASE INJECTION SOLUTION 200 UNIT/ML	3	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	PA
ZERVIAE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	2	
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	3	
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	3	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	3	ST
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	2	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	3	ST
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<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	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
<b>OTHER GLAUCOMA DRUGS</b>		
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	QL
BRIMONIDINE-DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 0.15-2 %	1	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	1	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	1	ST
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	2	
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	3	ST; QL
DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 2 %	1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	1	ST; QL
DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS 2-0.5 %	1	ST
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
LATANOPROST (PF) OPHTHALMIC (EYE) DROPS 0.005 %	1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	ST; QL
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG	3	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	2	ST; QL
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	ST; QL
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	ST
TIMOL-BRIMON-DORZO-LATANOP(PF) OPHTHALMIC (EYE) DROPS 0.5 %-0.15 %- 2 %-0.005 %	1	
TIMOLOL-BRIMONIDI-DORZOLAM(PF) OPHTHALMIC (EYE) DROPS 0.5-0.15-2 %	1	
TIMOLOL-DORZOLAMID-LATANOP(PF) OPHTHALMIC (EYE) DROPS 0.5-2-0.005 %	1	
TIMOLOL-LATANOPROST(PF) OPHTHALMIC (EYE) DROPS 0.5-0.005 %	1	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	ST; QL
TRUSOPT OPHTHALMIC (EYE) DROPS 2 %	3	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	3	ST; QL
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	2	ST; QL
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 %	3	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-1 %	3	

Drug Name	Drug Tier	Requirements / Limits
PREDNISOLONE ACET-GATIFLOXACIN OPTHALMIC (EYE) DROPS,SUSPENSION 1-0.5 %	1	
PREDNISOLONE SOD PH-MOXIFLOX OPTHALMIC (EYE) DROPS 1-0.5 %	1	
PREDNISOLONE-MOXIFLOXACIN HCL OPTHALMIC (EYE) DROPS,SUSPENSION 1-0.5 %	1	
TOBRADEX OPTHALMIC (EYE) OINTMENT 0.3-0.1 %	2	
TOBRADEX ST OPTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	
ZYLET OPTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	2	
<b>STEROIDS</b>		
ALREX OPTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	3	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	1	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	
INVELTYS OPTHALMIC (EYE) DROPS,SUSPENSION 1 %	2	ST; QL
LOTEMAX OPTHALMIC (EYE) OINTMENT 0.5 %	2	
LOTEMAX SM OPTHALMIC (EYE) DROPS,GEL 0.38 %	2	
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	1	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	1	
PREDNISOLONE ACETATE (PF) OPTHALMIC (EYE) DROPS,SUSPENSION 1 %	1	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	



Drug Name	Drug Tier	Requirements / Limits
<b>STEROID-SULFONAMIDE COMBINATIONS</b>		
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
<b>SULFONAMIDES</b>		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
<b>SYMPATHOMIMETICS</b>		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	1	
<b>VASOCONSTRICTOR DECONGESTANTS</b>		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	3	
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	1	
<b>RESPIRATORY, ALLERGY, COUGH &amp; COLD</b>		
<b>ANTI-HISTAMINE &amp; ANTI-ALLERGENIC AGENTS</b>		
<i>adrenalin injection solution 1 mg/ml, 1 mg/ml (1 ml)</i>	2	
ADYPHREN AMP II INJECTION KIT 1 MG/ML	3	
ADYPHREN II INJECTION KIT 1 MG/ML	3	
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML	2	
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>clemastine oral syrup 0.5 mg/5 ml</i>	1	
<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>	1	QL
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	QL
<i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i>	2	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
EPINEPHRINE HCL (PF) INJECTION SOLUTION 1 MG/ML (1 ML)	1	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL
<i>epinephrine injection solution 1 mg/ml, 1 mg/ml (1 ml)</i>	1	QL
<i>epinephrine injection syringe 0.1 mg/ml</i>	1	QL
<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>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
QUZYTIR INTRAVENOUS SOLUTION 10 MG/ML	2	
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	3	QL
<b>COUGH &amp; COLD THERAPY</b>		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	1	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	1	
HYCODAN (WITH HOMATROPINE) ORAL SYRUP 5-1.5 MG/5 ML	3	QL; Age (Min 12 Years and Max 999 Years)
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	1	QL; Age (Min 12 Years and Max 999 Years)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	QL; Age (Min 12 Years and Max 999 Years)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	1	QL; Age (Min 12 Years and Max 999 Years)
<i>hydromet oral syrup 5-1.5 mg/5 ml</i>	1	QL; Age (Min 12 Years and Max 999 Years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
OBREDON ORAL SOLUTION 2.5-200 MG/5 ML	3	QL; Age (Min 12 Years and Max 999 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1	QL; Age (Min 12 Years and Max 999 Years)
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	1	
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	1	QL; Age (Min 12 Years and Max 999 Years)
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	1	
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	1	
TUZISTRA XR ORAL SUSPENSION,EXTENDED REL 12 HR 14.7-2.8 MG/5 ML	3	QL; Age (Min 12 Years and Max 999 Years)
<b>PULMONARY AGENTS</b>		
ACCOLATE ORAL TABLET 10 MG, 20 MG	3	
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	2	PA; SP
ADRENALIN NASAL SOLUTION 1 MG/ML	3	
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	QL
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	1	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	1	
<i>alyq oral tablet 20 mg</i>	1	PA; SP; QL
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1	PA; SP; QL
<i>aminophylline intravenous solution 250 mg/10 ml</i>	1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL
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
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	2	QL
<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i>	1	ST; QL
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	2	QL
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	1	PA; SP; QL
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	QL
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	1	QL
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	2	PA; SP; QL
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML	3	
DALIRESP ORAL TABLET 250 MCG, 500 MCG	2	QL
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	QL
<i>epinephrine hcl nasal solution 1 mg/ml</i>	1	
ESBRIET ORAL CAPSULE 267 MG	2	PA; SP; QL
ESBRIET ORAL TABLET 267 MG, 801 MG	2	PA; SP; QL
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	2	PA; SP

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	2	PA; SP
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	2	QL
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	QL
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	1	QL
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	1	ST
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	1	QL
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	3	PA; SP
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	3	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	1	PA; SP; QL
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	QL
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	2	PA; SP
KALYDECO ORAL TABLET 150 MG	2	PA; SP
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	1	
LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML	3	ST; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML	3	ST; QL
<i>metaproterenol oral syrup 10 mg/5 ml</i>	1	
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	2	QL
<i>montelukast oral granules in packet 4 mg</i>	1	
<i>montelukast oral tablet 10 mg</i>	1	
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	1	
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	2	PA; SP; QL
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	2	PA; SP; QL
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; SP; QL
OFEV ORAL CAPSULE 100 MG, 150 MG	2	PA; SP; QL
OPSUMIT ORAL TABLET 10 MG	2	PA; SP; QL
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	2	PA; SP; QL
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	2	PA; SP; QL
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	3	PA; SP
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	2	QL
PULMOZYME INHALATION SOLUTION 1 MG/ML	2	PA; SP; QL
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	QL
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	QL
REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	3	PA; SP; QL
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	2	PA; SP; QL
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	1	PA; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	QL
<i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i>	1	PA; QL
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	1	PA; SP; QL
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	1	PA; QL
SINUVA SINUS IMPLANT 1,350 MCG	3	PA; QL
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	1	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	QL
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	QL
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	QL
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	2	QL
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	3	PA; SP
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	1	PA; SP; QL
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	3	PA; SP; QL
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	3	PA; SP; QL
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	1	
<i>theophylline oral elixir 80 mg/15 ml</i>	1	
<i>theophylline oral solution 80 mg/15 ml</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	
TICANASE NASAL KIT,SPRAY SUSPENSION AND SPRAY 50 MCG- 0.9 %	3	ST
TRACLEER ORAL TABLET 125 MG, 62.5 MG	3	PA; SP; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	2	PA; SP; QL
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	QL
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	2	PA; SP
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	2	PA; SP
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	2	PA; SP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	2	PA; SP
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	3	PA; SP
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	2	PA; SP; QL
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	2	PA; SP; QL
XOPENEX CONCENTRATE INHALATION SOLUTION FOR NEBULIZATION 1.25 MG/0.5 ML	3	
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.31 MG/3 ML, 0.63 MG/3 ML, 1.25 MG/3 ML	3	
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	2	QL
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	2	
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	2	
ZYFLO ORAL TABLET 600 MG	3	ST
<b>UROLOGICALS</b>		
<b>ANTICHOLINERGICS &amp; ANTISPASMODICS</b>		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	1	ST
<i>flavoxate oral tablet 100 mg</i>	1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	2	ST
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	2	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	2	ST
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	
<i>solifenacin oral tablet 10 mg, 5 mg</i>	1	ST
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	1	ST
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	ST
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	2	ST
<i>tropium oral capsule,extended release 24hr 60 mg</i>	1	ST
<i>tropium oral tablet 20 mg</i>	1	ST
<b>BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY</b>		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	
<i>dutasteride oral capsule 0.5 mg</i>	1	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	1	ST
<i>finasteride oral tablet 5 mg</i>	1	
FLOMAX ORAL CAPSULE 0.4 MG	3	
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG	3	ST
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	
<i>tamsulosin oral capsule 0.4 mg</i>	1	
<b>CHOLINERGIC STIMULANTS</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<b>MISCELLANEOUS UROLOGICALS</b>		
<i>alprostadil injection solution 500 mcg/ml</i>	1	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	2	PA; SP
ELMIRON ORAL CAPSULE 100 MG	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>hyophen oral tablet 81.6-0.12-10.8 mg</i>	1	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	2	
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	1	
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	3	PA; SP
<i>phosphasal oral tablet 81.6-10.8-40.8 mg</i>	1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	2	
<i>urimar-t oral tablet 120-0.12-10.8 mg</i>	1	
<i>uro-458 oral tablet 81-10.8-40.8 mg</i>	1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG)	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	3	
<i>urogesic-blue oral tablet 81.6-40.8-0.12 mg</i>	1	
<i>uro-mp oral capsule 118-10-40.8-36 mg</i>	1	
<i>uryl oral tablet 81.6-40.8-0.12 mg</i>	2	
<i>ustell oral capsule 120-0.12 mg</i>	1	
<b>URINARY ANESTHETICS</b>		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
<b>VITAMINS, HEMATINICS &amp; ELECTROLYTES</b>		
<b>ELECTROLYTES</b>		
CALCIUM GLUC IN NA CL, ISO-OSM INTRAVENOUS SOLUTION 1 GRAM/50 ML, 2 GRAM/100 ML	1	
CALCIUM GLUCONATE IN WATER INTRAVENOUS SYRINGE 1 GRAM/10 ML (100 MG/ML)	1	
<i>effe-r-k oral tablet, effervescent 25 meq</i>	1	
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	3	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	1	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	1	
<i>lugols oral solution 5 %</i>	3	
POTABA ORAL CAPSULE 500 MG	3	
<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	
<i>potassium chloride oral packet 20 meq</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq</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 parenteral solution 2.5 meq/ml, 4 meq/ml</i>	1	
<i>strong iodine oral solution 5 %</i>	1	
<b>MISCELLANEOUS VITAMINS, HEMATINICS, &amp; ELECTROLYTES</b>		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	3	PA
<b>VITAMINS &amp; HEMATINICS</b>		
AZESCO ORAL TABLET 13 MG IRON- 1 MG	3	
<i>bal-care dha oral combo pack,tablet and cap,dr 27-1-430 mg</i>	1	
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL 20 MG IRON-1 MG - 25 MG/25 MG	3	
<i>c-nate dha oral capsule 28 mg iron-1 mg -200 mg</i>	1	
<i>complete natal dha oral combo pack 29-1-250-200 mg</i>	2	
<i>completenate oral tablet,chewable 29 mg iron- 1 mg</i>	1	
CONCEPT DHA ORAL CAPSULE 35-1-200 MG	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
DUET DHA BALANCED ORAL COMBO PACK 25 MG IRON-1 MG -267 MG-233 MG	3	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG -400 MG	3	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
FERAHEME INTRAVENOUS SOLUTION 510 MG/17 ML (30 MG/ML)	3	
<i>ferumoxytol intravenous solution 510 mg/17 ml (30 mg/ml)</i>	1	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	1	ACA; Age (Max 6 Years)
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	1	ACA; Age (Max 6 Years)
<i>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</i>	1	ACA
<i>folivane-ob oral capsule 85-1 mg</i>	1	
INFED INJECTION SOLUTION 50 MG/ML	3	
<i>kpn oral tablet</i>	1	
<i>m-natal plus oral tablet 27 mg iron- 1 mg</i>	1	ACA
MONOFERRIC INTRAVENOUS SOLUTION 100 MG IRON/ML	3	
<i>mynatal oral capsule 65 mg iron- 1 mg</i>	1	
<i>mynatal plus oral tablet 65 mg iron- 1 mg</i>	1	
<i>mynatal-z oral tablet 65 mg iron- 1 mg</i>	1	
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET,CHEWABLE 28 MG IRON -1 MG	3	
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG	3	
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG	3	
NESTABS ORAL TABLET 32-1,000 MG-MCG	3	
<i>newgen oral tablet 32-1,000 mg-mcg</i>	1	
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG	3	
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG	3	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG	3	
<i>pnv-dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>pnv-omega oral capsule 28-1-300 mg</i>	1	
<i>pnv-select oral tablet 27-1 mg</i>	1	
<i>pr natal 400 ec oral combo pack,tablet and cap,dr 29-1-400 mg</i>	1	
<i>pr natal 400 oral combo pack 29-1-400 mg</i>	1	
<i>pr natal 430 ec oral combo pack,tablet and cap,dr 29-1-430 mg</i>	1	
<i>pr natal 430 oral combo pack 29 mg iron-1 mg - 430 mg</i>	1	
PREGENNA ORAL TABLET 20 MG IRON- 1 MG	3	
<i>prenal chew oral tablet,chew,ir - dr,biphase 1.4 mg</i>	1	
<i>prenal pearl oral capsule,ir - delay rel,biphase 30-1.4-200 mg</i>	1	
<i>prenal true oral combo pack 30 mg iron- 1.4 mg- 300 mg</i>	1	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	3	
<i>prenatabs fa oral tablet 29-1 mg</i>	1	
<i>prenatabs rx oral tablet 29 mg iron- 1 mg</i>	1	
PRENATAL ORAL TABLET 28-800 MG-MCG	3	
<i>prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg</i>	1	ACA
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG	3	
<i>prenatal plus oral tablet 29 mg iron- 1 mg</i>	1	
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	1	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	1	ACA
<i>prenatal vitamin with minerals oral tablet 28 mg iron- 800 mcg</i>	1	
<i>prenatal-u oral capsule 106.5-1 mg</i>	1	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG	3	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG	3	

Drug Name	Drug Tier	Requirements / Limits
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG	3	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG	3	
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG	3	
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG	3	
PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG	3	
<i>preplus oral tablet 27 mg iron- 1 mg</i>	1	ACA
PRIMACARE ORAL CAPSULE 30-1-300 MG	3	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG	3	
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG	3	
<i>se-natal 19 chewable oral tablet, chewable 29 mg iron- 1 mg</i>	1	
<i>se-natal-19 oral tablet 29 mg iron- 1 mg</i>	3	
<i>taron-c dha oral capsule 35-1-200 mg</i>	1	
TRICARE ORAL TABLET 27 MG IRON- 1 MG	3	
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON	3	
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML	2	
<i>trinatal rx 1 oral tablet 60 mg iron-1 mg</i>	2	
<i>trinate oral tablet 28 mg iron- 1 mg</i>	1	
TRINAZ ORAL TABLET 12-1 MG	3	
TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG	3	
VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML, 200 MG IRON/10 ML, 50 MG IRON/2.5 ML	3	
<i>virt-c dha oral capsule 35-1-200 mg</i>	1	
<i>virt-nate dha oral capsule 28 mg iron-1 mg -200 mg</i>	1	
<i>virt-pn dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	3	
VITAFOL-OB ORAL TABLET 65-1 MG	3	
VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	3	
VITAMED MD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG	3	
VITAMEDMD REDICHEW RX ORAL TABLET,CHEW,IR - DR,BIPHASE 1.4 MG	3	
VITAPEARL ORAL CAPSULE,IR - DELAY REL,BIPHASE 30-1.4-200 MG	3	
VITATRUE ORAL COMBO PACK 30 MG IRON- 1.4 MG-300 MG	3	
<i>westab plus oral tablet 27 mg iron- 1 mg</i>	1	ACA
ZALVIT ORAL TABLET 13 MG IRON- 1 MG	3	
<i>zatean-pn dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>zatean-pn plus oral capsule 28-1-300 mg</i>	1	
<i>zingiber oral tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	1	

# Index

<b>A</b>		
abacavir .....	4	
abacavir-lamivudine .....	4	
ABELCET .....	3	
ABILIFY MAINTENA.....	48	
abiraterone .....	21	
acamprosate .....	85	
acarbose.....	99	
ACCOLATE.....	144	
ACCU-CHEK COMBO SYSTEM .....	92	
accutane .....	77	
ACE AEROSOL CLOUD ENHANCER .....	91	
acebutolol .....	58	
acetaminophen-caff- dihydrocod.....	38	
acetaminophen-codeine.....	38	
acetazolamide .....	139	
acetazolamide sodium .....	139	
acetic acid.....	85, 89	
acetylcysteine .....	144	
acitretin.....	74	
ACTEMRA .....	121	
ACTEMRA ACTPEN.....	121	
ACTHIB (PF).....	113	
ACTIMMUNE .....	113	
ACULAR .....	138	
ACULAR LS.....	138	
acyclovir .....	4, 82	
acyclovir sodium .....	4	
ADACEL(TDAP ADOLESN/ADULT)(PF) .....	113	
ADAKVEO .....	22	
adapalene .....	77	
ADAPALENE.....	77	
adefovir.....	4	
ADEMPAS.....	144	
adrenalin .....	142	
ADRENALIN.....	144	
adult aspirin regimen.....	44	
ADVAIR HFA .....	144	
ADVANCED ALLERGY COLLECT KIT .....	82	
ADVATE .....	65	
ADYNOVATE.....	65	
ADYPHREN AMP II.....	142	
ADYPHREN II .....	142	
ADZENYS XR-ODT .....	48	
AEMCOLO .....	12	
AEROCHAMBER MINI.....	91	
AEROCHAMBER PLUS FLOW-VU.....	91	
AEROCHAMBER PLUS Z STAT .....	91	
AEROTRACH PLUS.....	91	
AEROVENT PLUS.....	91	
AFINITOR .....	22	
AFINITOR DISPERZ .....	22	
afirmelle.....	127	
AFLURIA QD 2021-22(3YR UP)(PF) .....	113	
AFLURIA QD 2021-22(6- 35MO)(PF).....	114	
AFLURIA QUAD 2021- 2022(6MO UP).....	114	
AFREZZA .....	94	
AFSTYLA .....	65	
after pill .....	127	
AFTERA .....	127	
AGRYLIN .....	85	
AIMOVIG AUTOINJECTOR .....	35	
AJOVY AUTOINJECTOR..	35	
AJOVY SYRINGE.....	35	
ak-poly-bac.....	135	
AKTEN (PF) .....	137	
AKYNZEO (FOSNETUPITANT).....	103	
ALA-QUIN .....	81	
albendazole.....	12	
albuterol sulfate .....	144	
alclometasone .....	82	
ALDURAZYME .....	96	
alendronate .....	120	
alfuzosin .....	150	
ALINIA .....	12	
aliskiren .....	58	
ALKERAN.....	22	
allopurinol .....	120	
allopurinol sodium.....	120	
ALLZITAL.....	38	
almotriptan malate .....	35	
ALOCRIL.....	137	
ALOMIDE.....	137	
aloprim.....	120	
alose tron .....	104	
ALPHANATE.....	65	
ALPHANINE SD .....	65	
alprazolam .....	48	
alprazolam intensol.....	48	
ALPROLIX .....	65	
alprostadil .....	151	
ALREX.....	141	
altacaine .....	137	
ALTAFLUOR BENOX.....	137	
altavera (28).....	127	
alvimopan .....	104	
alyacen 1/35 (28).....	127	
alyacen 7/7/7 (28).....	128	
alyq .....	144	
amabelz.....	123	
amantadine hcl.....	4	
AMBISOME.....	3	
ambrisentan.....	144	
amcinonide .....	82	
AMELUZ .....	75	
amethia .....	128	
amethyst (28).....	128	
amikacin .....	12	
amiloride.....	58	
amiloride-hydrochlorothiazide .....	58	
aminocaproic acid.....	65	
aminophylline .....	144	
amiodarone .....	57	
amitriptyline .....	49	
amitriptyline-chlordiazepoxide .....	49	
amlodipine .....	58	
amlodipine-atorvastatin .....	71	
amlodipine-benazepril .....	58	
amlodipine-olmesartan .....	58	
amlodipine-valsartan .....	58	
amlodipine-valsartan-hcthiamid .....	58	
AMMONUL .....	85	
amnesteem .....	77	
AMONDYS-45.....	36	
amoxapine.....	49	
amoxicil-clarithromy-lansopraz .....	109	
amoxicillin.....	16, 17	
amoxicillin-pot clavulanate ..	17	
AMPHADASE .....	85	
amphetamine sulfate .....	49	
amphotericin b .....	3	
amphotericin b liposome .....	3	
ampicillin.....	17	



ampicillin sodium.....	17	aspir-trin .....	45	aztreonam .....	12
ampicillin-sulbactam .....	17	ASTAGRAF XL.....	22	AZULFIDINE .....	104
anagrelide .....	85	atazanavir.....	4	AZULFIDINE EN-TABS ..	104
ANA-LEX KIT .....	104	atenolol .....	58	azurette (28).....	128
anastrozole.....	22	atenolol-chlorthalidone.....	58	<b>B</b>	
ANDEXXA .....	65	ATGAM .....	114	bacitracin .....	12, 135
ANDRODERM .....	96	atomoxetine .....	49	bacitracin-polymyxin b.....	135
ANGELIQ .....	123	atorvastatin .....	71	baclofen .....	37
ANNOVERA .....	126	atovaquone.....	12	BAFIERTAM .....	111
ANORO ELLIPTA .....	144	atovaquone-proguanil.....	12	bal-care dha .....	152
anucort-hc.....	104	atracurium.....	37	balsalazide .....	104
APIDRA SOLOSTAR U-100		ATRAPRO HYDROGEL ....	75	BALVERSA .....	22
INSULIN.....	94	ATROPEN.....	85	balziva (28).....	128
APIDRA U-100 INSULIN... 94		atropine .....	102, 136	BAQSIMI .....	92
APOKYN .....	33	ATROPINE .....	102, 136	BARACLUDGE.....	4
apraclonidine .....	142	ATROPINE IN 0.9 % SOD		BARHEMSYS.....	104
aprepitant.....	104	CHLORIDE.....	102	BASAGLAR KWIKPEN U-	
APRETUDE .....	4	ATROVENT HFA .....	145	100 INSULIN .....	94
apri.....	128	AUBAGIO.....	111	BAXDELA .....	18
APTIVUS .....	4	aubra .....	128	bayer aspirin .....	45
aqua care sodium chloride... 85		aubra eq .....	128	BD ULTRA-FINE NANO	
aqua care sterile water .....	85	aurovela 1.5/30 (21) .....	128	PEN NEEDLE.....	92
AQUA GLYCOLIC HC.....	82	aurovela 1/20 (21) .....	128	belladonna alkaloids-opium	102
ARAKODA.....	12	aurovela 24 fe .....	128	BELSOMRA .....	49
ARALAST NP .....	85	aurovela fe 1.5/30 (28) .....	128	benazepril .....	58
aranelle (28).....	128	aurovela fe 1-20 (28) .....	128	benazepril-hydrochlorothiazide	
ARAVA.....	121	AURYXIA.....	104	.....	58
ARCALYST.....	113	AUSTEDO .....	36	BENEFIX .....	66
arformoterol.....	144	AUTOSOFT 30 .....	92	BENLYSTA .....	121
ARGATROBAN .....	65	AUTOSOFT 90 .....	92	benzepro .....	77
argatroban in 0.9 % sod chlor		AUTOSOFT XC INFUSION		BENZNIDAZOLE .....	13
.....	65	SET 23.....	92	benzonatate .....	143
ARGATROBAN IN NAACL		AUVI-Q.....	142	benzoyl peroxide .....	77
(ISO-OS) .....	65	AVAR-E LS .....	77	benztropine .....	33
ARIKAYCE .....	12	AVELOX IN NAACL (ISO-		bepotastine besilate.....	137
aripiprazole.....	49	OSMOTIC).....	18	BESIVANCE.....	135
ARISTADA.....	49	aviane.....	128	BESREMI.....	113
ARISTADA INITIO .....	49	avidoxy .....	19	BETADINE OPHTHALMIC	
ARIXTRA .....	65	avo cream .....	75	PREP.....	135
armodafinil .....	49	AVONEX .....	111	betaine.....	104
ARMOUR THYROID .....	101	AVYCAZ .....	9	betamethasone acet,sod phos	90
ARNUITY ELLIPTA.....	145	AYGESTIN .....	124	betamethasone dipropionate .	82
ascomp with codeine .....	38	ayuna .....	128	BETAMETHASONE SOD	
asenapine maleate.....	49	AYVAKIT.....	22	PHOSPH-WATER .....	90
ashlyna.....	128	AZASITE .....	135	betamethasone valerate.....	82
ASMANEX HFA .....	145	azathioprine .....	22	betamethasone, augmented... 82	
ASMANEX TWISTHALER		azathioprine sodium .....	22	BETASERON.....	111
.....	145	azelaic acid .....	77	betaxolol .....	58, 136
aspirin.....	45	azelastine .....	89, 137	bethanechol chloride.....	151
aspirin low dose.....	45	azelastine-fluticasone .....	145	BETHKIS .....	13
aspirin-dipyridamole .....	65	AZESCO .....	152	BETIMOL .....	136
ASPIRIN-OMEPRAZOLE ..	66	azithromycin.....	11	BETOPTIC S.....	136

BEVESPI AEROSPHERE	145	buprenorphine	38	carbidopa	33
bexarotene	22	buprenorphine hcl	38	carbidopa-levodopa	34
BEXSERO	114	buprenorphine-naloxone	45	carbidopa-levodopa- entacapone	34
bicalutamide	22	bupropion hcl	49	carbinoxamine maleate	142
BICILLIN C-R	17	BUPROPION HCL	49	CARDURA XL	59
BICILLIN L-A	17	bupropion hcl (smoking deter)	88	carglumic acid	85
BIJUVA	124	buspirone	49	carisoprodol	37
BIKTARVY	4	butalbital compound w/codeine	38	CARNITOR	85, 86
BILTRICIDE	13	butalbital-acetaminop-caf-cod	38	carteolol	136
bimatoprost	139	butalbital-acetaminophen	38	cartia xt	59
bisoprolol fumarate	58	butalbital-acetaminophen-caff	38, 39	carvedilol	59
bisoprolol-hydrochlorothiazide	58	butalbital-aspirin-caffeine	39	carvedilol phosphate	59
bivalirudin	66	butorphanol	45	caspofungin	3
BIVALIRUDIN	66	BYFAVO	49	cataflam	45
BIVALIRUDIN-0.9 % SODIUM CHLOR	66	BYLVAY	104	CAYA CONTOURED	123
BIVIGAM	114	<b>C</b>		CAYSTON	13
blisovi 24 fe	128	CABENUVA	5	caziant (28)	128
blisovi fe 1.5/30 (28)	128	cabergoline	96	cefaclor	9
blisovi fe 1/20 (28)	128	CABLIVI	66	cefadroxil	9
BOOSTRIX TDAP	114	CABOMETYX	22	cefazolin	10
bosentan	145	caffeine citrate	85	cefazolin in 0.9% sod chloride9	9
BOSULIF	22	calcipotriene	74	CEFAZOLIN IN 0.9% SOD CHLORIDE	9
BOTOX	114	calcipotriene-betamethasone	74	cefazolin in dextrose (iso-os)	9
bp 10-1	77	calcitonin (salmon)	96	CEFAZOLIN IN DEXTROSE (ISO-OS)	9
BRAFTOVI	22	calcitriol	74, 96	cefazolin in dextrose 5 %	9
BREATHERITE MDI SPACER	91	calcium acetate(phosphat bind)	104	CEFAZOLIN IN STERILE WATER	10
BREO ELLIPTA	145	CALCIUM GLUC IN NAACL, ISO-OSM	151	cefdinir	10
bretylum tosylate	57	CALCIUM GLUCONATE IN WATER	152	cefditoren pivoxil	10
BREVIBLOC	58	CALDOLOR	45	cefepime	10
BREVIBLOC IN NAACL (ISO- OSM)	58	camila	124	CEFEPIME	10
brillyn	128	camrese	128	CEFEPIME IN DEXTROSE 5 %	10
BRILINTA	66	camrese lo	128	cefepime in dextrose,iso-osm	10
brimonidine	142	CANASA	104	cefixime	10
BRIMONIDINE- DORZOLAMIDE (PF)	139	CANCIDAS	3	CEFOTAN	10
brimonidine-timolol	139	candesartan	58	cefotaxime	10
BRINEURA	96	candesartan-hydrochlorothiazid	58	cefotetan	10
brinzolamide	139	capecitabine	22	CEFOTETAN IN DEXTROSE, ISO-OSM	10
BRIVIACT	29	CAPRELSA	22	cefoxitin	10
BROMFED DM	143	captopril	58	cefoxitin in dextrose, iso-osm	10
bromfenac	138	captopril-hydrochlorothiazide	59	cefpodoxime	10
bromocriptine	33	CARAFATE	109	cefprozil	10
brompheniramine-pseudoeph- dm	143	carbamazepine	29	ceftazidime	11
BROMSITE	138	CARBATROL	29	CEFTAZIDIME IN D5W	11
BRUKINSA	22			ceftriaxone	11
budesonide	104, 145				
bumetanide	58				

CEFTRIAZONE .....	11	CINVANTI.....	104	colesevelam .....	71
ceftriaxone in dextrose,iso-os		CIPRO HC.....	89	colestipol.....	71
.....	11	ciprofloxacin.....	18	colistin (colistimethate na) ...	13
cefuroxime axetil.....	11	ciprofloxacin hcl.....	18, 89, 135	COMBIGAN .....	139
cefuroxime sodium.....	11	ciprofloxacin in 5 % dextrose		COMBIPATCH.....	124
celecoxib.....	45	.....	18	COMBIVENT RESPIMAT	145
CELONTIN.....	29	ciprofloxacin-dexamethasone		COMBIVIR .....	5
cem-urea.....	76	.....	89	COMETRIQ .....	22
cephalexin.....	11	CIPROFLOXACIN-		COMPACT SPACE	
CEPROTIN (BLUE BAR) ...	66	FLUOCINOLONE .....	89	CHAMBER .....	91
CEPROTIN (GREEN BAR)	66	cisatracurium .....	37	complete natal dha.....	153
CEQUA .....	137	citalopram.....	50	completenate.....	153
CEQR SIMPLICITY .....	92	CITRANATAL B-CALM (FE		compro.....	105
CERACADE .....	76	GLUC).....	153	COMTAN.....	34
CERAMAX.....	76	claravis.....	77	CONCEPT DHA .....	153
CERDELGA.....	96	clarithromycin .....	11, 12	constulose .....	105
CEREBYX .....	29	cleansing wash.....	77	CONTOUR TEST STRIPS ..	91
CEREZYME .....	96	clemastine.....	142	COPIKTRA .....	22
CERVIDIL .....	126	CLENPIQ .....	105	CORIFACT .....	66
cevimeline .....	86	CLEOCIN.....	13, 126	CORLANOR .....	72
charlotte 24 fe.....	128	CLIMARA.....	124	corti-sav .....	80
chateal (28).....	129	clindamycin hcl .....	13	COSOPT (PF).....	139
chateal eq (28).....	129	CLINDAMYCIN IN 0.9 %		COTELLIC.....	22
CHEMET .....	86	SOD CHLOR .....	13	covaryx .....	124
CHENODAL.....	104	clindamycin in 5 % dextrose	13	covaryx h.s.....	124
children's aspirin.....	45	clindamycin pediatric .....	13	CREON.....	105
chloramphenicol sod succinate		clindamycin phosphate ..	13, 77,	CRESEMBA.....	3
.....	13	78, 126		cromolyn.....	105, 137, 145
chlordiazepoxide hcl .....	49	clindamycin-benzoyl peroxide		croton .....	84
chlordiazepoxide-clidinium	102	.....	78	cryselle (28).....	129
chlorhexidine gluconate .....	89	clindamycin-tretinoin .....	78	CRYSVITA .....	96
chloroquine phosphate.....	13	clobazam.....	29	CUROSURF.....	145
chlorothiazide sodium .....	59	clobetasol.....	82	CUVITRU .....	114
chlorpromazine.....	50	clobetasol-emollient .....	83	CUVPOSA .....	102
chlorthalidone.....	59	clomipramine.....	50	cyclafem 1/35 (28).....	129
chlorzoxazone.....	37	clonazepam.....	29	cyclafem 7/7/7 (28).....	129
CHOLBAM.....	104	clonidine .....	59	cyclobenzaprine .....	37
cholestyramine (with sugar) .	71	clonidine hcl .....	50, 59	CYCLOGYL .....	136
cholestyramine light .....	71	clopidogrel.....	66	CYCLOMYDRIL.....	142
choline,magnesium salicylate		clorazepate dipotassium .....	50	cyclopentolate.....	136
.....	45	clotrimazole .....	3	CYCLOPEN-TROPIC-	
ciclopirox.....	81	clotrimazole-betamethasone.	81	PHENYLEPH-WATR....	136
cidofovir .....	5	clozapine.....	50	CYCLOPENT-TROPIC-	
cilostazol.....	66	CLOZARIL .....	50	PHEN-KETR-WAT .....	136
CIMDUO.....	5	c-nate dha .....	153	cyclophosphamide .....	22
cimetidine .....	109	COAGADEX.....	66	CYCLOPHOSPHAMIDE....	22
cimetidine hcl .....	109	COARTEM .....	13	CYCLOP-TROP-PROPA-	
CIMZIA.....	104	COCAINE .....	79	PHEN-KET-WAT .....	136
CIMZIA POWDER FOR		codeine sulfate.....	39	CYCLOSERINE.....	13
RECONST.....	104	codeine-butalbital-asa-caff ...	39	cyclosporine.....	22, 23
cinacalcet.....	96	colchicine.....	120	CYCLOSPORINE IN	
CINRYZE.....	145	COLCHICINE.....	120	KLARITY.....	137

cyclosporine modified	22, 23	desonide	83	DIOVAN HCT	59
cyproheptadine	142	desoximetasone	83	DIPENTUM	105
cyred	129	desvenlafaxine succinate	50	diphenhydramine hcl	142
cyred eq	129	dexamethasone	90	diphenoxylate-atropine	102
CYSTADANE	105	dexamethasone intensol	90	dipyridamole	66
CYSTADROPS	137	dexamethasone sodium phosphate	141	DISALCID	46
CYSTAGON	151	dexchlorpheniramine maleate	142	diskets	39
CYSTARAN	137	DEXCOM G6 RECEIVER	92	disopyramide phosphate	57
CYTOTEC	109	DEXCOM G6 SENSOR	92	disulfiram	86
<b>D</b>		DEXCOM G6 TRANSMITTER	92	DIURIL IV	59
dalfampridine	36	DEXERYL	76	divalproex	30
DALIRESP	145	DEXLANSOPRAZOLE	109	DIVIGEL	124
DALVANCE	13	dexmethylphenidate	50	dofetilide	57
danazol	96	dextrazoxane hcl	21	DOJOLVI	152
DANTRIUM	37	dextroamphetamine sulfate	50	dolishale	129
dantrolene	37	dextroamphetamine-amphetamine	50	donepezil	36
dapsone	13, 78	DIACOMIT	30	DOPTELET (15 TAB PACK)	66
DAPTACEL (DTAP PEDIATRIC) (PF)	114	DIASTAT	30	dorzolamide	139
DAPTOMYCIN	13	DIASTAT ACUDIAL	30	DORZOLAMIDE (PF)	139
DARAPRIM	13	diazepam	30, 50, 51	dorzolamide-timolol	139
darifenacin	150	diazepam intensol	50	dorzolamide-timolol (pf)	139
dasetta 1/35 (28)	129	diazoxide	92	DORZOLAMIDE-TIMOLOL (PF)	139
dasetta 7/7/7 (28)	129	DICLOFENAC EPOLAMINE	45	dotti	124
DAURISMO	23	diclofenac potassium	45	DOVATO	5
daysee	129	diclofenac sodium	45, 76, 138	doxazosin	59
DEBACTEROL	89	diclofenac-misoprostol	45	doxepin	51
deblitane	124	DICLOFONO	45	doxercalciferol	96
decadron	90	dicloxacillin	17	doxy-100	19
deferasirox	86	dicyclomine	102	doxycycline hyclate	19
deferiprone	86	didanosine	5	doxycycline monohydrate	19
DEFITELIO	66	DIFICID	12	drithocrema hp	74
DELZICOL	105	diflunisal	46	dronabinol	105
demeclocycline	19	difluprednate	141	droperidol	105
DEMSER	59	digitek	64	drospirenone-e.estradiol-lm.fa	129
DEPAKOTE	29	digox	64	drospirenone-ethinyl estradiol	129
DEPAKOTE ER	29	digoxin	64	DROXIA	23
DEPAKOTE SPRINKLES	30	dihydroergotamine	35	droxidopa	86
DEPEN TITRATABS	121	DILANTIN	30	DUAVEE	124
DEPO-ESTRADIOL	124	DILANTIN EXTENDED	30	DUET DHA BALANCED	153
DEPO-PROVERA	124	DILANTIN INFATABS	30	DUET DHA WITH OMEGA-3	153
DEPO-SUBQ PROVERA	104	DILANTIN-125	30	DULERA	145
	124	DILAUDID (PF)	39	duloxetine	51
DESCOVY	5	diltiazem	59	DUOBRII	83
desipramine	50	dilt-xr	59	DUODOTE	85
desloratadine	142	dimenhydrinate	105	DUOPA	34
desmopressin	96	dimethyl fumarate	111	DUPIXENT PEN	76
DESMOPRESSIN	96	DIOVAN	59	DUPIXENT SYRINGE	76
desog-e.estradiol/e.estradiol	129				
desogestrel-ethinyl estradiol	129				

duramorph (pf) .....	39	enalapril-hydrochlorothiazide	60	erythromycin.....	12, 135
dutasteride .....	150	.....	60	erythromycin ethylsuccinate.	12
dutasteride-tamsulosin.....	150	ENBREL .....	121	erythromycin lactobionate ....	12
DYRENIUM .....	60	ENBREL MINI .....	121	erythromycin with ethanol....	78
DYSPORT.....	114	ENBREL SURECLICK .....	121	erythromycin-benzoyl peroxide	
<b>E</b>		ENDARI.....	86	.....	78
e.e.s. 400.....	12	endocet.....	39	ESBRIET .....	145
EASIVENT HOLDING		ENGERIX-B (PF) .....	114	escitalopram oxalate .....	51
CHAMBER .....	91	ENGERIX-B PEDIATRIC		esmolol .....	60
econazole .....	81	(PF).....	114	esmolol in nacl (iso-osm) .....	60
econtra ez.....	129	enoxaparin .....	66, 67	ESMOLOL IN STERILE	
econtra one-step.....	129	enpresse .....	129	WATER.....	60
ecotrin.....	46	enskyce .....	129	esomeprazole magnesium...	109
EDARBI.....	60	ENSPRYNG.....	23	esomeprazole sodium .....	109
EDARBYCLOR.....	60	entacapone .....	34	ESPEROCT .....	67
EDECRIN.....	60	entecavir .....	5	estarylla.....	129
EDLUAR.....	51	ENTEREG.....	105	estazolam .....	51
ed-spaz.....	102	ENTRESTO.....	72	estradiol .....	124, 125
EDURANT.....	5	ENTYVIO .....	105	estradiol valerate.....	125
eemt .....	124	enulose.....	105	estradiol-norethindrone acet	
eemt hs.....	124	ENVARUSUS XR .....	23	.....	125
efavirenz .....	5	EPCLUSA .....	5	ESTRING .....	125
efavirenz-lamivu-tenofov disop		EPIDIOLEX .....	30	estrogens-methyltestosterone	
.....	5	epinastine.....	137	.....	125
effer-k .....	152	epinephrine .....	142, 143	eszopiclone .....	51
EGRIFTA SV .....	111	epinephrine hcl .....	145	ethacrynate sodium .....	60
ELAPRASE.....	96	EPINEPHRINE HCL (PF) .	142	ethacrynic acid.....	60
eletriptan.....	35	epitol .....	30	ethambutol .....	13
ELIGARD .....	23	EPIVIR .....	5	ethosuximide.....	30
ELIGARD (3 MONTH) .....	23	EPIVIR HBV .....	5	ethyl chloride .....	79
ELIGARD (4 MONTH) .....	23	eplerenone .....	60	ethynodiol diac-eth estradiol	
ELIGARD (6 MONTH) .....	23	epoprostenol .....	60	.....	129
elinest .....	129	epoprostenol (glycine).....	60	ETHYOL .....	21
ELIQUIS .....	66	eprosartan .....	60	etodolac.....	46
ELIQUIS DVT-PE TREAT		EPZICOM .....	5	etonogestrel-ethinyl estradiol	
30D START .....	66	EQUETRO .....	30	.....	126
ELITEK.....	21	ERAXIS(WATER DILUENT)		etoposide.....	23
ELLA.....	129	.....	3	etravirine .....	5
ELMIRON.....	151	ergocalciferol (vitamin d2).	153	EUCRISA .....	76
ELOCTATE .....	66	ergoloid.....	51	EUFLEXXA .....	46
eluryng.....	126	ERGOMAR .....	35	EURAX .....	84
EMCYT.....	23	ergotamine-caffeine.....	35	euthyrox.....	101
EMGALITY PEN .....	35	ERIVEDGE .....	23	everolimus (antineoplastic) ..	23
EMGALITY SYRINGE.....	35	ERLEADA .....	23	everolimus	
EMSAM .....	51	erlotinib .....	23	(immunosuppressive) .....	23
emtricitabine.....	5	errin .....	124	EVERSENSE SENSOR-	
emtricitabine-tenofovir (tdf)...	5	ERTACZO.....	81	HOLDER.....	92
EMTRIVA.....	5	ertapenem .....	13	EVISTA.....	120
emulsion sb.....	76	ery pads.....	78	EVOXAC .....	86
EMVERM .....	13	ery-tab.....	12	EVRYSDI.....	36
enalapril maleate .....	60	ERYTHROCIN .....	12	exemestane .....	23
enalaprilat .....	60	erythrocin (as stearate) .....	12	EXJADE .....	86

EXKIVITY .....	23	FINTEPLA .....	30	fluvastatin .....	71
ezetimibe .....	71	flavoxate .....	150	fluvoxamine.....	52
ezetimibe-simvastatin.....	71	FLEBOGAMMA DIF .....	114	FLUZONE HIGHDOSE	
<b>F</b>		flecainide .....	57	QUAD 21-22 PF.....	115
FABRAZYME .....	96	FLEXICHAMBER.....	91	FLUZONE QUAD 2021-2022	
FACTIVE.....	18	FLOLAN .....	60	.....	115
falmina (28).....	129	FLOMAX .....	150	FLUZONE QUAD 2021-2022	
famciclovir .....	5	FLOVENT DISKUS .....	146	(PF).....	115
famotidine.....	109	FLOVENT HFA.....	146	folic acid .....	153
famotidine (pf).....	109	FLUAD QUAD 2021-22(65Y		folivane-ob.....	153
FANAPT .....	51	UP)(PF) .....	114	fondaparinux.....	67
FARESTON .....	23	FLUARIX QUAD 2021-2022		formoterol fumarate.....	146
FARXIGA .....	99	(PF).....	114	FORTEO.....	120
FARYDAK.....	23	FLUBLOK QUAD 2021-2022		FOSAMAX PLUS D.....	120
FASENRA.....	146	(PF).....	115	fosamprenavir .....	5
FASENRA PEN .....	145	FLUCELVAX QUAD 2021-		fosaprepitant .....	105
FC2 FEMALE CONDOM .	123	2022.....	115	foscarnet .....	5
febuxostat .....	120	FLUCELVAX QUAD 2021-		FOSCAVIR .....	6
FEIBA NF .....	67	2022 (PF).....	115	fosfomycin tromethamine.....	20
felbamate .....	30	fluconazole .....	3	fosinopril.....	60
felodipine.....	60	fluconazole in nacl (iso-osm) .	3	fosinopril-hydrochlorothiazide	
FEMCAP.....	123	flucytosine .....	3	.....	60
femynor .....	129	fludrocortisone.....	90	fosphenytoin .....	30
fenofibrate .....	71	FLULAVAL QUAD 2021-		FRAGMIN.....	67
FENOFIBRATE.....	71	2022 (PF).....	115	FREESTYLE LIBRE 14 DAY	
fenofibrate micronized .....	71	flumazenil.....	51	READER .....	92
fenofibrate nanocrystallized .	71	FLUMIST QUAD 2021-2022		FREESTYLE LIBRE 14 DAY	
fenofibric acid .....	71	.....	115	SENSOR.....	92
fenofibric acid (choline).....	71	flunisolide.....	146	FREESTYLE LIBRE 2	
fenoprofen .....	46	fluocinolone.....	83	READER .....	92
FENSOLVI.....	23	fluocinolone acetone oil ...	89	FREESTYLE LIBRE 2	
fentanyl.....	40	fluocinolone and shower cap	83	SENSOR.....	93
FENTANYL (PF)-		fluocinonide.....	83	FROTEK.....	46
BUPIVACAINE-NACL... 39		fluocinonide-e.....	83	frovatriptan .....	35
fenanyl citrate.....	40	fluorescein-proparacaine ...	137	FULPHILA .....	110
fenanyl citrate (pf).....	39	fluoride (sodium).....	153	furosemide .....	60, 61
FENTANYL CITRATE (PF)		fluorometholone .....	141	FUROSEMIDE IN 0.9 %	
.....	39	fluorouracil .....	76	NACL .....	60
fenanyl citrate (pf)-0.9%nacl		FLUOROURACIL .....	76	FUZEON .....	6
.....	39, 40	fluoxetine.....	51	fyavolv .....	125
FENTANYL CITRATE (PF)-		fluphenazine decanoate .....	51	FYCOMPA.....	30
0.9%NACL.....	39, 40	fluphenazine hcl .....	51, 52	<b>G</b>	
FENTANYL-		flurandrenolide .....	83	gabapentin.....	31
ROPIVACAINE-NACL		flurazepam .....	52	GALAFOLD.....	96
(PF).....	40	flurbiprofen.....	46	galantamine.....	36
FERAHEME .....	153	flurbiprofen sodium.....	138	GALZIN .....	152
FERRIPROX.....	86	flutamide.....	23	GAMASTAN .....	115
ferumoxytol .....	153	fluticasone propionate ..	83, 146	GAMASTAN S/D .....	115
FETROJA.....	11	fluticasone propion-salmeterol		GAMIFANT .....	23
FETZIMA.....	51	.....	146	GAMMAGARD LIQUID ..	115
FIBRYGA .....	67	FLUTICASONE PROPION-		GAMMAGARD S-D (IGA < 1	
finasteride .....	150	SALMETEROL.....	146	MCG/ML).....	115

GAMMAPLEX.....	115	GLYCOPYRROLATE.....	103	heparin lock flush (porcine)..	68
GAMMAPLEX (WITH		glycopyrrolate (pf) in water	102	heparin lockflush(porcine)(pf)	
SORBITOL).....	115	GLYCOPYRROLATE (PF) IN		.....	68
GAMUNEX-C.....	116	WATER.....	102, 103	heparin(porcine) in 0.45% nacl	
GANCICLOVIR.....	6	glydo.....	79	.....	68
ganciclovir sodium.....	6	GLYRX-PF.....	103	HEPARIN(PORCINE) IN	
GARDASIL 9 (PF).....	116	GLYXAMBI.....	99	0.45% NACL.....	68
gatifloxacin.....	135	GOJJI KETONE CONTROL		heparin, porcine (pf).....	68
GATTEX 30-VIAL.....	105	SOLN-L1.....	93	HEPARIN, PORCINE (PF)..	68
gavilyte-c.....	105	GOLYTELY.....	105	HEPLISAV-B (PF).....	116
gavilyte-g.....	105	GOPRELTO.....	79	HETLIOZ.....	52
gavilyte-n.....	105	granisetron (pf).....	105	HETLIOZ LQ.....	52
GAVRETO.....	24	granisetron hcl.....	105	HIBERIX (PF).....	116
GELNIQUE.....	150	griseofulvin microsize.....	3	homatropaire.....	136
gemfibrozil.....	71	griseofulvin ultramicrosize.....	3	HUMALOG JUNIOR	
gemmily.....	129	guanfacine.....	52, 61	KWIKPEN U-100.....	94
generlac.....	105	GVOKE.....	92	HUMALOG KWIKPEN	
gengraf.....	24	GVOKE HYOPEN 2-PACK		INSULIN.....	94
GENOTROPIN.....	111	.....	92	HUMALOG MIX 50-50	
GENOTROPIN MINIQUICK		GVOKE PFS 2-PACK		INSULN U-100.....	94
.....	111	SYRINGE.....	92	HUMALOG MIX 50-50	
gentak.....	135	GYNAZOLE-1.....	126	KWIKPEN.....	94
gentamicin.....	14, 80, 135	gynol ii.....	127	HUMALOG MIX 75-25	
gentamicin in nacl (iso-osm)	13	<b>H</b>		KWIKPEN.....	94
GENTAMICIN IN NACL		HAEGARDA.....	146	HUMALOG MIX 75-25(U-	
(ISO-OSM).....	14	hailey.....	130	100)INSULN.....	94
gentamicin sulfate (ped) (pf)	14	hailey 24 fe.....	129	HUMALOG U-100 INSULIN	
gentamicin sulfate (pf).....	14	hailey fe 1.5/30 (28).....	130	.....	94
GENTAMICIN SULFATE		hailey fe 1/20 (28).....	130	HUMATE-P.....	68
(PF).....	14	halcinonide.....	83	HUMIRA.....	121
GENTAMICIN-SODIUM		halobetasol propionate.....	83	HUMIRA PEN.....	121
CITRATE.....	14	haloperidol.....	52	HUMIRA PEN CROHNS-UC-	
GENVOYA.....	6	haloperidol decanoate.....	52	HS START.....	121
GIAPREZA.....	72	haloperidol lactate.....	52	HUMIRA PEN PSOR-	
GILENYA.....	111	HALUCORT.....	76	UVEITS-ADOL HS.....	121
GILOTRIF.....	24	HARVONI.....	6	HUMIRA(CF).....	122
GIVLAARI.....	86	HAVRIX (PF).....	116	HUMIRA(CF) PEDI	
glatiramer.....	111	heather.....	125	CROHNS STARTER.....	122
glatopa.....	111	HEMLIBRA.....	67	HUMIRA(CF) PEN.....	122
GLEOSTINE.....	24	HEMOFIL M HIGH.....	67	HUMIRA(CF) PEN	
glimepiride.....	99	HEMOFIL M LOW.....	67	CROHNS-UC-HS.....	122
glipizide.....	99	HEMOFIL M MID.....	67	HUMIRA(CF) PEN	
glipizide-metformin.....	99	HEMOFIL M SUPER HIGH.....	67	PEDIATRIC UC.....	122
GLUCAGEN HYPOKIT.....	92	hep flush-10 (pf).....	67	HUMIRA(CF) PEN PSOR-	
GLUCAGON (HCL)		HEPAGAM B.....	116	UV-ADOL HS.....	122
EMERGENCY KIT.....	92	heparin (porcine).....	68	HUMULIN 70/30 U-100	
glucagon emergency kit		HEPARIN (PORCINE) IN		INSULIN.....	94
(human).....	92	0.9% NACL.....	67	HUMULIN 70/30 U-100	
glyburide.....	99	heparin (porcine) in 5 % dex	67	KWIKPEN.....	95
glyburide micronized.....	99	heparin (porcine) in nacl (pf)	68	HUMULIN N NPH INSULIN	
glyburide-metformin.....	99	heparin flush(porcine)-0.9nacl		KWIKPEN.....	95
glycopyrrolate.....	103	.....	68		

HUMULIN N NPH U-100	hydroxyprogesterone caproate	INCRUSE ELLIPTA.....	146
INSULIN.....	.....	indapamide .....	61
HUMULIN R REGULAR U-	hydroxyurea.....	INDOCIN .....	46
100 INSULN .....	.....	indomethacin .....	46
HUMULIN R U-500 (CONC)	hydroxyzine hcl .....	INFANRIX (DTAP) (PF)...	116
INSULIN.....	.....	INFASURF.....	86
HUMULIN R U-500 (CONC)	HYLENEX .....	INFED .....	153
KWIKPEN .....	.....	INFUMORPH P/F.....	42
HYCAMTIN .....	hyophen .....	INLYTA .....	24
HYCODAN (WITH	hyoscyamine sulfate .....	INPEN (FOR HUMALOG)	
HOMATROPINE) .....	.....	PINK.....	93
hydralazine .....	HYOSYNE.....	INPEN (NOVOLOG OR	
hydrochlorothiazide.....	HYPERHEP B.....	FIASP) PINK.....	93
hydrocodone bitartrate.....	.....	INQOVI.....	24
hydrocodone-acetaminophen	HYPERHEP B NEONATAL	INSPIRACHAMBER.....	91
40.....	.....	INTRON A .....	113
hydrocodone-chlorpheniramine	HYPERRAB (PF).....	INVANZ.....	14
.....	.....	INVEGA HAFYERA .....	52
.....	HYPER-SAL.....	INVEGA SUSTENNA.....	52
.....	.....	INVEGA TRINZA .....	52
hydrocodone-homatropine .	HYPERTET (PF) .....	INVELTYS.....	141
143	.....	INVIRASE .....	6
hydrocodone-ibuprofen .....	HYQVIA .....	INVOKAMET.....	99
.....	<b>I</b>	INVOKAMET XR .....	99
hydrocortisone .....	ibandronate .....	INVOKANA.....	99
84, 90, 106	.....	IODOFLEX .....	76
hydrocortisone acetate.....	IBRANCE .....	IODOPEN.....	24
106	.....	IODOSORB.....	76
hydrocortisone butyrate.....	ibu.....	IPOL .....	117
83	ibuprofen .....	ipratropium bromide.....	89, 146
hydrocortisone butyr-emollient	ibuprofen-famotidine.....	ipratropium-albuterol.....	146
.....	.....	irbesartan .....	61
.....	icatibant .....	irbesartan-hydrochlorothiazide	
.....	.....	.....	61
hydrocortisone valerate .....	iclevia .....	IRESSA .....	24
84	.....	ISENTRESS .....	6
hydrocortisone-acetic acid....	ICLUSIG .....	ISENTRESS HD .....	6
89	.....	isibloom .....	130
hydrocortisone-iodoquinol ...	icosapent ethyl.....	isoniazid.....	14
80	71	isosorbide dinitrate .....	73
hydrocortisone-iodoquinol-aloe	IDELVION.....	isosorbide mononitrate .....	73
.....	.....	isotretinoin.....	78
80	IDHIFA .....	isoxsuprine.....	127
hydrocortisone-pramoxine ..	ILARIS (PF).....	isradipine .....	61
74,	.....	ISTURISA .....	96
106	ILEVRO .....	itraconazole.....	3
hydromet.....	ILUMYA .....	ivermectin .....	14, 84
143	.....	IXIARO (PF).....	117
hydromorphone .....	imatib.....	IXINITY .....	68
41	.....	<b>J</b>	
HYDROMORPHONE .....	IMBRUVICA .....	jaimiess .....	130
41	.....	JAKAFI .....	24
hydromorphone (pf) .....	imipenem-cilastatin .....		
41	.....		
HYDROMORPHONE (PF) .	imipramine hcl.....		
41	.....		
HYDROMORPHONE (PF) IN	imipramine pamoate .....		
WATER.....	.....		
40, 41	imiquimod .....		
hydromorphone (pf)-0.9 %	IMOGAM RABIES-HT (PF)		
nacl .....	.....		
41	.....		
HYDROMORPHONE (PF)-	IMOYAX RABIES VACCINE		
0.9 % NACL.....	(PF).....		
41	.....		
HYDROMORPHONE(PF)-	IMPAVIDO .....		
NACL,ISO-OSM.....	.....		
42	IMURAN.....		
hydroxychloroquine .....	.....		
14	IMVEXXY MAINTENANCE		
HYDROXYCHLOROQUINE	PACK .....		
.....	.....		
14	IMVEXXY STARTER PACK		
hydroxyprogest(pf)(preg presv)	.....		
.....	.....		
125	INBRIJA.....		
hydroxyprogesterone	incassia .....		
cap(ppres) .....	.....		
125	INCRELEX .....		
	.....		



JALYN .....	150	KOATE .....	69	leucovorin calcium .....	21
JANSSEN COVID-19		KOGENATE FS.....	69	LEUKERAN.....	25
VACCINE (EUA) .....	117	KOSELUGO .....	24	LEUKINE.....	110
jantoven.....	69	KOVALTRY .....	69	leuprolide.....	25
JANUMET .....	99	K-PHOS ORIGINAL .....	151	levabuterol hcl .....	146
JANUMET XR.....	100	kpn.....	153	LEVEMIR FLEXTOUCH U-	
JANUVIA.....	100	KRINTAFEL.....	14	100 INSULN .....	95
JARDIANCE.....	100	KRYSTEXXA.....	120	LEVEMIR U-100 INSULIN	95
jasmiel (28).....	130	kurvelo (28).....	130	levetiracetam.....	31
jencycla.....	125	KUVAN.....	97	levetiracetam in nacl (iso-os)	31
jinteli.....	125	KYLEENA .....	123	LEVICYN ANTIPRURITIC	76
JIVI.....	69	KYNMOBI.....	34	LEVICYN ANTIPRURITIC	
jolessa .....	130	<b>L</b>		SG .....	76
juleber.....	130	l norgest/e.estradiol-e.estrad		levobunolol .....	136
JULUCA.....	6	.....	130	levocarnitine .....	86
junel 1.5/30 (21).....	130	labetalol .....	61	levocarnitine (with sugar).....	86
junel 1/20 (21).....	130	lacosamide .....	31	levofloxacin .....	18, 135
junel fe 1.5/30 (28).....	130	lactated ringers .....	85	levofloxacin in d5w .....	18
junel fe 1/20 (28).....	130	lactulose.....	106	levoleucovorin calcium .....	21
junel fe 24.....	130	lamivudine.....	6	levonest (28) .....	131
JUXTAPID.....	72	lamivudine-zidovudine.....	6	levonorgestrel .....	131
JYNARQUE.....	97	lamotrigine.....	31	levonorgestrel-ethinyl estrad	
<b>K</b>		LAMPIT .....	14	.....	131
kaitlib fe.....	130	LANCING DEVICE .....	93	levonorg-eth estrad triphasic	
kalliga .....	130	LANOXIN.....	64	.....	131
KALYDECO .....	146	lansoprazole.....	109	levora-28.....	131
KANUMA .....	97	lanthanum .....	106	levorphanol tartrate.....	42
kariva (28) .....	130	LANTUS SOLOSTAR U-100		levo-t.....	101
KCENTRA .....	69	INSULIN .....	95	levothyroxine.....	101
KEDRAB (PF) .....	117	LANTUS U-100 INSULIN ..	95	LEVOTHYROXINE .....	101
kelnor 1/35 (28).....	130	lapatinib .....	24	levoxyl .....	101
kelnor 1-50 (28).....	130	larin 1.5/30 (21).....	130	LEVULAN .....	76
KEPIVANCE .....	21	larin 1/20 (21).....	130	LEXIVA .....	6
KERYDIN.....	81	larin 24 fe.....	130	LICART.....	46
KESIMPTA PEN .....	112	larin fe 1.5/30 (28).....	130	lidocaine .....	80
ketoconazole.....	3, 81	larin fe 1/20 (28).....	131	lidocaine (pf) .....	79
ketodan .....	81	larissia.....	131	LIDOCAINE (PF) .....	79
ketodan kit.....	81	LASIX .....	61	lidocaine hcl.....	79, 80
ketoprofen.....	46	LASTACRAFT.....	137	lidocaine hcl-hydrocortison ac	
ketorolac .....	46, 138	latanoprost .....	139	.....	80, 106
KEVZARA.....	122	LATANOPROST (PF).....	139	LIDOCAINE HCL-	
KHAPZORY .....	21	LATUDA.....	52	HYDROCORTISON AC	106
KINERET .....	113	layolis fe .....	131	lidocaine viscous .....	80
KINRIX (PF).....	117	LEDIPASVIR-SOFOSBUVIR		lidocaine-hydrocortison-aloe	
KISQALI.....	24	.....	6	.....	106
KISQALI FEMARA CO-		leena 28.....	131	lidocaine-prilocaine .....	80
PACK .....	24	leflunomide.....	122	lidocort.....	80
KITABIS PAK .....	14	LEMTRADA.....	112	LIFEMS NALOXONE.....	46
klor-con m10 .....	152	lenalidomide .....	112	LILETTA.....	123
klor-con m15 .....	152	LENVIMA.....	25	lillow (28) .....	131
klor-con m20 .....	152	lessina .....	131	lincomycin .....	14
KLOXXADO .....	46	letrozole .....	25	lindane .....	84

linezolid.....	14	LYSODREN.....	25	mercaptapurine .....	25
linezolid in dextrose 5% .....	14	lyza .....	125	meropenem .....	15
linezolid-0.9% sodium chloride		<b>M</b>		MEROPENEM-0.9%	
.....	14	mafenide acetate.....	80	SODIUM CHLORIDE .....	15
LINZESS.....	106	MAKENA (PF) .....	125	merzee.....	131
liothyronine .....	101	malathion .....	84	mesalamine .....	106
lisinopril .....	61	mannitol 20 % .....	61	mesalamine with cleansing	
lisinopril-hydrochlorothiazide		maprotiline.....	53	wipe .....	106
.....	61	maraviroc.....	6	mesna.....	21
LITEAIRE MDI CHAMBER		marlissa (28).....	131	MESNEX.....	21
.....	91	MARPLAN .....	53	metaproterenol.....	147
lithium carbonate.....	52	MATULANE.....	25	metaxalone.....	37
LITHOSTAT .....	86	matzim la .....	61	metformin .....	100
LIVMARLI .....	106	MAVENCLAD (10 TABLET		methadone.....	42
LO LOESTRIN FE.....	131	PACK).....	112	methadose .....	42
LODINE.....	46	MAVENCLAD (4 TABLET		methamphetamine.....	53
lojaimiess.....	131	PACK).....	112	methazolamide.....	139
LOKELMA .....	106	MAVENCLAD (5 TABLET		methenamine hippurate .....	20
LONHALA MAGNAIR		PACK).....	112	methenamine mandelate .....	20
REFILL .....	146	MAVENCLAD (6 TABLET		methen-sod phos-meth blue-	
LONHALA MAGNAIR		PACK).....	112	hyos.....	151
STARTER.....	147	MAVENCLAD (7 TABLET		methergine .....	134
LONSURF.....	25	PACK).....	112	methimazole .....	91
lopinavir-ritonavir .....	6	MAVENCLAD (8 TABLET		methocarbamol .....	37
lorazepam .....	52, 53	PACK).....	112	methotrexate sodium .....	25
lorazepam intensol.....	52	MAVENCLAD (9 TABLET		methotrexate sodium (pf) .....	25
LORBRENA .....	25	PACK).....	112	methoxsalen.....	76
loryna (28).....	131	MAVYRET .....	6	methscopolamine.....	103
losartan .....	61	MAXITROL.....	140	methyl salicylate.....	76
losartan-hydrochlorothiazide		MAYZENT .....	112	methyl dopa .....	61
LOTEMAX .....	141	MAYZENT STARTER(FOR		methyl dopa-	
LOTEMAX SM.....	141	2MG MAINT).....	112	hydrochlorothiazide.....	61
loteprednol etabonate .....	141	mb hydrogel.....	76	methyl dopate .....	61
lovastatin .....	72	meclofenamate.....	47	methylergonovine .....	134
LOVENOX.....	69	medroxyprogesterone .....	125	methylphenidate hcl.....	53
low-ogestrel (28) .....	131	mefenamic acid.....	47	METHYLPHENIDATE HCL	
loxapine succinate .....	53	mefloquine.....	14	.....	53
lo-zumandimine (28).....	131	megestrol .....	25	methylprednisolone .....	90
lta pre-attached .....	80	MEKINIST.....	25	methyltestosterone.....	97
LUCEMYRA .....	46	MEKTOVI.....	25	metoclopramide hcl ....	106, 107
lugols .....	80, 152	meloxicam .....	47	metolazone.....	61
LULICONAZOLE .....	81	melphalan .....	25	metoprolol succinate.....	61
LUMAKRAS .....	25	memantine .....	36	metoprolol ta-hydrochlorothiaz	
LUMIGAN .....	139	MENACTRA (PF) .....	117	.....	62
LUMIZYME .....	97	MENEST .....	125	metoprolol tartrate .....	62
LUPKYNIS .....	25	MENQUADFI (PF).....	117	metro i.v.....	15
lutra (28) .....	131	MENVEO A-C-Y-W-135-DIP		metronidazole .....	15, 78, 127
luxamend .....	76	(PF).....	117	metronidazole in nacl (iso-os)	
LYBALVI .....	53	meperidine .....	42	.....	15
lyleq.....	125	MEPHYTON.....	69	metyrosine .....	62
lyllana.....	125	meprobamate .....	37	mexiletine .....	57
LYNPARZA.....	25	MEPSEVII.....	97	MIACALCIN .....	97

mibelas 24 fe .....	131	MODERNA COVID-19	MYRBETRIQ.....	150
micafungin.....	3	VACCINE (EUA) .....	MYXREDLIN .....	95
miconazole-3 .....	127	moexipril .....	<b>N</b>	
MICROCHAMBER .....	91	molindone.....	NABI-HB .....	117
microgestin 1.5/30 (21) .....	131	MOLNUPIRAVIR .....	nabumetone.....	47
microgestin 1/20 (21) .....	131	mometasone.....	nadolol .....	62
MICROGESTIN 24 FE.....	131	mondoxyne nl.....	nafcillin.....	17
microgestin fe 1.5/30 (28) ..	131	MONOFERRIC.....	nafcillin in dextrose iso-osm	17
microgestin fe 1/20 (28) .....	131	mono-lynyah.....	naftifine.....	81
MICROSPACER.....	91	MONOVISC.....	NAGLAZYME.....	97
midazolam .....	54	montelukast .....	nalbuphine .....	47
MIDAZOLAM .....	54	MONUROL.....	naloxone .....	47
MIDAZOLAM (PF) IN 0.9 %		morphine.....	naltrexone .....	47
NACL.....	53	MORPHINE .....	naproxen .....	47
MIDAZOLAM IN 0.9 % SOD		morphine (pf).....	naproxen sodium .....	47
CHLORID .....	53	MORPHINE (PF).....	naratriptan.....	35
MIDAZOLAM IN NACL,ISO-		morphine (pf) in 0.9 % sod chl	NATACHEW (FE BIS-	
OSMO(PF) .....	53	.....	GLYCINATE).....	153
midodrine .....	86	MORPHINE (PF) IN 0.9 %	NATACYN.....	135
MIFEPREX .....	127	SOD CHL .....	NATAZIA .....	132
mifepristone.....	127	morphine concentrate .....	nateglinide .....	100
migergot .....	35	morphine in 0.9 % sodium	NATPARA .....	97
miglitol .....	100	chlor.....	NAYZILAM.....	31
miglustat.....	97	MORPHINE IN 0.9 %	neбиволol.....	62
mili .....	132	SODIUM CHLOR.....	NEBUPENT .....	15
millipred .....	90	MOTEGRITY .....	nebusal.....	147
millipred dp .....	90	MOVANTIK .....	NEBUSAL.....	147
mimvey.....	126	moxifloxacin.....	necon 0.5/35 (28).....	132
MINIMED 770G INSULIN		MOXIFLOXACIN-	nefazodone.....	54
PUMP .....	93	SOD.ACE,SUL-WATER. 18	neomycin .....	15
MINIMED MIO ADVANCE		moxifloxacin-sod.chloride(iso)	neomycin-bacitracin-poly-hc	
INF SET23 .....	93	.....	.....	140
MINIMED QUICK SET 43 .93		MS CONTIN .....	neomycin-bacitracin-	
MINIMED SILHOUETTE 23		MULTAQ.....	polymyxin.....	135
.....	93	mupirocin.....	neomycin-polymyxin b gu....	85
MINIMED SURE T 32 .....	93	mupirocin calcium.....	neomycin-polymyxin b-	
MINOCIN .....	19	my choice .....	dexameth.....	140
minocycline .....	19	my way .....	neomycin-polymyxin-	
minoxidil .....	62	MYALEPT .....	gramicidin.....	135
MIRENA .....	123	MYCAMINE.....	neomycin-polymyxin-hc.....	90,
mirtazapine .....	54	MYCAPSSA .....	140	
MIRVASO .....	78	mycophenolate mofetil.....	neo-polycin .....	135
misoprostol.....	109	mycophenolate mofetil (hcl)	neo-polycin hc .....	140
MITIGARE .....	120	mycophenolate sodium.....	NEORAL.....	26
MITIGO (PF) .....	42	MYDAYIS .....	NEOSTIGMINE	
MITOSOL.....	139	MYFORTIC .....	METHYLSULFATE.....	37
MKO (MIDAZOLAM-		MYLERAN .....	NEO-SYNALAR.....	80
KETAMINE-ONDAN)....	54	mynatal .....	NEO-SYNALAR KIT .....	80
M-M-R II (PF).....	117	mynatal plus .....	NERLYNX .....	26
m-natal plus .....	153	mynatal-z.....	NESTABS .....	154
modafinil .....	54	MYOBLOC.....	NESTABS ABC .....	153
		myorisan .....	NESTABS DHA.....	154

neuac.....	78	norethindrone (contraceptive)	126	OB COMPLETE WITH DHA	154
NEUAC KIT .....	78	.....	126	OBIZUR .....	69
NEULASTA.....	110	norethindrone acetate .....	126	OBREDON.....	143
NEULASTA ONPRO .....	110	norethindrone ac-eth estradiol	126, 132	OCALIVA .....	107
NEUPRO.....	34	.....	126, 132	ocella.....	132
nevirapine .....	7	norethindrone-e.estradiol-iron	132	OCREVUS .....	112
new day .....	132	.....	132	octreotide acetate .....	26
newgen .....	154	NORGESIC FORTE .....	37	ODEFSEY .....	7
NEXAVAR .....	26	norgestimate-ethinyl estradiol	132	ODOMZO.....	26
NEXLETOL .....	72	.....	132	OFEV.....	147
NEXLIZET.....	72	norlyda.....	126	ofloxacin .....	19, 89, 135
NEXPLANON .....	127	NORPACE CR.....	57	olanzapine.....	54
niacin .....	72	nortrel 0.5/35 (28).....	132	olanzapine-fluoxetine .....	54
nicardipine.....	62	nortrel 1/35 (21).....	132	OLINVYK.....	47
NICODERM CQ.....	88	nortrel 1/35 (28).....	132	olmesartan.....	62
nicorette.....	88	nortrel 7/7/7 (28) .....	132	olmesartan-amlopidin-	
NICORETTE.....	88	nortriptyline .....	54	hcthiazyd .....	62
nicotine .....	88	NORVIR.....	7	olmesartan-	
nicotine (polacrilex) .....	88	NOURIANZ .....	34	hydrochlorothiazide .....	62
NICOTROL.....	88	NOVOEIGHT .....	69	olopatadine .....	89
NICOTROL NS.....	88	NOVOPEN ECHO.....	93	OLUMIANT.....	122
nifedipine.....	62	NOVOSEVEN RT .....	69	omega-3 acid ethyl esters .....	72
nikki (28).....	132	NOXAFIL .....	4	omeprazole .....	110
nilutamide.....	26	np thyroid .....	101	OMNIPOD CLASSIC PDM	
NIMBEX .....	37	NPLATE.....	69	KIT(GEN 3).....	93
nimodipine.....	62	NUBEQA .....	26	OMNIPOD DASH PODS	
NIPRIDE RTU .....	73	NUCALA .....	147	(GEN 4) .....	93
nisoldipine .....	62	NUCORT.....	84	ondansetron.....	107
nitazoxanide .....	15	NUCYNTA .....	47	ondansetron hcl.....	107
nitisinone .....	86	NUCYNTA ER .....	47	ondansetron hcl (pf).....	107
nitro-bid.....	73	NUEDEXTA .....	36	ONETOUCH SOLUTIONS	
NITRO-DUR.....	73	NULIBRY .....	36	STARTER .....	93
nitrofurantoin.....	20	NULOJIX .....	26	ONETOUCH ULTRA	
nitrofurantoin macrocrystal ..	20	NULYTELY LEMON-LIME	107	CONTROL .....	93
cryst .....	20	NUMBRINO .....	80	ONETOUCH ULTRA TEST	
nitroglycerin .....	73	NUPLAZID .....	54	.....	91
nitroglycerin in 5 % dextrose	73	NURTEC ODT.....	35	ONETOUCH ULTRA2	
NITROLINGUAL.....	73	NUZYRA .....	19	METER.....	93
NITROMIST .....	73	nyamyc .....	81	ONETOUCH ULTRAMINI.....	93
nitro-time.....	73	nylia 1/35 (28) .....	132	ONETOUCH VERIO FLEX	
NITYR.....	86	nylia 7/7/7 (28).....	132	METER.....	93
NIVESTYM .....	110	NYMALIZE .....	62	ONETOUCH VERIO IQ	
nizatidine .....	110	nymyo.....	132	METER.....	93
NOCDURNA (MEN).....	97	nystatin .....	4, 81	ONETOUCH VERIO METER	
NOCDURNA (WOMEN).....	97	nystatin-triamcinolone.....	81	.....	93
nora-be.....	126	nystop .....	81	ONETOUCH VERIO TEST	
NORDITROPIN FLEXPRO		<b>O</b>		STRIPS .....	91
.....	111	OB COMPLETE ONE .....	154	ONFI.....	31
noreth-ethinyl estradiol-iron		OB COMPLETE PETITE ..	154	ONUREG .....	26
.....	132	OB COMPLETE PREMIER		opcicon one-step.....	132
		.....	154	opium tincture.....	103

OPSUMIT .....	147	PALONOSETRON .....	107	PFIZER COVID-19	
OPTICHAMBER DIAMOND		PALYNZIQ .....	97	VACCINE (EUA) .....	118
VHC .....	91	pamidronate .....	97	pfizerpen-g.....	18
option-2 .....	132	PANRETIN .....	76	phenazopyridine .....	151
oralone.....	89	pantoprazole .....	110	phenelzine.....	55
ORAPRED ODT .....	90	PANZYGA.....	117	phenobarb-hyoscy-atropine-	
ORBACTIV .....	15	papaverine .....	62	scop.....	103
ORENCIA .....	122	PARAGARD T 380A.....	123	phenobarbital .....	32
ORENCIA (WITH		PAREMYD .....	137	phenoxybenzamine .....	62
MALTOSE).....	122	paricalcitol .....	97	phentolamine .....	62
ORENCIA CLICKJECT....	122	paroex oral rinse .....	89	phenylephrine hcl .....	142
ORENITRAM.....	62	paromomycin.....	15	PHENYLEPH-	
ORFADIN .....	86	paroxetine hcl .....	54	TROPICAMIDE IN	
ORIAHNN .....	127	paroxetine		WATER.....	137
ORILISSA.....	97	mesylate(menop.sym).....	54	PHENYTEK .....	32
ORKAMBI.....	147	PARSABIV .....	98	phenytoin .....	32
ORLADEYO.....	147	PASER.....	15	phenytoin sodium .....	32
orphenadrine citrate.....	37	PAXLOVID (EUA).....	7	phenytoin sodium extended..	32
orphenadrine-asa-caffeine....	37	PEDIARIX (PF) .....	117	PHEXXI .....	127
orsythia.....	132	PEDVAX HIB (PF).....	117	philith.....	132
ORTHOVISC .....	47	peg 3350-electrolytes .....	107	PHOSLYRA .....	107
oscimin .....	103	peg3350-sod sul-nacl-kcl-asb-c		phosphasal .....	151
oscimin sl.....	103	.....	107	PHYSIOLYTE .....	85
oseltamivir.....	7	PEGASYS .....	112	PHYSIOSOL IRRIGATION	85
osmitrol 20 % .....	62	peg-electrolyte soln .....	107	phytonadione (vitamin k1) ...	69
OSPHENA .....	127	peg-prep.....	107	PHYTONADIONE	
OTEZLA .....	122	PEMAZYRE .....	26	(VITAMIN K1) .....	69
OTEZLA STARTER.....	122	penicillamine .....	122	PIFELTRO .....	7
OTIPRIO .....	89	PENICILLIN G POT IN		pilocarpine hcl .....	87, 89, 137
oxacillin.....	17	DEXTROSE .....	17	pimecrolimus .....	76
oxacillin in dextrose(iso-osm)		penicillin g potassium.....	18	pimozide .....	55
.....	17	penicillin g procaine .....	18	pimtrea (28) .....	133
oxandrolone.....	97	penicillin g sodium .....	18	pindolol.....	62
oxaprozin.....	47	penicillin v potassium.....	18	pioglitazone .....	100
oxazepam.....	54	PENTACEL (PF) .....	117	pioglitazone-glimepiride.....	100
oxcarbazepine.....	31	PENTACEL ACTHIB		pioglitazone-metformin .....	100
OXERVATE .....	137	COMPONENT (PF).....	117	piperacillin-tazobactam .....	18
oxiconazole.....	81	PENTAM.....	15	PIQRAY .....	26
OXISTAT.....	82	pentamidine .....	15	pirmella.....	133
OXLUMO .....	151	PENTASA .....	107	piroxicam.....	47
OXTELLAR XR .....	32	pentazocine-naloxone.....	47	PLEGRIDY .....	112
oxybutynin chloride.....	150	pentoxifylline.....	69	PLENVU .....	107
oxycodone .....	44	perindopril erbumine .....	62	PNEUMOVAX-23 .....	118
OXYCODONE.....	44	periogard.....	89	pnv-dha .....	154
oxycodone-acetaminophen...	44	permethrin .....	84	pnv-omega .....	154
OXYCONTIN .....	44	perphenazine.....	54	pnv-select.....	154
oxymorphone.....	44	perphenazine-amitriptyline...	55	POCKET CHAMBER.....	91
OZEMPIC .....	100	PERSERIS.....	55	podofilox.....	76
<b>P</b>		PEXEVA .....	55	polycin .....	135
pacerone .....	57	PFIZER COVID-19 TRIS		polymyxin b sulfate .....	15
paliperidone.....	54	VACCN(PF).....	117, 118	polymyxin b sulf-trimethoprim	
palonosetron .....	107			.....	135

POMALYST .....	112	prenal pearl .....	154	proctosol hc .....	108
portia 28.....	133	prenal true.....	154	proctozone-hc .....	108
posaconazole .....	4	PRENATA.....	154	PROFILNINE.....	70
POTABA.....	152	prenatabs fa.....	154	progesterone .....	126
potassium chloride.....	152	prenatabs rx .....	154	progesterone micronized ....	126
potassium citrate.....	151	PRENATAL .....	154	PROGLYCEM .....	92
PR BENZOYL PEROXIDE.78		prenatal plus .....	155	PROLASTIN-C .....	87
pr natal 400.....	154	prenatal plus (calcium carb)154		PROLATE .....	44
pr natal 400 ec .....	154	PRENATAL PLUS DHA... 154		PROLENSA .....	139
pr natal 430.....	154	prenatal vitamin .....	155	PROMACTA.....	70
pr natal 430 ec .....	154	prenatal vitamin plus low iron		promethazine .....	143
pramipexole.....	34	.....	155	promethazine-codeine.....	144
prasugrel .....	69	prenatal vitamin with minerals		promethazine-dm.....	144
pravastatin .....	72	.....	155	promethazine-phenyleph-	
PRAXBIND .....	69	prenatal-u.....	155	codeine.....	144
praziquantel .....	15	PRENATE DHA (FERR ASP		promethazine-phenylephrine	
prazosin .....	63	GLYCIN).....	155	.....	144
PRED-G .....	140	PRENATE ELITE (IRON ASP		promethegan .....	143
prednicarbate .....	84	GLYC).....	155	PROMETRIUM .....	126
PREDNISOL ACE-		PRENATE ENHANCE.....	155	propafenone .....	57
GATIFLOX-BROMFEN137		PRENATE MINI (FERR ASP		proparacaine .....	138
PREDNISOLN SP-		GLYCIN).....	155	propranolol .....	63
MOXIFLOX-BROMFEN		PRENATE PIXIE.....	155	propylthiouracil .....	91
.....	137	PRENATE RESTORE .....	155	PROQUAD (PF).....	118
prednisolone .....	90	PRENATE STAR.....	155	protamine.....	70
prednisolone acetate .....	141	PREPIDIL .....	127	protriptyline .....	55
PREDNISOLONE ACETATE		preplus .....	155	PROVERA .....	126
(PF).....	141	PRESTALIA .....	63	PROVIDA OB.....	155
PREDNISOLONE ACETATE-		PRETOMANID.....	15	pruclair.....	76
NEPAFENAC .....	138	prevalite .....	72	PULMICORT FLEXHALER	
PREDNISOLONE ACET-		previfem.....	133	.....	147
GATIFLOXACIN .....	140	PREVNAR 13 (PF) .....	118	PULMOZYME.....	147
PREDNISOLONE SOD PH-		PREVYMIS .....	7	PURIXAN .....	26
MOXIFLOX.....	140	PREZCOBIX.....	7	pyrazinamide .....	15
prednisolone sodium phosphate		PREZISTA .....	7	pyridostigmine bromide..37, 38	
.....	90, 141	PRIFTIN.....	15	PYRIDOSTIGMINE	
PREDNISOLONE-		PRIMACARE.....	155	BROMIDE.....	38
MOXIFLO-NEPAFENAC		primaquine.....	15	pyrimethamine.....	15
.....	138	PRIMEAIRE .....	91	<b>Q</b>	
PREDNISOLONE-		primidone.....	32	QBREXZA .....	76
MOXIFLOXACIN HCL 141		probenecid .....	120	QINLOCK .....	26
PREDNISOLONE-		probenecid-colchicine .....	120	QNASL.....	147
MOXIFLOX-BROMFEN		procainamide .....	57	QUADRACEL (PF) .....	118
.....	138	PRO-C-DURE 5 .....	91	QUAZEPAM.....	55
prednisone .....	90	PRO-C-DURE 6.....	91	QUESTRAN.....	72
prednisone intensol.....	90	PROCHAMBER .....	91	QUESTRAN LIGHT.....	72
pregabalin .....	32	prochlorperazine .....	107	quetiapine .....	55
PREGENNA.....	154	prochlorperazine edisylate..	107	quinapril.....	63
PREMARIN .....	126	prochlorperazine maleate ...	107	quinapril-hydrochlorothiazide	
PREMPHASE .....	126	PROCRIT .....	110	.....	63
PREMPRO .....	126	procto-med hc.....	107	quinidine gluconate .....	57
prenal chew.....	154	procto-pak.....	108	quinidine sulfate .....	57

quinine sulfate .....	15	RETROVIR .....	7	salvax .....	75
QUINJA .....	80	REVATIO .....	147	SAMSCA .....	98
quit 2.....	88	REVCovi .....	87	SANCUSO .....	108
quit 4.....	88	REVLIMID .....	113	SANDIMMUNE.....	26
QUZYTIR .....	143	REYATAZ .....	7	SANDOSTATIN .....	26
QVAR REDIHALER.....	147	RHOPRESSA.....	139	SANTYL .....	84
<b>R</b>		RIASTAP .....	70	SAPHRIS.....	55
RABAVERT (PF) .....	118	ribavirin .....	7, 113	sapropterin .....	98
rabeprazole .....	110	RIDAURA.....	122	SAVELLA.....	123
RADICAVA.....	36	rifabutin .....	15	SCSEMBLIX.....	26
RADIOGARDASE .....	87	rifampin .....	15	SCENESSE.....	77
raloxifene.....	120	RILUTEK.....	87	scopolamine base.....	108
ramelteon.....	55	riluzole.....	87	SEBUDERM .....	77
ramipril.....	63	rimantadine.....	7	SECUADO .....	55
ranolazine .....	73	ringer's .....	85	SEGLUROMET .....	100
RAPAMUNE .....	26	RINVOQ .....	123	SELECT-OB + DHA.....	155
RAPIVAB (PF) .....	7	risedronate .....	87, 120	selegiline hcl.....	34
rasagiline .....	34	RISPERDAL CONSTA .....	55	selenium sulfide.....	74
RASUVO (PF) .....	122	risperidone.....	55	SELZENTRY .....	7, 8
RAVICTI.....	87	RITEFLO AEROCHAMBER .....	91	se-natal 19 chewable.....	155
RAZADYNE ER.....	36	ritonavir .....	7	se-natal-19 .....	155
READYSHARP		rivastigmine .....	36	SEREVENT DISKUS .....	148
KETOROLAC.....	47	rivastigmine tartrate.....	36	SEROSTIM .....	111
REBIF (WITH ALBUMIN)		rivelsa .....	133	sertraline .....	55
.....	113	RIXUBIS .....	70	setlakin.....	133
REBIF REBIDOSE.....	113	rizatriptan.....	35	sevelamer carbonate .....	108
REBIF TITRATION PACK		ROCKLATAN .....	140	SEVENFACT .....	70
.....	113	ropinirole .....	34	sharobel.....	126
REBINYN .....	70	rosadan.....	78	SHINGRIX (PF).....	118
REBLOZYL.....	110	rosula cleansing cloths.....	78	SIGNIFOR.....	27
RECARBRIO .....	15	rosuvastatin.....	72	sildenafil (pulm.hypertension)	
reclipsen (28).....	133	ROTARIX .....	118	.....	148
RECOMBIVAX HB (PF) ..	118	ROTATEQ VACCINE.....	118	SILENOR .....	55
RECTIV .....	108	roweepa .....	32	silodosin.....	150
regonol.....	38	ROZLYTREK .....	26	silver nitrate.....	77
REGANEX .....	77	RUBRACA.....	26	silver nitrate applicators .....	77
RELAFEN.....	47	RUCONEST.....	148	silver sulfadiazine .....	75
RELENZA DISKHALER.....	7	rufinamide .....	32	SIMBRINZA .....	140
RELISTOR.....	108	RUKOBIA.....	7	simliya (28).....	133
REMODULIN.....	63	RYBELSUS.....	100	simpesse.....	133
RENACIDIN.....	151	RYDAPT .....	26	SIMPONI.....	123
RENFLEXIS .....	108	RYTARY.....	34	SIMPONI ARIA .....	123
repaglinide.....	100	<b>S</b>		SIMULECT .....	27
repaglinide-metformin.....	100	SABRIL.....	32	simvastatin.....	72
REPATHA PUSHTRONEX	72	SAFE-CLIP BY MAIL .....	93	SINUVA .....	148
REPATHA SURECLICK ....	72	sajazir.....	148	sirolimus .....	27
REPATHA SYRINGE .....	72	salicylic acid.....	75	SIRTURO .....	15
RESPA-AR.....	144	salicylic acid-ceramides no.1	75	SIVEXTRO .....	16
RESTASIS .....	138	salimez.....	75	SKELAXIN .....	38
RESTASIS MULTIDOSE .	138	SALIMEZ FORTE.....	75	SKYLA.....	123
RETACRIT .....	110, 111	salsalate .....	47	SKYRIZI .....	74
RETEVMO.....	26			SLYND.....	133

sodium benzoate-sod		
phenylacet.....	87	
sodium chlor 0.9% bacteriostat		
.....	87	
sodium chloride ....	87, 148, 152	
sodium chloride 0.45 % .....	152	
sodium chloride 0.9 % .....	87	
sodium chloride 0.9 % (flush)		
.....	87	
sodium chloride 3 %		
hypertonic.....	152	
sodium chloride 5 %		
hypertonic.....	152	
SODIUM EDECIN.....	63	
sodium phenylbutyrate .....	87	
sodium polystyrene sulfonate		
.....	108	
SOFOSBUVIR-		
VELPATASVIR.....	8	
SOLESTA .....	108	
solifenacin .....	150	
SOLQUA 100/33 .....	95	
SOLIRIS .....	87	
SOLOSEC .....	16	
SOMATULINE DEPOT .....	27	
SOMAVERT .....	98	
sonafine .....	77	
SORBITOL .....	85	
SORBITOL-MANNITOL....	85	
SORILUX.....	74	
sorine .....	57	
sotalol .....	57	
SOTALOL.....	57	
sotalol af .....	57	
SOTYLIZE.....	57	
SOVALDI .....	8	
SPACE CHAMBER.....	92	
spinosad.....	84	
SPIRIVA RESPIMAT .....	148	
SPIRIVA WITH		
HANDIHALER.....	148	
spironolactone .....	63	
spironolacton-hydrochlorothiaz		
.....	63	
sprintec (28).....	133	
SPRITAM.....	32	
SPRYCEL .....	27	
sps (with sorbitol).....	108	
sronyx .....	133	
ssd.....	75	
SSKI .....	91	
sss 10-5.....	78	
st joseph aspirin .....	47	
st. joseph aspirin.....	48	
STAMARIL (PF) .....	118	
stavudine.....	8	
STEGLATRO.....	100	
STEGLUJAN .....	100	
STELARA .....	74	
STIOLTO RESPIMAT.....	148	
STIVARGA.....	27	
stop smoking aid.....	88	
STRENSIQ.....	98	
STREPTOMYCIN .....	16	
STRIVERDI RESPIMAT ..	148	
strong iodine .....	80, 152	
SUBLOCADE .....	44	
subvenite.....	32	
subvenite starter (blue) kit....	32	
subvenite starter (green) kit..	32	
subvenite starter (orange) kit	32	
SUCRAID .....	108	
sucrafate .....	110	
SULCONAZOLE.....	82	
sulfacetamide sodium ...	74, 142	
sulfacetamide sodium (acne)	80	
sulfacetamide sodium-sulfur	78,	
79		
sulfacetamide sod-sulfur-urea		
.....	79	
sulfacetamide-prednisolone	141	
sulfacetamide-sulfur-cleansr	23	
.....	79	
sulfacleanse 8-4 .....	79	
sulfadiazine.....	19	
sulfamethoxazole-trimethoprim		
.....	19	
SULFAMYLON.....	81	
sulfasalazine .....	108	
sulfatrim.....	19	
sulindac.....	48	
sumatriptan .....	35	
sumatriptan succinate .....	35, 36	
sumatriptan-naproxen.....	36	
sunitinib .....	27	
SUNOSI.....	55	
SUPREP BOWEL PREP KIT		
.....	108	
SURVANTA .....	87	
SUSTIVA .....	8	
syeda.....	133	
SYMAX DUOTAB .....	103	
SYMBICORT.....	148	
SYMDEKO .....	148	
SYMFI.....	8	
SYMFI LO.....	8	
SYMJEPI.....	143	
SYMLINPEN 120 .....	100	
SYMLINPEN 60 .....	100	
SYMPAZAN .....	32	
SYMPROIC.....	108	
SYMTUZA.....	8	
SYNAGIS.....	8	
SYNAREL.....	98	
SYNDROS .....	108	
SYNERCID .....	16	
SYNJARDY .....	100	
SYNJARDY XR.....	101	
SYNRIBO.....	27	
SYNTHROID .....	102	
<b>T</b>		
<b>T</b>		
FLEX .....	93	
SLIM X2.....	93	
SLIM X2 BASAL-IQ		
INSULIN PMP .....	93	
SLIM X2 CONTROL-IQ	93	
TABLOID.....	27	
TABRECTA .....	27	
tacrolimus .....	27, 77	
tadalafil (pulm. hypertension)		
.....	148	
TAFINLAR .....	27	
TAGRISSE.....	27	
TAKE ACTION .....	133	
TAKHZYRO .....	148	
TALTZ AUTOINJECTOR ..	75	
TALTZ AUTOINJECTOR (2		
PACK).....	74	
TALTZ AUTOINJECTOR (3		
PACK).....	74	
TALTZ SYRINGE .....	75	
TALZENNA .....	27	
TAMIFLU .....	8	
tamoxifen.....	27	
tamsulosin.....	150	
TARCEVA .....	27	
TARGRETIN .....	27	
tarina 24 fe.....	133	
tarina fe 1/20 (28) .....	133	
taron-c dha .....	155	
TASIGNA.....	27	
TASMAR .....	34	
tavaborole .....	82	
TAVNEOS .....	87	
taysofy .....	133	



TAYTULLA.....	133	TIMOL-BRIMON-DORZO-	travoprost.....	140
tazarotene .....	79	LATANOP(PF) .....	trazodone .....	56
tazicef .....	11	timolol maleate .....	TRECTOR .....	16
TAZORAC .....	79	TIMOLOL-BRIMONIDI-	TRELEGY ELLIPTA.....	149
taztia xt .....	63	DORZOLAM(PF) .....	TREMFYA .....	75
TAZVERIK.....	27	TIMOLOL-DORZOLAMID-	treprostinil sodium.....	64
TDVAX.....	119	LATANOP(PF) .....	TRESIBA FLEXTOUCH U-	
TEFLARO.....	11	TIMOLOL-	100 .....	95
TEGSEDI .....	36	LATANOPROST(PF) ....	TRESIBA FLEXTOUCH U-	
TEKTRUNA HCT .....	63	tinidazole .....	200 .....	95
telmisartan .....	63	tiopronin .....	TRESIBA U-100 INSULIN .	96
telmisartan-amlodipine.....	63	tis-u-sol pentalyte .....	tretinoin.....	79
telmisartan-hydrochlorothiazid		TIVICAY.....	tretinoin (antineoplastic).....	28
.....	63	TIVICAY PD .....	tretinoin microspheres .....	79
temazepam.....	55	tizanidine .....	TRETTEN .....	70
TEMIXYS .....	8	TOBI PODHALER .....	TREXALL.....	28
TEMODAR .....	27	TOBRADEX .....	tri femynor .....	133
temozolomide .....	27	TOBRADEX ST.....	triamcinol ac (pf) in 0.9%nacl	
tencon .....	44	tobramycin.....	.....	91
TENIVAC (PF) .....	119	tobramycin in 0.225 % nacl..	triamcinolone acetamide.84, 89,	
tenofovir disoproxil fumarate.	8	tobramycin in 0.9 % nacl.....	91	
TEPEZZA.....	98	tobramycin sulfate .....	triamterene .....	64
TEPMETKO.....	27	TOBRAMYCIN WITH	triamterene-hydrochlorothiazid	
terazosin .....	63	NEBULIZER.....	.....	64
terbinafine hcl.....	4	tobramycin-dexamethasone	triazolam .....	56
terbutaline.....	148	141	TRICARE .....	155
terconazole .....	127	TOBREX.....	triderm .....	84
TESTONE CIK .....	98	TODAY CONTRACEPTIVE	trientine.....	87
TESTOPEL .....	98	SPONGE .....	tri-estarylla.....	133
testosterone.....	98	tolcapone .....	TRIFERIC .....	155
TESTOSTERONE .....	98	tolmetin.....	trifluoperazine.....	56
testosterone cypionate .....	98	tolterodine.....	trifluridine.....	136
testosterone enanthate .....	98	150	trihexyphenidyl.....	35
TETANUS,DIPHThERIA		tolvaptan .....	TRIJARDY XR .....	101
TOX PED(PF) .....	119	topiramate .....	TRIKAFTA .....	149
tetrabenazine.....	37	32, 33	tri-legest fe.....	133
tetracaine hcl .....	138	toremifene.....	tri-linyah .....	133
TETRACAINE HCL (PF)..	138	TORONOVA II SUIK.....	tri-lo-estarylla .....	133
tetracycline .....	19	TORONOVA SUIK .....	tri-lo-marzia .....	134
THALOMID.....	27	48	tri-lo-mili .....	134
theophylline.....	148, 149	torsemide .....	tri-lo-sprintec .....	134
THIOLA EC .....	87	TOTECT.....	trimethobenzamide .....	108
thioridazine.....	55	21	trimethoprim .....	20
thiothixene.....	56	TOUJEO MAX U-300	tri-mili.....	134
THYMOGLOBULIN.....	119	SOLOSTAR .....	trimipramine .....	56
tiadylt er.....	63	95	TRIMO-SAN JELLY .....	127
tiagabine .....	32	TOUJEO SOLOSTAR U-300	trinatal rx 1 .....	155
TIBSOVO.....	27	INSULIN .....	trinate.....	155
TICANASE .....	149	95	TRINAZ .....	156
TICOVAC .....	119	TOVIAZ.....	TRINTELLIX.....	56
TIGLUTIK .....	87	150	tri-nymyo .....	134
tilia fe.....	133	TRACLEER .....	TRIPTODUR.....	28
		149		
		48		
		48		
		63		
		63		
		70, 127		
		TRANEXAMIC ACID IN		
		NACL,ISO-OS .....		
		70		
		tranylcypropromine.....		
		56		

tri-sprintec (28).....	134	uro-mp .....	151	VENCLEXTA STARTING	
TRISTART DHA .....	156	ursodiol.....	109	PACK .....	28
TRIUMEQ.....	8	uryl.....	151	venlafaxine .....	56
trivora (28).....	134	ustell .....	151	VENOFER.....	156
tri-vylibra.....	134	<b>V</b>		VENTAVIS .....	149
tri-vylibra lo.....	134	VABOMERE.....	16	verapamil .....	64
TRIZIVIR.....	8	valacyclovir .....	8	VERQUVO.....	73
TROGARZO .....	8	VALCHLOR .....	77	VERZENIO .....	28
tropicamide.....	137	valganciclovir .....	8	vestura (28).....	134
trospium.....	150	valproate sodium .....	33	VFEND.....	4
TRULANCE.....	108	valproic acid .....	33	V-GO 20 .....	93
TRULICITY .....	101	valproic acid (as sodium salt)		V-GO 30 .....	93
TRUMENBA .....	119	.....	33	V-GO 40 .....	94
TRUSELTIQ.....	28	valsartan.....	64	VIBATIV.....	21
TRUSOPT .....	140	valsartan-hydrochlorothiazide		VIBERZI .....	109
TRUSTEEL INFUSION SET		.....	64	VIEKIRA PAK.....	8
23.....	93	VALTOCO.....	33	vienna .....	134
TUKYSA.....	28	VANCOGIN.....	20	vigabatrin.....	33
tulana .....	126	vancomycin .....	20	vigadrone .....	33
TURALIO .....	28	VANCOMYCIN .....	20	VIIBRYD .....	56
TUZISTRA XR.....	144	VANCOMYCIN HCL IN		VIMIZIM.....	98
TWINRIX (PF) .....	119	WATER.....	20	VIMPAT.....	33
TWIRLA .....	127	VANCOMYCIN IN 0.9 %		VIOKACE .....	109
TYBLUME.....	134	SODIUM CHL .....	20	viorele (28) .....	134
TYBOST .....	8	VANCOMYCIN IN		VIRACEPT.....	9
tydemy .....	134	DEXTROSE 5 % .....	20	VIREAD .....	9
TYKERB .....	28	VANCOMYCIN-WATER		virt-c dha.....	156
TYMLOS .....	121	INJECT (PEG) .....	21	virt-nate dha.....	156
TYPHIM VI .....	119	VANOXIDE-HC .....	79	virt-pn dha .....	156
TYSABRI.....	37	VAQTA (PF).....	119	VISCO-3.....	48
TYVASO.....	149	varenicline .....	89	VISTOGARD .....	21
TYVASO REFILL KIT .....	149	VARISOFT INFUSION SET		VISUDYNE.....	138
TYVASO STARTER KIT .....	149	23.....	93	VITAFOL FE PLUS.....	156
<b>U</b>		VARIVAX (PF) .....	119	VITAFOL ULTRA.....	156
UBRELVY .....	36	VARIZIG.....	119	VITAFOL-OB .....	156
UCERIS.....	109	VARUBI.....	109	VITAFOL-ONE .....	156
UKONIQ .....	28	VASCEPA.....	72	VITAMED MD ONE RX .....	156
ULESFIA .....	84	VAXELIS (PF).....	119	VITAMEDMD REDICHEW	
ULTOMIRIS .....	88	VAXNEUVANCE .....	119	RX.....	156
ULTRASAL-ER.....	75	VCF CONTRACEPTIVE		vitamin k.....	70
umecta .....	77	FILM .....	127	vitamin k1 .....	70
unithroid .....	102	VCF CONTRACEPTIVE GEL		VITAPEARL.....	156
UPLIZNA.....	28	.....	127	VITATRUE .....	156
UPTRAVI.....	64	VECAMYL .....	73	VITRAKVI.....	28
urea .....	77	VEKLURY .....	8	VITRASE .....	138
urea nail stick .....	77	veletri.....	64	VIVITROL .....	48
urimar-t.....	151	velivet triphasic regimen (28)		VIZIMPRO.....	28
uro-458 .....	151	.....	134	volnea (28).....	134
UROCIT-K 10.....	151	VELPHORO.....	109	VONVENDI.....	70
UROCIT-K 15.....	151	VEMLIDY.....	8	VORAXAZE .....	21
UROCIT-K 5.....	151	VENCLEXTA .....	28	voriconazole .....	4
urogesic-blue .....	151				

VORTEX HOLDING		
CHAMBER.....	92	
VOSEVI.....	9	
VOTRIENT.....	28	
VOXZOGO.....	99	
VPRIV.....	99	
VRAYLAR.....	56	
VUMERITY.....	113	
vyfemla (28).....	134	
vylibra.....	134	
VYNDAMAX.....	73	
VYNDAQEL.....	73	
VYVANSE.....	56	
VYZULTA.....	140	
<b>W</b>		
WAKIX.....	56	
warfarin.....	70	
water for irrigation, sterile....	88	
WELIREG.....	28	
wera (28).....	134	
westab plus.....	156	
WIDE-SEAL DIAPHRAGM		
.....	123	
WILATE.....	70	
wintergreen oil.....	77	
wixela inhub.....	149	
wymzya fe.....	134	
<b>X</b>		
XALKORI.....	28	
XARELTO.....	70	
XARELTO DVT-PE TREAT		
30D START.....	70	
XCOPRI.....	33	
XCOPRI MAINTENANCE		
PACK.....	33	
XCOPRI TITRATION PACK		
.....	33	
XELJANZ.....	123	
XELJANZ XR.....	123	
XEMBIFY.....	120	
XENLETA.....	16	
XEPI.....	81	
XERAVA.....	19	
XERMELO.....	28	
XGEVA.....	21	
XIGDUO XR.....	101	
XIIDRA.....	138	
XOFLUZA.....	9	
XOLAIR.....	149	
XOPENEX.....	149	
XOPENEX CONCENTRATE		
.....	149	
XOSPATA.....	28	
XTANDI.....	28	
xulane.....	127	
XULTOPHY 100/3.6.....	96	
XURIDEN.....	88	
XYLOCAINE-MPF.....	80	
XYREM.....	56	
XYWAV.....	56	
<b>Y</b>		
YF-VAX (PF).....	120	
YONSA.....	28	
YUPELRI.....	149	
yuvafem.....	126	
<b>Z</b>		
zafemy.....	127	
zafirlukast.....	149	
zaleplon.....	56	
ZALVIT.....	156	
zarah.....	134	
ZARONTIN.....	33	
ZARXIO.....	111	
zatean-pn dha.....	156	
zatean-pn plus.....	156	
ZAVESCA.....	99	
zebutal.....	44	
ZEJULA.....	28	
ZELBORAF.....	28	
ZEMAIRA.....	88	
ZEMDRI.....	16	
ZEMPLAR.....	99	
zenatane.....	79	
ZENPEP.....	109	
zenzedi.....	56	
ZEPOSIA.....	37	
ZEPOSIA STARTER KIT ...	37	
ZEPOSIA STARTER PACK		
.....	37	
ZERBAXA.....	11	
ZERVIATE.....	138	
ZIAGEN.....	9	
zidovudine.....	9	
ZIEXTENZO.....	111	
zileuton.....	149	
zingiber.....	156	
ZIOPTAN (PF).....	140	
ziprasidone hcl.....	56	
ziprasidone mesylate.....	56	
ZIRGAN.....	136	
ZITHRANOL.....	75	
ZOKINVY.....	88	
zoledronic acid.....	99	
zoledronic acid-mannitol-water		
.....	88, 99	
ZOLEDRONIC AC-		
MANNITOL-0.9NACL....	99	
ZOLGENSMA.....	37	
ZOLINZA.....	29	
zolmitriptan.....	36	
zolpidem.....	56, 57	
ZOLPIMIST.....	57	
zonisamide.....	33	
ZONTIVITY.....	71	
ZORTRESS.....	29	
ZOSYN IN DEXTROSE (ISO-		
OSM).....	18	
ZUBSOLV.....	48	
ZULRESSO.....	57	
zumandimine (28).....	134	
ZYDELIG.....	29	
ZYFLO.....	149	
ZYKADIA.....	29	
ZYLET.....	141	
ZYLOPRIM.....	120	
ZYMAXID.....	136	
ZYPREXA RELPREVV.....	57	