



# 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 1/1/2023. Next planned update 7/1/2023. All Previous versions of this document are no longer active or in effect. Wellfleet is the marketing name used to refer to the insurance and administrative operations of Wellfleet Insurance Company, Wellfleet New York Insurance Company, Wellfleet Group, LLC. All insurance products are administered or managed by Wellfleet Group, LLC. Product availability is based on regulatory approval and may vary by state. The Wellfleet Rx Student Formulary is proprietary to Wellfleet Group, LLC and protected by applicable copyright, trademark, and trade secrets laws. It is not to be used for any other purpose without the express written consent of Wellfleet Group, LLC.

Wellfleet Rx is a pharmacy solution provided by Wellfleet Group, LLC (Wellfleet). This document represents the efforts of the Wellfleet Rx Pharmacy and Therapeutics (P&T) and Value Assessment Committees, 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 internal departments at 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.

---

PO Box 15369, Springfield, MA 01115

**Copyright © 2019 Wellfleet Group, LLC dba Wellfleet Administrators, LLC. All rights reserved.**

[www.wellfleetrx.com](http://www.wellfleetrx.com)

i

*Wellfleet is the marketing name used to refer to the insurance and administrative operations of Wellfleet Insurance Company, Wellfleet New York Insurance Company, and Wellfleet Group, LLC. All insurance products are administered or managed by Wellfleet Group, LLC. Product availability is based on regulatory approval and may differ among companies. 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.*

- “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

PO Box 15369, Springfield, MA 01115

Copyright © 2019 Wellfleet Group, LLC dba Wellfleet Administrators, LLC. All rights reserved.

[www.wellfleetrx.com](http://www.wellfleetrx.com)

ii

*Wellfleet is the marketing name used to refer to the insurance and administrative operations of Wellfleet Insurance Company, Wellfleet New York Insurance Company, and Wellfleet Group, LLC. All insurance products are administered or managed by Wellfleet Group, LLC. Product availability is based on regulatory approval and may differ among companies. 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.*

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.

PO Box 15369, Springfield, MA 01115

Copyright © 2019 Wellfleet Group, LLC dba Wellfleet Administrators, LLC. All rights reserved.

[www.wellfleetrx.com](http://www.wellfleetrx.com)

iii

*Wellfleet is the marketing name used to refer to the insurance and administrative operations of Wellfleet Insurance Company, Wellfleet New York Insurance Company, and Wellfleet Group, LLC. All insurance products are administered or managed by Wellfleet Group, LLC. Product availability is based on regulatory approval and may differ among companies. 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.*

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)

PO Box 15369, Springfield, MA 01115

Copyright © 2019 Wellfleet Group, LLC dba Wellfleet Administrators, LLC. All rights reserved.

[www.wellfleetrx.com](http://www.wellfleetrx.com)

\*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).

---

PO Box 15369, Springfield, MA 01115

**Copyright © 2019 Wellfleet Group, LLC dba Wellfleet Administrators, LLC. All rights reserved.**

[www.wellfleetrx.com](http://www.wellfleetrx.com)

vii

*Wellfleet is the marketing name used to refer to the insurance and administrative operations of Wellfleet Insurance Company, Wellfleet New York Insurance Company, and Wellfleet Group, LLC. All insurance products are administered or managed by Wellfleet Group, LLC. Product availability is based on regulatory approval and may differ among companies. 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.*



- 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 drug's 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 1/1/2023. Next planned update 7/1/2023.*

---

PO Box 15369, Springfield, MA 01115

**Copyright © 2019 Wellfleet Group, LLC dba Wellfleet Administrators, LLC. All rights reserved.**

[www.wellfleetrx.com](http://www.wellfleetrx.com)

viii

*Wellfleet is the marketing name used to refer to the insurance and administrative operations of Wellfleet Insurance Company, Wellfleet New York Insurance Company, and Wellfleet Group, LLC. All insurance products are administered or managed by Wellfleet Group, LLC. Product availability is based on regulatory approval and may differ among companies. 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.*

## 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> .....	71
<b>DIAGNOSTICS &amp; MISCELLANEOUS AGENTS</b> .....	81
<b>EAR, NOSE &amp; THROAT MEDICATIONS</b> .....	85
<b>ENDOCRINE/DIABETES</b> .....	86
<b>GASTROENTEROLOGY</b> .....	99
<b>IMMUNOLOGY, VACCINES &amp; BIOTECHNOLOGY</b> .....	107
<b>MUSCULOSKELETAL &amp; RHEUMATOLOGY</b> .....	117
<b>OBSTETRICS &amp; GYNECOLOGY</b> .....	120
<b>OPHTHALMOLOGY</b> .....	131
<b>RESPIRATORY, ALLERGY, COUGH &amp; COLD</b> .....	138
<b>UROLOGICALS</b> .....	145
<b>VITAMINS, HEMATINICS &amp; ELECTROLYTES</b> .....	147
<b>Index</b> .....	153

Drug Name	Drug Tier	Requirements / Limits
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	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>caspofungin 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	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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	Specialty; 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
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	Specialty; 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
CASIRIVIMAB-IMDEVIMAB INTRAVENOUS SOLUTION 120 MG/ML- 120 MG/ML	3	

<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; 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; QL
EMTRIVA ORAL SOLUTION 10 MG/ML	2	QL
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	Specialty; QL
EPCLUSA ORAL PELLETS IN PACKET 150- 37.5 MG, 200-50 MG	2	PA; Specialty; QL
EPCLUSA ORAL TABLET 200-50 MG	2	Specialty; 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
EVUSHELD (EUA) INTRAMUSCULAR SOLUTION 150 MG/1.5 ML- 150 MG/1.5 ML	3	
<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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
GANCICLOVIR INTRAVENOUS SOLUTION 500 MG/250 ML (2 MG/ML)	3	
<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; Specialty; QL
HARVONI ORAL TABLET 45-200 MG	2	PA; Specialty; 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	
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	3	ACA; QL; Age Limit (Min 18 Years and Max 999 Years)
<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; Specialty; 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; Specialty; QL
MAVYRET ORAL TABLET 100-40 MG	2	PA; Specialty; QL
<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

Drug Name	Drug Tier	Requirements / Limits
NORVIR ORAL SOLUTION 80 MG/ML	3	QL
NORVIR ORAL TABLET 100 MG	3	QL
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 TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	3	ACA; QL; Age Limit (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	
REGEN-COV (EUA) INTRAVENOUS SOLUTION 120 MG/ML- 120 MG/ML, 60 MG-60 MG/ ML	3	
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 25 MG, 75 MG	2	QL
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	1	PA; Specialty; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	3	Specialty; QL
SOVALDI ORAL TABLET 200 MG, 400 MG	3	Specialty; QL
<i>stavudine oral capsule 15 mg, 20 mg, 40 mg</i>	1	QL
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	3	
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; Specialty; 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; 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
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	2	
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	Specialty; QL
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	3	Specialty; QL
VIRACEPT ORAL TABLET 250 MG, 625 MG	2	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	3	QL



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	3	QL
VOSEVI ORAL TABLET 400-100-100 MG	3	PA; Specialty
XOFLUZA ORAL TABLET 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
<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	
<i>cefazolin in 0.9% sod chloride intravenous piggyback 3 gram/100 ml</i>	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	
CEFAZOLIN INJECTION RECON SOLN 2 GRAM	1	
<i>cefazolin intravenous recon soln 1 gram</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>cefдинир oral capsule 300 mg</i>	1	
<i>cefдинир 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	
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	
CEFTRIAZONE 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	
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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	
<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; Specialty; 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; Specialty
BILTRICIDE ORAL TABLET 600 MG	3	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	2	PA; Specialty; QL
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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	
<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; Specialty
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 NAACL (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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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; Specialty; QL
INVANZ INJECTION RECON SOLN 1 GRAM	2	
<i>isoniazid injection solution 100 mg/ml</i>	1	
<i>isoniazid oral solution 50 mg/5 ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	2	PA; Specialty
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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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	
<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; Specialty
<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	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	2	PA; Specialty
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	1	PA; Specialty
<i>tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	1	PA; Specialty
<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; Specialty
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	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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	
<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>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	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML, 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	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	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML	2	
<b>QUINOLONES</b>		
AVELOX IN NAACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK 400 MG/250 ML	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
BAXDELA INTRAVENOUS RECON SOLN 300 MG	2	PA
BAXDELA ORAL TABLET 450 MG	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	
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	1	
FACTIVE ORAL TABLET 320 MG	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	
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML	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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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
MINOCIN INTRAVENOUS RECON SOLN 100 MG	2	
<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>mondoxylene nl oral capsule 100 mg</i>	1	QL
<i>mondoxylene 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>fosfomicin 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	

Drug Name	Drug Tier	Requirements / Limits
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	
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	Specialty
KHAPZORY INTRAVENOUS RECON SOLN 175 MG, 300 MG	3	Specialty
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	1	Specialty
<i>levoleucovorin calcium intravenous solution 10 mg/ml</i>	1	Specialty
<i>mesna intravenous solution 100 mg/ml</i>	1	
MESNEX ORAL TABLET 400 MG	3	
TOTECT INTRAVENOUS RECON SOLN 500 MG	3	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	2	Specialty; QL
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT	2	Specialty
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	2	PA; Specialty; QL
<b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b>		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	1	Specialty; Och; QL
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	3	PA; Specialty
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	2	PA; Specialty; Och
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	2	PA; Specialty; Och; QL
ALKERAN ORAL TABLET 2 MG	3	Och; Specialty
<i>anastrozole oral tablet 1 mg</i>	1	Och; ACA; QL
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	3	Specialty
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	2	PA; Specialty; 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; Specialty; Och; QL
<i>bexarotene oral capsule 75 mg</i>	1	PA; Specialty; QL
<i>bexarotene topical gel 1 %</i>	1	PA; Specialty; QL
<i>bicalutamide oral tablet 50 mg</i>	1	Och
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	2	PA; Specialty; Och; QL
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG	3	PA; Specialty; QL
BRUKINSA ORAL CAPSULE 80 MG	2	PA; Specialty; Och

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	2	PA; Specialty; Och; QL
<i>capecitabine oral tablet 150 mg, 500 mg</i>	1	Specialty; Och; QL
CAPRELSA ORAL TABLET 100 MG, 300 MG	2	PA; Specialty; 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; Specialty; Och; QL
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	3	PA; Specialty; Och; QL
COTELLIC ORAL TABLET 20 MG	2	PA; Specialty; Och; QL
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	Och
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	1	Och
<i>cyclosporine intravenous solution 250 mg/5 ml</i>	1	Specialty
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	Specialty
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	Specialty
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	Specialty
DAURISMO ORAL TABLET 100 MG, 25 MG	3	PA; Specialty; QL
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	ST
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	2	PA; Specialty; QL
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	2	PA; Specialty; QL
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	2	PA; Specialty; QL
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	2	PA; Specialty; QL
EMCYT ORAL CAPSULE 140 MG	2	Specialty
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; Specialty
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	3	Specialty
ERIVEDGE ORAL CAPSULE 150 MG	2	PA; Specialty; QL
ERLEADA ORAL TABLET 60 MG	2	PA; Specialty; Och; QL
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	1	PA; Specialty; 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; Specialty; Och; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	1	PA; Specialty; Och
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1	Specialty
<i>exemestane oral tablet 25 mg</i>	1	Och; ACA; QL
EXKIVITY ORAL CAPSULE 40 MG	3	PA; Specialty; Och; QL
FARESTON ORAL TABLET 60 MG	3	PA; Specialty; Och; QL
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	3	PA; Specialty; QL
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	3	PA; Specialty; QL
<i>flutamide oral capsule 125 mg</i>	1	Och
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	3	PA; Specialty
GAVRETO ORAL CAPSULE 100 MG	3	PA; Specialty; Och; QL
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	Specialty
<i>gengraf oral solution 100 mg/ml</i>	1	Specialty
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	2	PA; Specialty; Och; QL
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	PA; Specialty; Och
HYCANTIN ORAL CAPSULE 0.25 MG, 1 MG	2	Specialty
<i>hydroxyurea oral capsule 500 mg</i>	1	Och
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	2	PA; Specialty; Och
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	2	PA; Specialty; Och
ICLUSIG ORAL TABLET 10 MG, 30 MG	2	PA; Specialty; Och
ICLUSIG ORAL TABLET 15 MG, 45 MG	2	PA; Specialty; Och; QL
IDHIFA ORAL TABLET 100 MG, 50 MG	3	PA; Specialty; QL
<i>imatinib oral tablet 100 mg, 400 mg</i>	1	Specialty; Och; QL
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	2	PA; Specialty; Och; QL
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	2	PA; Specialty; Och; QL
IMURAN ORAL TABLET 50 MG	3	
INLYTA ORAL TABLET 1 MG, 5 MG	2	PA; Specialty; Och; QL
INQOVI ORAL TABLET 35-100 MG	2	PA; Specialty; Och; QL
IODOPEN INTRAVENOUS SOLUTION 100 MCG/ML	1	

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	3	Specialty
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i>	1	Specialty
<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	Specialty; Och
NEORAL ORAL CAPSULE 100 MG, 25 MG	3	Specialty
NEORAL ORAL SOLUTION 100 MG/ML	3	Specialty
NERLYNX ORAL TABLET 40 MG	3	PA; Specialty; Och; QL
NEXAVAR ORAL TABLET 200 MG	2	PA; Specialty; Och; QL
<i>nilutamide oral tablet 150 mg</i>	1	Specialty; Och; QL
NUBEQA ORAL TABLET 300 MG	2	PA; Specialty; Och; QL
NULOJIX INTRAVENOUS RECON SOLN 250 MG	2	Specialty
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA; Specialty
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	1	PA; Specialty
ODOMZO ORAL CAPSULE 200 MG	3	PA; Specialty; QL
ONUREG ORAL TABLET 200 MG, 300 MG	2	PA; Specialty; Och; QL
PACLITAXEL PROTEIN-BOUND INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	1	PA; Specialty
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	3	PA; Specialty; 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; Specialty; Och; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
PURIXAN ORAL SUSPENSION 20 MG/ML	2	ST; Specialty; Och
QINLOCK ORAL TABLET 50 MG	3	PA; Specialty; Och; QL
RAPAMUNE ORAL SOLUTION 1 MG/ML	3	
RETEVMO ORAL CAPSULE 40 MG, 80 MG	3	PA; Specialty; Och; QL
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	2	PA; Specialty; Och; QL
RUBRACA ORAL TABLET 200 MG, 300 MG	2	PA; Specialty; Och; QL
RUBRACA ORAL TABLET 250 MG	3	Specialty; Och; QL
RYDAPT ORAL CAPSULE 25 MG	3	PA; Specialty; Och; QL
SANDIMMUNE ORAL SOLUTION 100 MG/ML	2	Specialty
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	PA; Specialty
SCSEMBLIX ORAL TABLET 20 MG, 40 MG	3	PA; Specialty; Och; QL
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	2	PA; Specialty; QL
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	2	Specialty
<i>sirolimus oral solution 1 mg/ml</i>	1	Specialty
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	Specialty
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	2	Specialty
<i>sorafenib oral tablet 200 mg</i>	1	PA; Specialty; Och; QL
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	2	PA; Specialty; Och; QL
STIVARGA ORAL TABLET 40 MG	2	PA; Specialty; Och; QL
<i>sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	PA; Specialty; Och; QL
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	2	PA; Specialty; QL
TABLOID ORAL TABLET 40 MG	2	Specialty; Och
TABRECTA ORAL TABLET 150 MG, 200 MG	3	PA; Specialty; Och; QL
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	Specialty
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	2	PA; Specialty; QL
TAGRISSE ORAL TABLET 40 MG, 80 MG	2	PA; Specialty; Och; QL
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	2	PA; Specialty; Och; QL
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	Och; ACA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	3	PA; Specialty; Och; QL
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	2	PA; Specialty; Och; QL
TAZVERIK ORAL TABLET 200 MG	2	PA; Specialty; QL
TEMODAR ORAL CAPSULE 250 MG	3	PA; Specialty; Och
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	1	PA; Specialty; Och
TEPMETKO ORAL TABLET 225 MG	3	PA; Specialty; Och
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	2	PA; Specialty; Och; QL
TIBSOVO ORAL TABLET 250 MG	3	PA; Specialty; QL
<i>toremifene oral tablet 60 mg</i>	1	PA; Specialty; Och; QL
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	1	Specialty; 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; Specialty; 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; Specialty; Och
TUKYSA ORAL TABLET 150 MG, 50 MG	3	PA; Specialty; Och; QL
TURALIO ORAL CAPSULE 200 MG	3	PA; Specialty; Och; QL
TYKERB ORAL TABLET 250 MG	3	PA; Specialty; Och; QL
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML	3	PA; Specialty; QL
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	2	PA; Specialty; QL
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	2	PA; Specialty; QL
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	PA; Specialty; Och; QL
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	3	PA; Specialty; QL
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	3	PA; Specialty; Och; QL
VITRAKVI ORAL SOLUTION 20 MG/ML	3	PA; Specialty; Och; QL
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	2	PA; Specialty; Och; QL

Drug Name	Drug Tier	Requirements / Limits
VONJO ORAL CAPSULE 100 MG	3	PA; Specialty; Och; QL
VOTRIENT ORAL TABLET 200 MG	2	PA; Specialty; Och; QL
WELIREG ORAL TABLET 40 MG	3	PA; Specialty; QL
XALKORI ORAL CAPSULE 200 MG, 250 MG	2	PA; Specialty; Och; QL
XERMELO ORAL TABLET 250 MG	2	PA; Specialty; QL
XOSPATA ORAL TABLET 40 MG	3	PA; Specialty; Och; QL
XTANDI ORAL CAPSULE 40 MG	2	PA; Specialty; Och; QL
XTANDI ORAL TABLET 40 MG, 80 MG	2	PA; QL
YONSA ORAL TABLET 125 MG	2	PA; Specialty; Och
ZEJULA ORAL CAPSULE 100 MG	3	PA; Specialty; Och; QL
ZELBORAF ORAL TABLET 240 MG	2	PA; Specialty; QL
ZOLINZA ORAL CAPSULE 100 MG	2	Specialty
ZYDELIG ORAL TABLET 100 MG, 150 MG	2	PA; Specialty; Och; QL
ZYKADIA ORAL TABLET 150 MG	2	PA; Specialty; 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, 300 MG	3	ST
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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	3	
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; Specialty; QL
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	3	PA; Specialty; 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; Specialty
<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; Specialty; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	QL
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	1	QL
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	QL
<i>lacosamide intravenous solution 200 mg/20 ml</i>	1	QL
<i>lacosamide oral solution 10 mg/ml</i>	1	QL
<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	
LEVETIRACETAM IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK 250 MG/50 ML	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>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	3	QL
ONFI ORAL SUSPENSION 2.5 MG/ML	3	ST; QL
ONFI ORAL TABLET 10 MG, 20 MG	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	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	3	ST; QL
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	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>roweepira 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
SABRIL ORAL TABLET 500 MG	2	ST; Specialty; QL
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>subvenite starter (orange) kit oral tablets,dose pack 25 mg (42) -100 mg (7)</i>	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	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	
<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; Specialty; QL
<i>vigadrone oral powder in packet 500 mg</i>	1	ST; Specialty; 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	
ZTALMY ORAL SUSPENSION 50 MG/ML	3	PA; ST; Specialty; QL
<b>ANTIPARKINSONISM AGENTS</b>		
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	1	PA; Specialty; 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	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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	
<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; Specialty; QL
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	PA; Specialty; 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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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
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>	2	QL
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	2	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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
AMONDYS-45 INTRAVENOUS SOLUTION 50 MG/ML	3	
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	2	PA; Specialty; QL
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	1	PA; Specialty; 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; Specialty
<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	Specialty; QL
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	2	Specialty
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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	3	PA; Specialty; QL
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	1	PA; Specialty; QL
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	3	PA; Specialty; QL
ZEPOSIA ORAL CAPSULE 0.92 MG	2	PA; Specialty; QL
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46-0.92 MG	2	PA; Specialty; QL
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	2	PA; Specialty; QL
ZOLGENSMA INTRAVENOUS KIT 2 X 10EXP13 VG/ML	3	PA; Specialty; 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
DANTRIUUM 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	
<i>neostigmine methylsulfate intravenous syringe 3 mg/3 ml (1 mg/ml)</i>	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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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	
<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>		
<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	Opioid; 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</i>	2	ST; Opioid; QL
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	1	ST; Opioid; QL
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	2	ST; QL
<i>butalbital-acetaminophen oral tablet 25-325 mg</i>	1	ST
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	2	ST; QL
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	QL
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i>	2	QL
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	QL
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	QL
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1	QL
<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
<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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRINGE 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
<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 10-325 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 SYRINGE 10 MG/50 ML (0.2 MG/ML)	3	ST; Opioid
HYDROMORPHONE (PF) IN WATER INTRAVENOUS PT CONTROLLED ANALGESIA SYRINGE 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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 30 MG/30 ML (1 MG/ML)	1	ST; Opioid
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 6 MG/30 ML (0.2 MG/ML)	2	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
<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)	1	ST; Opioid
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 6 MG/30 ML (0.2 MG/ML)	2	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), 2 MG/ML	1	ST; Opioid
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SYRINGE 1 MG/ML	2	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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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
MORPHINE (PF) IN 0.9 % SOD CHL INJECTION SYRINGE 1 MG/ML, 2 MG/2 ML (1 MG/ML)	2	ST; Opioid
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 30 MG/30 ML (1 MG/ML)	2	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)	2	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 syring 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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS SYRINGE 2 MG/ML, 4 MG/ML	2	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 syring 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	1	ST; Opioid
MORPHINE IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION 1 MG/ML, 5 MG/ML	1	ST; Opioid
MORPHINE INJECTION SOLUTION 10 MG/ML, 5 MG/ML	2	ST; Opioid
MORPHINE INJECTION SOLUTION 2 MG/ML, 4 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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	1	ST; Opioid; QL
<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
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG, 5 MG	2	ST; Opioid
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	2	Specialty; Opioid; QL
<i>tencon oral tablet 50-325 mg</i>	1	
<i>zebutal oral capsule 50-325-40 mg</i>	1	

## **NON-NARCOTIC ANALGESICS**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>adult aspirin regimen 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>bayer aspirin oral tablet, delayed release (dr/ec) 325 mg</i>	1	ACA
<i>bayer low dose aspirin oral tablet, delayed release (dr/ec) 81 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
<b>CALDOLOR INTRAVENOUS PIGGYBACK 800 MG/200 ML (4 MG/ML)</b>	2	
<b>CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)</b>	2	
<i>cataflam oral tablet 50 mg</i>	3	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	QL
<i>children's aspirin oral tablet, chewable 81 mg</i>	1	ACA
<i>choline, magnesium salicylate oral liquid 500 mg/5 ml</i>	1	
<b>DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR 1.3 %</b>	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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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)	2	PA; Specialty; 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	
<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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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
NALMEFENE INJECTION SOLUTION 1 MG/ML	2	
<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	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	3	ST; QL
NUCYNTA 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
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	
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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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	Specialty
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	Specialty; QL
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	2	Specialty; QL
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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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	Specialty
<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	QL
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	2	ST; QL
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	QL
<i>bupirone 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	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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
<b>CLOZARIL ORAL TABLET 200 MG, 50 MG</b>	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
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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	
<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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	3	PA
HETLIOZ ORAL CAPSULE 20 MG	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	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML	3	Specialty
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	3	Specialty
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	3	Specialty
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	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	
<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, 5 mg, 50 mg</i>	1	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	3	PA; QL
MARPLAN ORAL TABLET 10 MG	3	ST
<i>methamphetamine oral tablet 5 mg</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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	QL
<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
<b>METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG</b>	1	QL
<i>methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>	2	QL
<b>MIDAZOLAM (PF) IN 0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 100 MG/100 ML (1 MG/ML)</b>	1	
<b>MIDAZOLAM (PF) IN 0.9 % NACL INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 5 MG/5 ML (1 MG/ML)</b>	1	
<b>MIDAZOLAM IN 0.9 % SOD CHLORID INTRAVENOUS SOLUTION 1 MG/ML</b>	1	
<b>MIDAZOLAM IN 0.9 % SOD CHLORID INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 5 MG/5 ML (1 MG/ML)</b>	1	
<b>MIDAZOLAM IN NACL,ISO-OSMO(PF) INTRAVENOUS SOLUTION 1 MG/ML</b>	1	
<b>MIDAZOLAM INTRAVENOUS SYRINGE 150 MG/30 ML (5 MG/ML)</b>	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	
<b>MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG</b>	1	
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	QL
<i>molindone oral tablet 10 mg, 25 mg</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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; Specialty; QL
NUPLAZID ORAL TABLET 10 MG	3	PA; Specialty; 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	
<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	Specialty
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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	Specialty
<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	
<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>tranylcypromine 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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	1	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; Specialty; QL
XYREM ORAL SOLUTION 500 MG/ML	3	PA; Specialty; QL
XYWAV ORAL SOLUTION 0.5 GRAM/ML	3	PA; Specialty
<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
<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	Specialty

## **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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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
<b>ANTIHYPERTENSIVE THERAPY</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-hcthiiazid 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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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	
BREVIBLOC IN NAACL (ISO-OSM) INTRAVENOUS PARENTERAL SOLUTION 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML)	3	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10 ML (10 MG/ML)	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	
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	QL
DEMSER ORAL CAPSULE 250 MG	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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
EDECRIN 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; Specialty
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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; Specialty
<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)	2	
<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	
<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>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	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>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	
<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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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; Specialty
<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; Specialty; 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	
<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>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 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	
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	3	PA; Specialty
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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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; Specialty
<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	
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	2	PA; Specialty; 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; Specialty; QL
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	2	PA; Specialty; 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; Specialty
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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)</i>	1	
LANOXIN ORAL TABLET 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	Specialty
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	2	Specialty
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	Specialty
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	Specialty
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	2	Specialty
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	2	Specialty
<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; Specialty

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>argatroban in 0.9 % sod chlor intravenous solution 1 mg/ml</i>	1	Specialty
ARGATROBAN IN NAACL (ISO-OS) INTRAVENOUS SOLUTION 50 MG/50 ML (1 MG/ML)	3	Specialty
ARGATROBAN INTRAVENOUS SOLUTION 100 MG/ML	3	Specialty
ARIXTRA 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	Specialty; QL
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	
ASPIRIN-OMEPRAZOLE ORAL TABLET,IR,DELAYED REL,BIPHASIC 81-40 MG	2	QL
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	2	Specialty
<i>bivalirudin intravenous recon soln 250 mg</i>	1	PA; Specialty
BIVALIRUDIN INTRAVENOUS SOLUTION 250 MG/50 ML (5 MG/ML)	1	PA; Specialty
BRILINTA ORAL TABLET 60 MG, 90 MG	2	QL
CABLIVI INJECTION KIT 11 MG	3	PA; Specialty; QL
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	2	Specialty
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT	2	Specialty
<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	Specialty
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	2	Specialty
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; Specialty; QL
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	QL



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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	Specialty
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	1	Specialty; 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	Specialty; QL
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	2	Specialty
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	2	Specialty
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG)	3	
<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	Specialty; QL
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	2	Specialty; 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	Specialty; QL
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML	3	PA; Specialty
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	2	Specialty
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	2	Specialty
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	2	Specialty
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	2	Specialty
<i>hep flush-10 (pf) intravenous solution 10 unit/ml</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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	
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	2	Specialty
IDELVION INTRAVENOUS RECON SOLN 3,500 (+/-) UNIT	3	Specialty
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	2	Specialty
<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	Specialty
KCENTRA INTRAVENOUS RECON SOLN 1,000 UNIT (800-1240 UNIT), 500 UNIT (400- 620 UNIT)	3	Specialty
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	3	Specialty
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	2	Specialty
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	2	Specialty
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML	3	Specialty; 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	Specialty
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	Specialty
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG	2	PA; Specialty
NPLATE SUBCUTANEOUS RECON SOLN 250 MCG, 500 MCG	2	PA; Specialty; QL
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	2	Specialty
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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	Specialty
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	2	Specialty
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	2	PA; Specialty; QL
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	2	PA; Specialty; QL
<i>protamine intravenous solution 10 mg/ml</i>	1	
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 500 (+/-) UNIT	3	Specialty
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG)	2	
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	3	Specialty
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG)	3	Specialty
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	Specialty
<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	Specialty
<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	Specialty

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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; 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	
<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	
FENOFIBRATE ORAL CAPSULE 150 MG, 50 MG	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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	2	ST; ACA; QL
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	2	ST; ACA; QL
<i>gemfibrozil oral tablet 600 mg</i>	1	
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i>	1	ST; QL
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	2	PA; Specialty; QL
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	ACA; QL
NEXLETOL ORAL TABLET 180 MG	2	PA
NEXLIZET ORAL TABLET 180-10 MG	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; QL
<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; 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; 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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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; Specialty; QL
VYNDAQEL ORAL CAPSULE 20 MG	3	PA; Specialty; QL
<b>NITRATES</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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; Specialty; QL
<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; Specialty; QL
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; Specialty; QL
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	2	PA; Specialty; QL
SORILUX TOPICAL FOAM 0.005 %	3	ST
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	2	PA; Specialty
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	2	PA; Specialty; QL
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	2	PA; Specialty; 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; Specialty; QL
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	2	PA; Specialty; QL
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	2	PA; Specialty; QL



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	2	PA; Specialty; QL
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	2	PA; Specialty; QL
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; Specialty; 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	
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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; Specialty; QL
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	2	PA; Specialty; 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	
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	Specialty
<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; Specialty; QL
SEBUDERM TOPICAL GEL	3	
<i>silver nitrate applicators topical stick 75-25 %</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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; Specialty
<i>wintergreen oil oil</i>	1	
<b>THERAPY FOR ACNE</b>		
<i>accutane 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>amnestem 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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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	
<i>metronidazole topical lotion 0.75 %</i>	2	
<b>MIRVASO TOPICAL GEL WITH PUMP 0.33 %</b>	2	
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	QL
<b>NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 %</b>	3	
<i>neuac topical gel 1.2 %(1 % base) -5 %</i>	1	
<b>PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %</b>	2	
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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-cleansr23 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	
<i>tazarotene topical gel 0.05 %, 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	ST; QL
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	
<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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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 %)	2	
<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	
<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 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	QL
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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>ketoconazole topical cream 2 %</i>	1	QL
<i>ketoconazole topical foam 2 %</i>	2	
<i>ketoconazole topical shampoo 2 %</i>	1	
<i>ketodan kit topical combo pack 2 %</i>	2	
<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>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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	
<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	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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	
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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>		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
<i>crotan topical lotion 10 %</i>	3	ST
EURAX TOPICAL CREAM 10 %	3	ST
EURAX TOPICAL LOTION 10 %	3	ST
<i>lindane topical shampoo 1 %</i>	1	
<i>malathion topical lotion 0.5 %</i>	1	
<i>permethrin topical cream 5 %</i>	1	
SKLICE TOPICAL LOTION 0.5 %	3	
<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>		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</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	Specialty
<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	Specialty
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	1	
<i>carglumic acid oral tablet, dispersible 200 mg</i>	1	Specialty
CARNITOR ORAL SOLUTION 100 MG/ML	3	
CARNITOR ORAL TABLET 330 MG	3	
CAVERJECT IMPULSE 10, 20 MCG KIT	2	PA; QL
CAVERJECT VIAL 20 MCG, 40 MCG	2	PA; QL
<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; Specialty
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	1	PA; Specialty
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	1	PA; Specialty
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	1	PA; Specialty
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	1	PA; QL
EDEX CARTRIDGE KIT 10, 20 40 MCG	2	PA; QL
ENDARI ORAL POWDER IN PACKET 5 GRAM	3	PA; Specialty
EVOXAC ORAL CAPSULE 30 MG	3	
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	3	PA; Specialty
FERRIPROX (2 TIMES A DAY) ORAL TABLET 1,000 MG	2	PA; Specialty

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
FERRIPROX ORAL SOLUTION 100 MG/ML	2	PA; Specialty
FERRIPROX ORAL TABLET 1,000 MG	2	PA; Specialty
FERRIPROX ORAL TABLET 500 MG	3	PA; Specialty
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	3	PA; Specialty; QL
HYLENEX INJECTION SOLUTION 150 UNIT/ML	3	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	2	PA; Specialty
<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	
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; Specialty
MUSE URETHRAL SUPPOSITORY 125, 250, 500, 1,000 MCG	2	QL
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	2	PA; Specialty
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	2	PA; Specialty
ORFADIN ORAL SUSPENSION 4 MG/ML	2	PA; Specialty
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	2	Specialty
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	2	Specialty
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	3	PA; Specialty; QL
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	3	PA; Specialty; QL
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	3	
RAVICTI ORAL LIQUID 1.1 GRAM/ML	2	PA; Specialty; QL
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	3	PA; Specialty
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>sildenafil oral tablet 25 mg, 50 mg, 100 mg</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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 tablet 500 mg</i>	1	PA; Specialty; QL
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML	2	PA; Specialty; QL
<i>tadalafil oral tablet 2.5, 5, 10, 20mg tablet</i>	1	QL
TAVNEOS ORAL CAPSULE 10 MG	3	PA; Specialty; QL
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG	3	Specialty
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	3	PA; Specialty; QL
<i>tiopronin oral tablet 100 mg</i>	1	Specialty
<i>trientine oral capsule 250 mg</i>	1	Specialty; QL
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	3	PA; Specialty; QL
<i>water for irrigation, sterile irrigation solution</i>	1	
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	2	PA; Specialty; QL
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	2	Specialty
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	3	PA; Specialty
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	Specialty
<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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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
<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
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	1	ACA; QL

## **EAR, NOSE & THROAT MEDICATIONS**

### **MISCELLANEOUS AGENTS**

<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	QL
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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	QL
<i>perio gard mucous membrane mouthwash 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
<i>triamcinolone acetonide 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	
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>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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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	
<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 acetonide 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	QL
AEROCHAMBER MINI SPACER	1	QL
AEROCHAMBER PLUS FLOW-VU SPACER	1	QL



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
AEROCHAMBER PLUS Z STAT SPACER	1	QL
AEROTRACH PLUS SPACER	1	QL
AEROVENT PLUS SPACER	1	QL
BD VERITOR SYSTEM SARS-COV-2 KIT	3	ACA; QL
BINAXNOW COVID-19 AG CARD KIT	3	ACA; QL
BREATHERITE MDI SPACER SPACER	1	QL
COMPACT SPACE CHAMBER SPACER	1	QL
COVID19 TEST ADM.BY PHARMACIST	3	ACA; QL
COVID-19 TEST SPECIMEN COLLECT	3	ACA; QL
CUE COVID-19 HOME TEST KIT	3	ACA; QL
EASIVENT HOLDING CHAMBER SPACER	1	QL
EVERLYWELL COVID19 HOM COLLECT	3	ACA; QL
FLEXICHAMBER SPACER	1	QL
ID NOW COVID-19 TEST KIT KIT	3	ACA; QL
INSPIRACHAMBER SPACER	1	QL
LITEAIRE MDI CHAMBER SPACER	1	QL
LUCIRA CHECK-IT COVID HOME TST KIT	3	ACA; QL
MICROCHAMBER SPACER	1	QL
MICROSPACER SPACER	1	QL
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	ST; QL
OPTICHAMBER DIAMOND VHC SPACER	1	QL
PIXEL COVID19 HOME COLLECT KIT	3	ACA; QL
POCKET CHAMBER SPACER	1	QL
PRIMEAIRE SPACER	1	QL
PROCHAMBER SPACER	1	QL
QUICKVUE SARS ANTIGEN KIT	3	ACA; QL
RITEFLO AEROCHAMBER SPACER	1	QL
SOFIA SARS ANTIGEN FIA KIT	3	ACA; QL
SOFIA2 FLU-SARS ANTIGEN FIA KIT	3	ACA; QL
SPACE CHAMBER SPACER	1	QL
VERITOR SARS-COV-2 AND FLU A-B KIT	3	ACA; QL
VORTEX HOLDING CHAMBER SPACER	1	QL
<b>GLUCOSE ELEVATING AGENTS</b>		

Drug Name	Drug Tier	Requirements / Limits
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 INTEGRA NEEDLE NEEDLE 23 GAUGE X 1"	3	
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	3	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	2	
CEQR 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;

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
FREESTYLE LIBRE 2 SENSOR KIT	2	PA;
FREESTYLE LIBRE 3 SENSOR DEVICE	2	PA
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 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD CLASSIC PDM KIT(GEN 3)	3	
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	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 NEEDLE STORAGE DEV DEVICE	3	
T:FLEX SUBCUTANEOUS CARTRIDGE	3	PA
T:SLIM X2 BASAL-IQ INSULIN PMP	3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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>		
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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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
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 INSULIN 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 INSULIN 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

Drug Name	Drug Tier	Requirements / Limits
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>		
ALDURAZIME INTRAVENOUS SOLUTION 2.9 MG/5 ML	2	Specialty
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	Specialty; 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; Specialty; QL
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	2	PA; Specialty
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	2	Specialty
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	1	PA; Specialty
<i>clomid oral tablet 50 mg</i>	1	
<i>clomiphene citrate oral tablet 50 mg</i>	1	
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	3	PA; Specialty; 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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	2	Specialty
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	2	Specialty
GALAFOLD ORAL CAPSULE 123 MG	3	PA; Specialty; QL
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML	2	Specialty
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT	2	Specialty
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT	2	Specialty
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG	3	PA; Specialty; QL
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	3	PA; QL
<i>javygtor oral powder in packet 100 mg</i>	1	PA; Specialty
<i>javygtor oral tablet, soluble 100 mg</i>	1	PA
JYNARQUE ORAL TABLET 15 MG, 30 MG	3	PA; Specialty; QL
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM)	3	PA; Specialty
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	3	PA; Specialty; QL
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	2	PA; Specialty
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	3	PA; Specialty
KUVAN ORAL TABLET, SOLUBLE 100 MG	3	PA; Specialty
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	2	PA; Specialty
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	2	Specialty
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	3	Specialty
<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; Specialty; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	2	Specialty; QL
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	2	Specialty
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	2	PA; Specialty; QL
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	3	ST; QL
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	3	ST; QL
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT, 5,000 UNIT	2	
ORILISSA ORAL TABLET 150 MG, 200 MG	2	PA; QL
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	2	
<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; Specialty; 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; Specialty; QL
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	1	PA; Specialty
<i>sapropterin oral tablet,soluble 100 mg</i>	1	PA; Specialty
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	Specialty
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	2	PA; Specialty
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	2	PA; Specialty; QL
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	3	PA; Specialty; 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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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
TLANDO ORAL CAPSULE 112.5 MG	3	PA
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	1	PA; Specialty; QL
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	2	PA; Specialty
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	3	PA; Specialty; QL
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	3	PA; Specialty
ZAVESCA ORAL CAPSULE 100 MG	3	PA; Specialty; QL
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	
<i>zoledronic acid intravenous recon soln 4 mg</i>	1	Specialty
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	1	Specialty
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	1	PA; Specialty
ZOLEDRONIC AC-MANNITOL-0.9NACL INTRAVENOUS PIGGYBACK 4 MG/100 ML	1	Specialty
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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
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>migliol 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), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	QL
<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

Drug Name	Drug Tier	Requirements / Limits
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, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	QL
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	ST; QL
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	ST; QL
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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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	
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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	
<i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i>	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 solution 1 mg/5 ml (0.2 mg/ml)</i>	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	
<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>		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	3	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML	3	
<i>alose tron oral tablet 0.5 mg, 1 mg</i>	1	
<i>alvimopan oral capsule 12 mg</i>	1	
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	2	QL
ANA-LEX KIT RECTAL KIT 2-2 %	1	
<i>anucort-hc rectal suppository 25 mg</i>	1	
ANZEMET ORAL TABLET 50 MG	3	ST; QL
<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	Specialty
<i>budesonide oral capsule,delayed,extend.release 3 mg</i>	1	
<i>budesonide oral tablet,delayed and ext.release 9 mg</i>	1	
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	3	PA; Specialty; QL
BYLVAY ORAL PELLETT 200 MCG, 600 MCG	3	PA; Specialty; 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	
CHEMODAL ORAL TABLET 250 MG	2	PA; Specialty; QL
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	2	PA; Specialty

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	3	PA; Specialty; QL
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	3	PA; Specialty; QL
CINVANTI INTRAVENOUS EMULSION 7.2 MG/ML	3	
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	2	ACA
<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	
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; Specialty; QL
<i>enulose oral solution 10 gram/15 ml</i>	1	
<i>fosaprepitant intravenous recon soln 150 mg</i>	1	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	3	PA; Specialty; QL
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	ACA
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	ACA
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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; Specialty; QL
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	2	PA; QL
LUBIPROSTONE ORAL CAPSULE 24 MCG, 8 MCG	1	QL
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1	
<i>mesalamine oral capsule, extended release 500 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	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	2	
<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	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	2	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	QL
OALIVA ORAL TABLET 10 MG, 5 MG	2	PA; Specialty; 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	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	3	ST
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	1	ACA
<i>peg-electrolyte soln oral recon soln 420 gram</i>	1	ACA
<i>peg-prep oral kit 5-210 mg-gram</i>	1	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	3	ST
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	3	ACA
<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	
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	2	PA; Specialty; QL
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	2	PA; Specialty; QL
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	1	ACA
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	2	Specialty; 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	
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 RELEASE 30 MG, 60 MG	3	QL
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i>	1	QL
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg, 40 mg</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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>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	
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	3	PA
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	3	PA

## **IMMUNOLOGY, VACCINES & BIOTECHNOLOGY**

### **BIOTECHNOLOGY DRUGS**

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

<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; Specialty
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; Specialty; QL
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG	3	PA; Specialty
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; Specialty; QL
RETACRIT INJECTION SOLUTION 20,000 UNIT/2 ML, 20,000 UNIT/ML	2	PA; Specialty
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	PA; Specialty
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA
<b>GROWTH HORMONES</b>		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	2	PA; Specialty; 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; Specialty
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	2	PA; Specialty
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; Specialty
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	2	PA; Specialty
<b>INTERFERONS</b>		
AUBAGIO ORAL TABLET 14 MG, 7 MG	2	PA; Specialty; QL
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	2	PA; Specialty; QL
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	2	PA; Specialty; QL
BETASERON SUBCUTANEOUS KIT 0.3 MG	2	PA; Specialty; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	1	PA; Specialty; QL
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	1	PA; Specialty; QL
<i>glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	1	PA; Specialty; QL
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	3	PA; Specialty; QL
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	2	PA; Specialty; QL
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	1	PA; Specialty; QL
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	1	PA; QL
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	3	PA; Specialty; QL
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	3	PA; Specialty; QL
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	3	PA; Specialty; QL
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	2	PA; Specialty; QL
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; Specialty; QL
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; Specialty; QL
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	2	PA; Specialty; QL
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA; Specialty; 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; Specialty; QL
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; Specialty; QL
<i>ribavirin oral capsule 200 mg</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
<b>INTERLEUKINS</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	2	PA; Specialty

Drug Name	Drug Tier	Requirements / Limits
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	3	Specialty
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	3	PA; Specialty; QL
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	2	PA; Specialty; QL
<i>imiquimod topical cream in packet 5 %</i>	1	QL
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML)	2	PA; Specialty
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	3	PA; Specialty; 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
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	ACA; QL
AFLURIA QD 2022-23(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	3	ACA; QL
AFLURIA QUAD 2022-2023(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	3	ACA; QL
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	2	Specialty
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	ACA; QL; Age Limit (Min 10 Years and Max 25 Years)
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	2	
BIVIGAM INTRAVENOUS SOLUTION 10 %	2	PA; Specialty
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; Specialty

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
COMIRNATY TRIS VACCINE(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	3	ACA
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; Specialty
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; Specialty
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	ACA; QL; Age Limit (Min 18 Years and Max 999 Years)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	ACA; QL; Age Limit (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; Specialty
FLUAD QUAD 2022-23(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	3	ACA; QL
FLUARIX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	3	ACA; QL
FLUBLOK QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	3	ACA; QL
FLUCELVAX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	3	ACA; QL
FLUCELVAX QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	3	ACA; QL
FLULAVAL QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	3	ACA; QL
FLUMIST QUAD 2022-2023 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	3	ACA
FLUZONE HIGHDOSE QUAD 22-23 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	3	ACA; QL



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	3	ACA; QL
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	3	ACA; QL
FLUZONE QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	3	ACA; QL
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	2	PA; Specialty
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	2	PA; Specialty
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	2	PA; Specialty
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	2	PA; Specialty
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	3	PA; Specialty
GAMMAPLEX INTRAVENOUS SOLUTION 10 %	3	PA; Specialty
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; Specialty
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	ACA; QL; Age Limit (Min 9 Years and Max 45 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	ACA; QL; Age Limit (Min 9 Years and Max 45 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	ACA; QL; Age Limit (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, GREATER THAN 312 UNIT/ML (5 ML)	2	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	3	ACA; QL; Age Limit (Min 18 Years and Max 999 Years)
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	ACA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 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; Specialty
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
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 Limit (Min 11 Years and Max 23 Years)
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	3	ACA; QL; Age Limit (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 Limit (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 BIVAL(18Y UP)-PF INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	3	ACA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
MODERNA COVID(6M-5Y) VACC(EUA) INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML	3	ACA
MODERNA COVID-19 (6-11YR)(EUA) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	3	ACA
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; Specialty
NABI-HB INTRAMUSCULAR SOLUTION GREATER THAN 1,560 UNIT/5 ML, GREATR THAN 312 UNIT/ML	2	
NOVAVAX COVID-19 VACC,ADJ(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	3	ACA
PANZYGA INTRAVENOUS SOLUTION 10 %	3	PA; Specialty
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 BIVAL(12Y UP)(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	3	ACA
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	3	ACA; Age Limit (Min 12 Years and Max 999 Years)
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MCG/0.2 ML	3	ACA; Age Limit (Min 5 Years and Max 11 Years)
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.2 ML	3	ACA
PFIZER COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 30 MCG/0.3 ML	3	ACA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	3	ACA; QL
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	3	ACA; QL
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	ACA
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	3	ACA; QL
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 Limit (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 Limit (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 Limit (Min 19 Years and Max 999 Years)
SPIKEVAX (PF) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML	3	ACA
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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	ACA; QL
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	Specialty
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	3	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	ACA; QL; Age Limit (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 Limit (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 Limit (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 Limit (Min 19 Years and Max 999 Years)
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	3	ACA

Drug Name	Drug Tier	Requirements / Limits
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; Specialty
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	3	ACA

## MUSCULOSKELETAL & RHEUMATOLOGY

### GOUT THERAPY

<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; Specialty; 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	

### OSTEOPOROSIS THERAPY

<i>alendronate oral solution 70 mg/75 ml</i>	1	QL
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL
EVISTA ORAL TABLET 60 MG	3	QL
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	2	Specialty; 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	QL
<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; Specialty; QL

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

Drug Name	Drug Tier	Requirements / Limits
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA; Specialty; QL
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	2	PA; Specialty; QL
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; Specialty; QL
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	2	PA; Specialty; QL
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	3	PA; Specialty; QL
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	3	PA; Specialty; QL
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	3	PA; Specialty; QL
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	3	PA; Specialty; QL
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	3	PA; Specialty; QL
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	3	PA; Specialty; QL
OTEZLA ORAL TABLET 30 MG	2	PA; Specialty; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	2	PA; Specialty; QL
<i>penicillamine oral capsule 250 mg</i>	1	PA; Specialty
<i>penicillamine oral tablet 250 mg</i>	1	PA; Specialty
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, 45 MG	2	PA; Specialty; 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	



Drug Name	Drug Tier	Requirements / Limits
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	3	PA; Specialty; QL
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	3	PA; Specialty; QL
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	3	PA; Specialty; QL
XELJANZ ORAL SOLUTION 1 MG/ML	2	PA; Specialty
XELJANZ ORAL TABLET 10 MG, 5 MG	2	PA; Specialty; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	2	PA; Specialty; 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 (8 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
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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>covaryx oral tablet 1.25-2.5 mg</i>	1	
<i>deblitane oral tablet 0.35 mg</i>	1	ACA
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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>hydroxyprogesterone (pf)(preg preserv) intramuscular oil 250 mg/ml (1 ml)</i>	1	PA; Specialty; QL
<i>hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml</i>	1	PA; Specialty; QL
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	1	PA; Specialty
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; Specialty; 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	
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	

Drug Name	Drug Tier	Requirements / Limits
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	
<i>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>isoxsuprine oral tablet 10 mg, 20 mg</i>	1	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>terconazole vaginal suppository 80 mg</i>	2	
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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<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>cryselles (28) oral tablet 0.3-30 mg-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>finzala oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<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>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 estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	1	ACA
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	ACA
<i>levonorg-eth estrad 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
<b>LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)</b>	2	ACA
<i>lojaimiess oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	1	ACA



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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>lutra (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-lynyah 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
<b>NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)</b>	3	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), 1-20(5)/1-30(7) /1mg-35mcg (9), 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>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>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
<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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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-linyah 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
<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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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>zovia 1-35 (28) oral tablet 1-35 mg-mcg</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	
AZASITE OPHTHALMIC (EYE) DROPS 1 %	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	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	3	ST
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %	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
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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 (pf) ophthalmic (eye) dropperette 0.25 %</i>	1	QL
<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>CHOLINESTERASE INHIBITOR MIOTICS</b>		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	2	
<b>CYCLOPLEGIC MYDRIATICS</b>		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ATROPINE OPHTHALMIC (EYE) DROPS, EMULSION 0.01 %	1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	1	
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 %	2	
<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; Specialty; QL

Drug Name	Drug Tier	Requirements / Limits
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	2	PA; Specialty; QL
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	1	
MITOMYCIN (PF) IN WATER OPHTHALMIC (EYE) SYRINGE 0.2 MG/ML, 0.4 MG/ML	1	Specialty
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	3	PA; Specialty; 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>proparacaine 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	Specialty
VITRASE INJECTION SOLUTION 200 UNIT/ML	3	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	PA
ZERVIAE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	2	

## NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</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	
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
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	



Drug Name	Drug Tier	Requirements / Limits
LATANOPROST (PF) OPHTHALMIC (EYE) DROPS 0.005 %	1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	
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	

Drug Name	Drug Tier	Requirements / Limits
PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-1 %	3	
PREDNISOLONE SOD PH-MOXIFLOX OPHTHALMIC (EYE) DROPS 1-0.5 %	1	
PREDNISOLONE-MOXIFLOXACIN HCL OPHTHALMIC (EYE) DROPS,SUSPENSION 1- 0.5 %	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	2	
<b>STERIODS</b>		
ALREX OPHTHALMIC (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 OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	2	ST; QL
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	2	
LOTEMAX SM OPHTHALMIC (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) OPHTHALMIC (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	
<b>STERIOD-SULFONAMIDE COMBINATIONS</b>		

Drug Name	Drug Tier	Requirements / Limits
<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	QL
<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	
EPINEPHRINE HCL (PF) INJECTION SOLUTION 1 MG/ML (1 ML)	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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</i>	1	QL
<i>epinephrine injection syringe 0.1 mg/ml</i>	1	QL
EPINEPHRINE INTRAVENOUS SOLUTION 0.1 MG/ML	1	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>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	2	
<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 Limit (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 Limit (Min 12 Years and Max 999 Years)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	QL; Age Limit (Min 12 Years and Max 999 Years)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	1	QL; Age Limit (Min 12 Years and Max 999 Years)
<i>hydromet oral syrup 5-1.5 mg/5 ml</i>	1	QL; Age Limit (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 Limit (Min 12 Years and Max 999 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1	QL; Age Limit (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 Limit (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	2	
TUZISTRA XR ORAL SUSPENSION,EXTENDED REL 12 HR 14.7-2.8 MG/5 ML	3	QL; Age Limit (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; Specialty
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; QL
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1	PA; Specialty; 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; Specialty; 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; Specialty; QL
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	
DALIRESP ORAL TABLET 250 MCG, 500 MCG	2	QL
DULERA INHALATION HFA AEROSOL INHALER 100-5 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; Specialty; QL
ESBRIET ORAL TABLET 267 MG, 801 MG	2	PA; Specialty; QL
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	2	PA; Specialty
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	2	PA; Specialty

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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; Specialty
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	1	PA; Specialty; 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; Specialty
KALYDECO ORAL TABLET 150 MG	2	PA; Specialty
<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
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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	2	PA; Specialty; QL
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	2	PA; Specialty; QL
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	2	PA; Specialty; QL
OFEV ORAL CAPSULE 100 MG, 150 MG	2	PA; Specialty; QL
OPSUMIT ORAL TABLET 10 MG	2	PA; Specialty; QL
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	2	PA; Specialty; QL
ORKAMBI ORAL TABLET 100-125 MG, 200- 125 MG	2	PA; Specialty; QL
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	3	PA; Specialty
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	1	PA; Specialty; QL
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	2	QL
PULMOZYME INHALATION SOLUTION 1 MG/ML	2	PA; Specialty; QL
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	QL
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	QL
REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	3	PA; Specialty; QL
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	2	PA; Specialty; QL
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	1	PA; QL
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; Specialty; QL
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	1	PA; QL



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
SINUVA SINUS IMPLANT 1,350 MCG	3	PA; QL
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; Specialty; QL
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	1	PA; QL
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	3	PA; Specialty; QL
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	3	PA; Specialty; 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; Specialty; QL
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	2	PA; Specialty; 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; Specialty; QL

Drug Name	Drug Tier	Requirements / Limits
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16 MCG (112)- 32 MCG (84), 16(112)-32(112) -48(28) MCG, 32 MCG, 32-48 MCG, 48 MCG, 64 MCG	2	PA; Specialty
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	2	PA; Specialty
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	2	PA; Specialty
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	2	PA; Specialty
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	3	PA; Specialty
<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; Specialty; QL
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	2	PA; Specialty; 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

## UROLOGICALS

### ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	1	ST
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	1	ST
<i>flavoxate oral tablet 100 mg</i>	1	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	2	ST

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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	
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; Specialty
ELMIRON ORAL CAPSULE 100 MG	2	
<i>hyophen oral tablet 81.6-0.12-10.8 mg</i>	1	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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; Specialty
<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	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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	
DUET DHA BALANCED ORAL COMBO PACK 25 MG IRON-1 MG -267 MG-233 MG	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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>ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml</i>	1	
<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 Limit (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 Limit (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	

Drug Name	Drug Tier	Requirements / Limits
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	
<i>prenatal 19 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	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG	3	
<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	

Drug Name	Drug Tier	Requirements / Limits
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	
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	
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-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	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG	3	
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	
ZIPHEX ORAL TABLET 13 MG IRON- 1 MG	3	

## Index

<b>A</b>		
abacavir .....	4	
abacavir-lamivudine .....	4	
ABELCET .....	3	
ABILIFY MAINTENA..	48, 49	
abiraterone .....	22	
acamprosate .....	85	
acarbose .....	100	
ACCOLATE .....	145	
ACCU-CHEK COMBO SYSTEM .....	93	
accutane .....	77	
ACE AEROSOL CLOUD ENHANCER .....	91	
acebutolol .....	58	
acetaminophen-caff- dihydrocod .....	38	
acetaminophen-codeine .....	38	
acetazolamide .....	140	
acetazolamide sodium .....	140	
acetic acid .....	85, 89	
acetylcysteine .....	146	
acitretin .....	74	
ACTEMRA .....	122, 123	
ACTEMRA ACTPEN .....	122	
ACTHIB (PF) .....	114	
ACTIMMUNE .....	114	
ACULAR .....	140	
ACULAR LS .....	140	
acyclovir .....	4, 82	
acyclovir sodium .....	4	
ADACEL(TDAP ADOLESN/ADULT)(PF) .....	114, 115	
ADAKVEO .....	22	
adapalene .....	77	
ADAPALENE .....	77	
adefovir .....	4	
ADEMPAS .....	146	
adrenalin .....	144	
ADRENALIN .....	146	
adult aspirin regimen .....	45	
ADVAIR HFA .....	146	
ADVANCED ALLERGY COLLECT KIT .....	82	
ADVATE .....	65	
ADYNOVATE .....	65	
ADYPHREN AMP II .....	144	
ADYPHREN II .....	144	
ADZENYS XR-ODT .....	49	
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 .....	129	
AFLURIA QD 2022-23(3YR UP)(PF) .....	115	
AFLURIA QUAD 2022- 2023(6MO UP) .....	115	
AFREZZA .....	95	
AFSTYLA .....	65	
after pill .....	129	
AFTERA .....	129	
AGRYLIN .....	85	
AIMOVIG AUTOINJECTOR .....	35	
AJOVY AUTOINJECTOR ..	35	
AJOVY SYRINGE .....	35	
ak-poly-bac .....	136	
AKTEN (PF) .....	139	
AKYNZEO (FOSNETUPITANT) .....	105	
ALA-QUIN .....	81	
albendazole .....	12	
albuterol sulfate .....	146	
alclometasone .....	82	
ALDURAZYME .....	97	
alendronate .....	122	
alfuzosin .....	152	
ALINIA .....	12	
aliskiren .....	58	
ALKERAN .....	22	
allopurinol .....	122	
allopurinol sodium .....	122	
ALLZITAL .....	38	
almotriptan malate .....	35	
ALOCRIL .....	139	
ALOMIDE .....	139	
aloprim .....	122	
alose tron .....	105	
ALPHANATE .....	65	
ALPHANINE SD .....	65	
alprazolam .....	49	
alprazolam intensol .....	49	
ALPROLIX .....	65	
alprostadil .....	152	
ALREX .....	142	
altacaine .....	139	
ALTAFLUOR BENOX .....	139	
altavera (28) .....	129	
alvimopan .....	105	
alyacen 1/35 (28) .....	129	
alyacen 7/7/7 (28) .....	129	
alyq .....	146	
amabelz .....	125	
amantadine hcl .....	4	
ambrisentan .....	146	
amcinonide .....	82	
AMELUZ .....	76	
amethia .....	129	
amethyst (28) .....	129	
amikacin .....	12	
amiloride .....	58	
amiloride-hydrochlorothiazide .....	58	
aminocaproic acid .....	65	
aminophylline .....	146	
amiodarone .....	57	
AMITIZA .....	105	
amitriptyline .....	49	
amitriptyline-chlordiazepoxide .....	49	
amlodipine .....	58	
amlodipine-atorvastatin .....	71	
amlodipine-benazepril .....	58	
amlodipine-olmesartan .....	58	
amlodipine-valsartan .....	58	
amlodipine-valsartan-hcthiiazid .....	58	
AMMONUL .....	85	
amnesteem .....	77	
AMONDYS-45 .....	36	
amoxapine .....	49	
amoxicil-clarithromy-lansopraz .....	111	
amoxicillin .....	16, 17	
amoxicillin-pot clavulanate ..	17	
AMPHADASE .....	85	
amphetamine sulfate .....	49	
amphotericin b .....	3	
amphotericin b liposome .....	3	
ampicillin .....	17	
ampicillin sodium .....	17	
ampicillin-sulbactam .....	17	

anagrelide .....	85	atenolol .....	58	azurette (28).....	130
ANA-LEX KIT .....	105	atenolol-chlorthalidone.....	58	<b>B</b>	
anastrozole.....	22	ATGAM .....	115	bacitracin .....	13, 136
ANDEXXA .....	66	atomoxetine .....	49	bacitracin-polymyxin b.....	136
ANDRODERM .....	97	atorvastatin .....	71	baclofen .....	37
ANGELIQ .....	125	atovaquone.....	13	bal-care dha .....	154
ANNOVERA .....	128	atovaquone-proguanil.....	13	balsalazide .....	105
ANORO ELLIPTA .....	146	atracurium.....	37	BALVERSA .....	22
anucort-hc.....	105	ATRAPRO HYDROGEL ....	76	balziva (28).....	130
ANZEMET .....	105	ATROPEN.....	85	BAQSIMI .....	92
APIDRA SOLOSTAR U-100		atropine.....	103, 138	BARACLUDGE.....	4
INSULIN.....	95	ATROPINE .....	103, 138	BARHEMSYS.....	105
APIDRA U-100 INSULIN...	95	ATROPINE IN 0.9 % SOD		BASAGLAR KWIKPEN U-	
apomorphine.....	33	CHLORIDE.....	103	100 INSULIN .....	95
apraclonidine .....	143	ATROVENT HFA .....	146	BAXDELA .....	18
aprepitant.....	105	AUBAGIO.....	113	bayer aspirin .....	45
APRETUDE .....	4	aubra .....	129	bayer low dose aspirin .....	45
apri.....	129	aubra eq .....	129	BCG VACCINE, LIVE (PF)	
APTIVUS .....	4	aurovela 1.5/30 (21) .....	130	.....	115
aqua care sodium chloride....	85	aurovela 1/20 (21) .....	130	BD INTEGRA NEEDLE ....	93
aqua care sterile water .....	85	aurovela 24 fe .....	130	BD SPECIALTY USE	
ARAKODA.....	12	aurovela fe 1.5/30 (28) .....	130	NEEDLES .....	93
ARALAST NP .....	86	aurovela fe 1-20 (28) .....	130	BD ULTRA-FINE NANO	
aranelle (28).....	129	AURYXIA.....	105	PEN NEEDLE .....	93
ARAVA.....	123	AUSTEDO .....	36	BD VERITOR SYSTEM	
ARCALYST.....	114	AUTOSOFT 30 .....	93	SARS-COV-2.....	91
arformoterol.....	146	AUTOSOFT 90 .....	93	belladonna alkaloids-opium	103
ARGATROBAN .....	66	AUTOSOFT XC INFUSION		BELSOMRA .....	49
argatroban in 0.9 % sod chlor		SET 23.....	93	benazepril .....	58
.....	66	AUVI-Q.....	144	benazepril-hydrochlorothiazide	
ARGATROBAN IN NACL		AVAR-E LS .....	77	.....	58
(ISO-OS) .....	66	AVELOX IN NACL (ISO-		BENEFIX .....	66
ARIKAYCE .....	13	OSMOTIC).....	18	BENLYSTA .....	123
aripiprazole.....	49	aviane.....	130	benzepro .....	78
ARISTADA.....	49	avidoxy .....	19	BENZNIDAZOLE .....	13
ARISTADA INITIO .....	49	avo cream .....	76	benzonatate .....	145
ARIXTRA .....	66	AVONEX .....	113	benzoyl peroxide .....	78
armodafinil .....	49	AVYCAZ .....	9	benztropine .....	33
ARMOUR THYROID .....	102	AYGESTIN .....	125	bepotastine besilate.....	139
ARNUNITY ELLIPTA.....	146	ayuna .....	130	BESIVANCE.....	136
ascomp with codeine .....	38	AYVAKIT .....	22	BESREMI.....	114
asenapine maleate.....	49	AZASITE .....	136	BETADINE OPHTHALMIC	
ashlyna.....	129	azathioprine .....	22	PREP.....	136
ASMANEX HFA .....	146	azathioprine sodium .....	22	betaine.....	105
ASMANEX TWISTHALER		azelaic acid .....	77	betamethasone acet,sod phos	90
.....	146	azelastine .....	89, 139	betamethasone dipropionate .	82
aspirin .....	45	azelastine-fluticasone .....	146	BETAMETHASONE SOD	
aspirin-dipyridamole .....	66	AZESCO .....	154	PHOSPH-WATER .....	90
ASPIRIN-OMEPRAZOLE ..	66	azithromycin.....	11, 12	betamethasone valerate.....	82
aspir-trin .....	45	aztreonam .....	13	betamethasone, augmented...	82
ASTAGRAF XL .....	22	AZULFIDINE .....	105	BETASERON.....	113
atazanavir .....	4	AZULFIDINE EN-TABS ..	105	betaxolol .....	58, 137

bethanechol chloride .....	152	brompheniramine-pseudoeph-		captopril .....	59
BETHKIS .....	13	dm .....	145	captopril-hydrochlorothiazide	
BETIMOL .....	137	BROMSITE .....	140	.....	59
BETOPTIC S .....	137	BRUKINSA .....	22	CARAFATE .....	111
BEVESPI AEROSPHERE .....	147	budesonide .....	105, 147	carbamazepine .....	29
bexarotene .....	22	bumetanide .....	59	CARBATROL .....	29
BEXSERO .....	115	buprenorphine .....	38	carbidopa .....	33
bicalutamide .....	22	buprenorphine hcl .....	38	carbidopa-levodopa .....	33, 34
BICILLIN C-R .....	17	buprenorphine-naloxone .....	45	carbidopa-levodopa-	
BICILLIN L-A .....	17	bupropion hcl .....	50	entacapone .....	34
BIJUVA .....	125	BUPROPION HCL .....	50	carbinoxamine maleate .....	144
BIKTARVY .....	4	bupropion hcl (smoking deter)		CARDURA XL .....	59
BILTRICIDE .....	13	.....	88	carglumic acid .....	86
bimatoprost .....	140	buspirone .....	50	carisoprodol .....	37
BINAXNOW COVID-19 AG		butalbital compound w/codeine		CARNITOR .....	86
CARD .....	91	.....	38	carteolol .....	137
BIOTHRAX .....	115	butalbital-acetaminop-caf-cod		cartia xt .....	59
bisoprolol fumarate .....	58	.....	38	carvedilol .....	59
bisoprolol-hydrochlorothiazide		butalbital-acetaminophen .....	38	carvedilol phosphate .....	59
.....	59	butalbital-acetaminophen-caff		CASIRIVIMAB-	
bivalirudin .....	66	.....	38, 39	IMDEVIMAB .....	5
BIVALIRUDIN .....	66	butalbital-aspirin-caffeine .....	39	caspofungin .....	3
BIVIGAM .....	115	butorphanol .....	45	cataflam .....	45
blisovi 24 fe .....	130	BYFAVO .....	50	CAYA CONTOURED .....	125
blisovi fe 1.5/30 (28) .....	130	BYLVAY .....	105, 106	CAYSTON .....	13
blisovi fe 1/20 (28) .....	130	<b>C</b>		caziant (28) .....	130
BOOSTRIX TDAP .....	115	CABENUVA .....	5	cefaclor .....	9
bosentan .....	147	cabergoline .....	97	cefadroxil .....	9
BOSULIF .....	22	CABLIVI .....	66	cefazolin .....	10
BOTOX .....	115	CABOMETYX .....	22	CEFAZOLIN .....	10
bp 10-1 .....	78	caffeine citrate .....	86	cefazolin in 0.9% sod chloride	9
BRAFTOVI .....	22	calcipotriene .....	74	cefazolin in dextrose (iso-os)	9
BREATHERITE MDI		calcipotriene-betamethasone	74	CEFAZOLIN IN DEXTROSE	
SPACER .....	91	calcitonin (salmon) .....	97	(ISO-OS) .....	10
BREO ELLIPTA .....	147	calcitriol .....	74, 97	cefazolin in dextrose 5 % .....	10
bretylum tosylate .....	57	calcium acetate(phosphat bind)		CEFAZOLIN IN STERILE	
BREVIBLOC .....	59	.....	106	WATER .....	10
BREVIBLOC IN NACL (ISO-		CALCIUM GLUC IN NACL,		cefdinir .....	10
OSM) .....	59	ISO-OSM .....	153	cefditoren pivoxil .....	10
briellyn .....	130	CALCIUM GLUCONATE IN		cefepime .....	10
BRILINTA .....	66	WATER .....	153	CEFEPIME .....	10
brimonidine .....	143	CALDOLOR .....	45	CEFEPIME IN DEXTROSE 5	
BRIMONIDINE-		camila .....	125	% .....	10
DORZOLAMIDE (PF) .....	141	camrese .....	130	cefepime in dextrose,iso-osm	
brimonidine-timolol .....	141	camrese lo .....	130	.....	10
BRINEURA .....	97	CANASA .....	106	cefixime .....	10
brinzolamide .....	141	CANCIDAS .....	3	CEFOTAN .....	10
BRIVIACT .....	29	candesartan .....	59	cefotaxime .....	10
BROMFED DM .....	145	candesartan-hydrochlorothiazid		cefotetan .....	10
bromfenac .....	140	.....	59	CEFOTETAN IN	
bromocriptine .....	33	capecitabine .....	22	DEXTROSE, ISO-OSM .....	10
		CAPRELSA .....	22	cefoxitin .....	11

cefoxitin in dextrose, iso-osm .....	10	CIMDUO.....	5	CLOZARIL .....	50
cefepodoxime .....	11	cimetidine .....	111	c-nate dha.....	154
cefprozil.....	11	cimetidine hcl .....	111	COAGADEX.....	66
ceftazidime .....	11	CIMZIA.....	106	COARTEM.....	13
CEFTAZIDIME IN D5W ....	11	CIMZIA POWDER FOR RECONST.....	106	COCAINE .....	79
ceftriaxone.....	11	cinacalcet.....	97	codeine sulfate.....	39
CEFTRIAZONE .....	11	CINRYZE.....	147	codeine-butalbital-asa-caff ...	39
ceftriaxone in dextrose,iso-os .....	11	CINVANTI.....	106	colchicine.....	122
cefuroxime axetil.....	11	CIPRO HC.....	90	COLCHICINE.....	122
cefuroxime sodium.....	11	ciprofloxacin.....	18	colesevelam .....	71
celecoxib.....	45	ciprofloxacin hcl.....	18, 89, 137	colestipol.....	71
CELONTIN.....	29	ciprofloxacin in 5 % dextrose .....	18	colistin (colistimethate na) ...	13
cem-urea .....	76	ciprofloxacin-dexamethasone .....	90	COMBIPATCH.....	125
cephalexin.....	11	CIPROFLOXACIN- FLUOCINOLONE .....	90	COMBIVENT RESPIMAT	147
CEPROTIN (BLUE BAR) ...	66	cisatracurium .....	37	COMBIVIR .....	5
CEPROTIN (GREEN BAR) ..	66	citalopram.....	50	COMETRIQ .....	22
CEQUA .....	139	CITRANATAL B-CALM (FE GLUC).....	154	COMIRNATY TRIS VACCINE(PF) .....	115
CEQUR SIMPLICITY .....	93	claravis.....	78	COMPACT SPACE CHAMBER .....	91
CERACADE .....	76	clarithromycin .....	12	complete natal dha.....	154
CERAMAX.....	76	cleansing wash.....	78	completenate.....	154
CERDELGA.....	97	clemastine.....	144	compro.....	106
CEREBYX .....	29	CLENPIQ .....	106	COMTAN.....	34
CEREZYME .....	97	CLEOCIN.....	13, 128	CONCEPT DHA .....	154
CERVIDIL .....	128	clindamycin hcl .....	13	constulose .....	106
CETROTIDE.....	97	CLINDAMYCIN IN 0.9 % SOD CHLOR .....	13	CONTOUR TEST STRIPS ..	91
cevimeline .....	86	clindamycin in 5 % dextrose	13	COPIKTRA .....	22
charlotte 24 fe.....	130	clindamycin pediatric .....	13	CORIFACT .....	66
chateal (28).....	130	clindamycin phosphate ..	13, 78, 128	CORLANOR .....	73
chateal eq (28).....	130	clindamycin-benzoyl peroxide .....	78	corti-sav .....	80
CHEMET .....	86	clindamycin-tretinoin .....	78	COSOPT (PF).....	141
CHENODAL.....	106	clobazam.....	29	COTELLIC.....	22
children's aspirin.....	45	clobetasol.....	82, 83	covaryx .....	125
chloramphenicol sod succinate .....	13	clobetasol-emollient .....	83	covaryx h.s.....	125
chlordiazepoxide hcl .....	50	clomid.....	97	COVID19 TEST ADM.BY PHARMACIST .....	91
chlordiazepoxide-clidinium	103	clomiphene citrate .....	97	COVID-19 TEST SPECIMEN COLLECT .....	91
chlorhexidine gluconate .....	89	clomipramine.....	50	CREON.....	106
chloroquine phosphate.....	13	clonazepam.....	29	CRESEMBA.....	3
chlorothiazide sodium .....	59	clonidine .....	59	cromolyn.....	106, 139, 147
chlorpromazine.....	50	clonidine hcl .....	50, 59	crostan .....	84
chlorthalidone.....	59	clopidogrel.....	66	cryelle (28).....	130
chlorzoxazone.....	37	clorazepate dipotassium .....	50	CRYSVITA .....	97
CHOLBAM.....	106	clotrimazole .....	3	CUE COVID-19 HOME TEST .....	91
cholestyramine (with sugar) .	71	clotrimazole-betamethasone .	81	CUVITRU .....	115
cholestyramine light .....	71	clozapine.....	50	cyclobenzaprine.....	37
choline,magnesium salicylate .....	46			CYCLOGYL .....	138
ciclopirox.....	81			CYCLOMYDRIL.....	143
cidofovir .....	5			cyclopentolate.....	138
cilostazol.....	66				

CYCLOPEN-TROPIC- PHENYLEPH-WATR ...	138	DEPO-SUBQ PROVERA	104	dihydroergotamine.....	35
CYCLOPENT-TROPIC- PHEN-KETR-WAT .....	138	DESCOVY .....	5	DILANTIN .....	30
cyclophosphamide.....	22	desipramine .....	50	DILANTIN EXTENDED.....	30
CYCLOPHOSPHAMIDE.....	22	desloratadine.....	144	DILANTIN INFATABS .....	30
CYCLOP-TROP-PROPA- PHEN-KET-WAT.....	138	desmopressin .....	97	DILANTIN-125.....	30
CYCLOSERINE .....	13	DESMOPRESSIN .....	97	DILAUDID (PF) .....	39
cyclosporine .....	22, 23	desog-e.estradiol/e.estradiol .....	131	diltiazem .....	59, 60
CYCLOSPORINE IN KLARITY .....	139	desogestrel-ethinyl estradiol .....	131	dilt-xr .....	60
cyclosporine modified.....	23	desonide.....	83	dimenhydrinate .....	106
cyproheptadine .....	144	desoximetasone .....	83	dimethyl fumarate.....	113
cyred .....	130	desvenlafaxine succinate .....	50	DIOVAN .....	60
cyred eq .....	130	dexamethasone .....	90	DIOVAN HCT .....	60
CYSTADROPS .....	139	dexamethasone intensol.....	90	DIPENTUM .....	106
CYSTAGON .....	152	dexamethasone sodium phosphate.....	142	diphenhydramine hcl .....	144
CYSTARAN .....	139	dexchlorpheniramine maleate .....	144	diphenoxylate-atropine .....	104
CYTOTEC .....	111	DEXCOM G6 RECEIVER ..	93	dipyridamole.....	66
<b>D</b>		DEXCOM G6 SENSOR .....	93	DISALCID .....	46
dalfampridine .....	36	DEXCOM G6 TRANSMITTER .....	93	diskets .....	39
DALIRESP.....	147	DEXERYL .....	76	disopyramide phosphate .....	57
DALVANCE.....	13	DEXLANSOPRAZOLE ....	111	disulfiram.....	86
danazol .....	97	dexmethylphenidate.....	50	DIURIL IV .....	60
DANTRIUM .....	37	dextrazoxane hcl.....	21	divalproex .....	30
dantrolene .....	37	dextroamphetamine sulfate...51		DIVIGEL.....	126
dapsone.....	13, 78	dextroamphetamine- amphetamine .....	51	dofetilide.....	57
DAPTACEL (DTAP PEDIATRIC) (PF).....	115	DIACOMIT .....	30	DOJOLVI .....	154
DAPTOMYCIN .....	13	DIASTAT .....	30	dolishale.....	131
DARAPRIM.....	13	DIASTAT ACUDIAL.....	30	donepezil.....	36
darifenacin.....	151	diazepam.....	30, 51	DOPTELET (15 TAB PACK) .....	67
dasetta 1/35 (28).....	130	diazepam intensol.....	51	dorzolamide .....	141
dasetta 7/7/7 (28).....	130	diazoxide .....	92	DORZOLAMIDE (PF).....	141
DAURISMO.....	23	DICLOFENAC EPOLAMINE .....	46	dorzolamide-timolol .....	141
daysee .....	130	diclofenac potassium .....	46	dorzolamide-timolol (pf) ....	141
DEBACTEROL .....	89	diclofenac sodium...46, 76, 140		DORZOLAMIDE-TIMOLOL (PF).....	141
deblitane .....	126	diclofenac-misoprostol .....	46	dotti.....	126
deferasirox.....	86	DICLOFONO.....	46	DOVATO .....	5
deferiprone .....	86	dicloxacillin .....	17	doxazosin .....	60
DEFITELIO .....	66	dicyclomine .....	103, 104	doxepin .....	51
DELZICOL .....	106	didanosine.....	5	doxercalciferol .....	97
demeclocycline.....	19	DIFICID .....	12	doxy-100.....	19
DEMSEK.....	59	diflunisal .....	46	doxycycline hyclate .....	19
DEPAKOTE.....	29	difluprednate.....	142	doxycycline monohydrate ....	19
DEPAKOTE ER.....	29	digitek.....	65	drithocrema hp.....	74
DEPAKOTE SPRINKLES ..	30	digox.....	65	dronabinol.....	106
DEPEN TITRATABS .....	123	digoxin.....	65	droperidol .....	106
DEPO-ESTRADIOL.....	126			drospirenone-e.estradiol-lm.fa .....	131
DEPO-PROVERA .....	126			drospirenone-ethinyl estradiol .....	131

DUAVEE .....	126	EMCYT .....	23	ERGOMAR .....	35
DUET DHA BALANCED .....	154	EMGALITY PEN.....	35	ergotamine-caffeine.....	35
DUET DHA WITH OMEGA-3		EMGALITY SYRINGE.....	35	ERIVEDGE .....	23
.....	154	EMSAM .....	51	ERLEADA .....	23
DULERA.....	147	emtricitabine.....	5	erlotinib.....	23
duloxetine.....	51	emtricitabine-tenofovir (tdf)...	5	errin.....	126
DUOBRII .....	83	EMTRIVA.....	5	ERTACZO.....	81
DUODOTE.....	85	emulsion sb.....	76	ertapenem .....	14
DUOPA .....	34	EMVERM .....	14	ery pads.....	78
DUPIXENT PEN .....	76	enalapril maleate.....	60	ery-tab.....	12
DUPIXENT SYRINGE.....	76	enalaprilat .....	60	ERYTHROCIN .....	12
duramorph (pf) .....	39	enalapril-hydrochlorothiazide		erythrocin (as stearate) .....	12
dutasteride .....	152	.....	60	erythromycin.....	12, 137
dutasteride-tamsulosin.....	152	ENBREL .....	123	erythromycin ethylsuccinate.....	12
DYRENIUM .....	60	ENBREL MINI .....	123	erythromycin lactobionate.....	12
DYSPORT.....	115	ENBREL SURECLICK .....	123	erythromycin with ethanol.....	78
<b>E</b>		ENDARI.....	86	erythromycin-benzoyl peroxide	
e.e.s. 400.....	12	endocet.....	39	.....	78
EASIVENT HOLDING		ENGERIX-B (PF) .....	115	ESBRIET.....	147
CHAMBER .....	92	ENGERIX-B PEDIATRIC		escitalopram oxalate .....	51
econazole.....	81	(PF).....	116	esmolol .....	61
econtra ez.....	131	enoxaparin .....	67	esmolol in nacl (iso-osm) .....	60
econtra one-step.....	131	enpresse .....	131	ESMOLOL IN STERILE	
ecotrin.....	46	enskyce .....	131	WATER.....	60
EDARBI.....	60	ENSPRYNG.....	23	esomeprazole magnesium... ..	111
EDARBYCLOR.....	60	entacapone .....	34	esomeprazole sodium .....	111
EDECRIN.....	60	entecavir .....	5	ESPEROCT .....	67
EDLUAR.....	51	ENTEREG.....	106	estarylla.....	131
ed-spaz.....	104	ENTRESTO.....	73	estazolam .....	51
EDURANT .....	5	ENTYVIO .....	106	estradiol .....	126
eeamt .....	126	enulose.....	106	estradiol valerate.....	126
eeamt hs.....	126	ENVARUSUS XR .....	23	estradiol-norethindrone acet	
efavirenz .....	5	EPCLUSA .....	5	.....	126
efavirenz-lamivu-tenofov disop		EPIDIOLEX .....	30	ESTRING .....	126
.....	5	epinastine.....	139	estrogens-methyltestosterone	
effer-k.....	153	epinephrine .....	144	.....	126
EGRIFTA SV .....	112	EPINEPHRINE .....	144	eszopiclone .....	51
ELAPRASE.....	97	epinephrine hcl .....	147	ethacrynate sodium .....	61
eletriptan.....	35	EPINEPHRINE HCL (PF) .....	144	ethacrynic acid.....	61
ELIGARD .....	23	epitol.....	30	ethambutol .....	14
ELIGARD (3 MONTH) .....	23	EPIVIR .....	5	ethosuximide.....	30
ELIGARD (4 MONTH) .....	23	EPIVIR HBV.....	5	ethyl chloride.....	79
ELIGARD (6 MONTH) .....	23	eplerenone .....	60	ethynodiol diac-eth estradiol	
elinest .....	131	epoprostenol .....	60	.....	131
ELIQUIS .....	67	epoprostenol (glycine).....	60	ETHYOL .....	21
ELIQUIS DVT-PE TREAT		eprosartan .....	60	etodolac.....	46
30D START .....	67	EPZICOM .....	5	etonogestrel-ethinyl estradiol	
ELITEK.....	21	EQUETRO .....	30	.....	128
ELLA.....	131	ERAXIS(WATER DILUENT)		etoposide.....	23
ELMIRON.....	152	.....	3	etravirine.....	5
ELOCTATE .....	67	ergocalciferol (vitamin d2).....	154	EUCRISA .....	76
eluryng.....	128	ergoloid.....	51	EUFLEXXA .....	46

EURAX.....	84	FENTANYL CITRATE (PF)	39	fluocinonide.....	83
euthyrox.....	102	.....	39	fluocinonide-e.....	83
EVERLYWELL COVID19		fentanyl citrate (pf)-0.9%nacl	39, 40	fluorescein-proparacaine ....	139
HOM COLLECT.....	92	.....	39, 40	fluoride (sodium).....	155
everolimus (antineoplastic) ..	23	FENTANYL CITRATE (PF)-		fluorometholone .....	143
everolimus		0.9%NACL.....	39, 40	fluorouracil .....	76
(immunosuppressive) .....	23	FENTANYL-		FLUOROURACIL .....	76
EVERSENSE SENSOR-		ROIIVACAINE-NACL		fluoxetine.....	52
HOLDER.....	93	(PF).....	40	fluphenazine decanoate .....	52
EVISTA.....	122	FERAHME .....	155	fluphenazine hcl.....	52
EVOXAC .....	86	FERRIPROX .....	86	flurandrenolide .....	83
EVRYSDI.....	36	FERRIPROX (2 TIMES A		flurazepam .....	52
EVUSHELD (EUA).....	5	DAY).....	86	flurbiprofen.....	46
exemestane .....	23	ferrous sulfate.....	155	flurbiprofen sodium.....	140
EXJADE.....	86	ferumoxytol .....	155	flutamide.....	23
EXKIVITY .....	23	fesoterodine .....	151	fluticasone propionate ..83, 147	
ezetimibe .....	71	FETROJA.....	11	fluticasone propion-salmeterol	
ezetimibe-simvastatin.....	71	FETZIMA.....	51, 52	.....	148
<b>F</b>		FIBRYGA .....	67	FLUTICASONE PROPION-	
FABRAZYME .....	98	finasteride .....	152	SALMETEROL.....	147
FACTIVE.....	18	FINTEPLA .....	30	fluvastatin .....	72
falmina (28).....	131	finzala .....	131	fluvoxamine.....	52
famciclovir .....	6	flavoxate .....	151	FLUZONE HIGHDOSE	
famotidine.....	111	FLEBOGAMMA DIF .....	116	QUAD 22-23 PF.....	116
famotidine (pf).....	111	flecainide .....	57	FLUZONE QUAD 2022-2023	
FANAPT .....	51	FLEXICHAMBER.....	92	.....	116
FARESTON .....	23	FLOLAN .....	61	FLUZONE QUAD 2022-2023	
FARXIGA .....	100	FLOVENT DISKUS .....	147	(PF).....	116
FARYDAK.....	23	FLOVENT HFA.....	147	folic acid .....	155
FASENRA.....	147	FLUAD QUAD 2022-23(65Y		folivane-ob.....	155
FASENRA PEN .....	147	UP)(PF) .....	116	fondaparinux.....	67
FC2 FEMALE CONDOM .	125	FLUARIX QUAD 2022-2023		formoterol fumarate.....	148
febuxostat .....	122	(PF).....	116	FORTEO.....	122
FEIBA NF .....	67	FLUBLOK QUAD 2022-2023		FOSAMAX PLUS D.....	122
felbamate .....	30	(PF).....	116	fosamprenavir .....	6
felodipine.....	61	FLUCELVAX QUAD 2022-		fosaprepitant .....	106
FEMCAP .....	125	2023 .....	116	foscarnet .....	6
femynor .....	131	FLUCELVAX QUAD 2022-		FOSCAVIR .....	6
fenofibrate .....	72	2023 (PF).....	116	fosfomycin tromethamine.....	20
FENOFIBRATE.....	72	fluconazole .....	3	fosinopril.....	61
fenofibrate micronized .....	71	fluconazole in nacl (iso-osm) .	3	fosinopril-hydrochlorothiazide	
fenofibrate nanocrystallized .	71	flucytosine .....	3	.....	61
fenofibric acid .....	72	fludrocortisone.....	90	fosphenytoin .....	30
fenofibric acid (choline).....	72	FLULAVAL QUAD 2022-		FRAGMIN.....	67
fenoprofen .....	46	2023 (PF).....	116	FREESTYLE LIBRE 14 DAY	
FENSOLVI.....	23	flumazenil.....	52	READER .....	93
fentanyl.....	40	FLUMIST QUAD 2022-2023		.....	93
FENTANYL (PF)-		.....	116	FREESTYLE LIBRE 14 DAY	
BUPIVACAINE-NACL... 39		flunisolide.....	147	SENSOR.....	93
fentanyl citrate.....	40	fluocinolone.....	83	FREESTYLE LIBRE 2	
fentanyl citrate (pf).....	39	fluocinolone acetone oil ....	89	READER .....	93
		fluocinolone and shower cap	83	FREESTYLE LIBRE 2	
				SENSOR.....	93



FREESTYLE LIBRE 3	GENTAMICIN-SODIUM	hailey fe 1/20 (28) .....	131
SENSOR.....	CITRATE .....	halcinonide .....	83
FROTEK .....	GENVOYA .....	halobetasol propionate....	83, 84
frovatriptan .....	GIAPREZA .....	haloperidol .....	52
FULPHILA.....	GILOTRIF.....	haloperidol decanoate .....	52
furosemide.....	GIVLAARI.....	haloperidol lactate .....	52
FUROSEMIDE IN 0.9 %	glatiramer.....	HALUCORT .....	76
NACL .....	glatopa .....	HARVONI.....	6
FUZEON .....	GLEOSTINE .....	HAVRIX (PF) .....	117
fyavolv.....	glimepiride.....	heather .....	127
FYCOMPA .....	glipizide .....	HEMLIBRA .....	67
<b>G</b>	glipizide-metformin.....	HEMOFIL M HIGH.....	67
gabapentin .....	GLUCAGEN HYPOKIT ....	HEMOFIL M LOW.....	67
GALAFOLD .....	GLUCAGON (HCL)	HEMOFIL M MID .....	67
galantamine .....	EMERGENCY KIT .....	HEMOFIL M SUPER HIGH	67
GALZIN.....	glucagon emergency kit	hep flush-10 (pf) .....	68
GAMASTAN .....	(human) .....	HEPAGAM B.....	117
GAMASTAN S/D.....	glyburide.....	heparin (porcine) .....	68
GAMIFANT.....	glyburide micronized.....	HEPARIN (PORCINE) IN	
GAMMAGARD LIQUID ..	glyburide-metformin .....	0.9% NACL .....	68
GAMMAGARD S-D (IGA < 1	glycopyrrolate.....	heparin (porcine) in 5 % dex	68
MCG/ML) .....	GLYCOPYRROLATE.....	heparin (porcine) in nacl (pf)	68
GAMMAPLEX .....	glycopyrrolate (pf).....	heparin flush(porcine)-0.9nacl	
GAMMAPLEX (WITH	glycopyrrolate (pf) in water	.....	68
SORBITOL).....	GLYCOPYRROLATE (PF) IN	heparin lock flush (porcine)..	68
GAMUNEX-C .....	WATER.....	heparin lockflush(porcine)(pf)	
GANCICLOVIR .....	glydo.....	.....	68
ganciclovir sodium .....	GLYRX-PF .....	heparin(porcine) in 0.45% nacl	
GARDASIL 9 (PF).....	GLYXAMBI .....	.....	68
gatifloxacin.....	GOJJI KETONE CONTROL	HEPARIN(PORCINE) IN	
GATTEX 30-VIAL .....	SOLN-L1 .....	0.45% NACL.....	68
gavilyte-c.....	GOLYTELY.....	heparin, porcine (pf) .....	68
gavilyte-g.....	GONAL-F .....	HEPARIN, PORCINE (PF).68,	
GAVRETO.....	GONAL-F RFF .....	69	
GELNIQUE.....	GONAL-F RFF REDI-JECT	HEPLISAV-B (PF).....	117
gemfibrozil .....	GOPRELTO .....	HETLIOZ .....	52
gemmily.....	granisetron (pf).....	HETLIOZ LQ .....	52
generlac .....	granisetron hcl .....	HIBERIX (PF).....	117
gengraf.....	griseofulvin microsize .....	homatropaire.....	138
GENOTROPIN .....	griseofulvin ultramicrosize....	HUMALOG JUNIOR	
GENOTROPIN MINIQUICK	guanfacine .....	KWIKPEN U-100 .....	95
.....	GVOKE .....	HUMALOG KWIKPEN	
gentak .....	GVOKE HYPOPEN 2-PACK	INSULIN .....	95
gentamicin .....	.....	HUMALOG MIX 50-50	
gentamicin in nacl (iso-osm)	GVOKE PFS 2-PACK	INSULN U-100 .....	95
14	SYRINGE.....	HUMALOG MIX 50-50	
GENTAMICIN IN NACL	GYNAZOLE-1 .....	KWIKPEN.....	95
(ISO-OSM).....	<b>H</b>	HUMALOG MIX 75-25	
gentamicin sulfate (ped) (pf)	HAEGARDA.....	KWIKPEN.....	95
14	hailey .....	HUMALOG MIX 75-25(U-	
gentamicin sulfate (pf) .....	hailey 24 fe.....	100)INSULN .....	95
14	hailey fe 1.5/30 (28) .....		
GENTAMICIN SULFATE			
(PF).....			

HUMALOG U-100 INSULIN	hydrocortisone-iodoquinol-aloe	ID NOW COVID-19 TEST
..... 95	..... 80	KIT ..... 92
HUMATE-P ..... 69	hydrocortisone-pramoxine... 74,	IDELVION ..... 69
HUMIRA..... 123	107	IDHIFA..... 24
HUMIRA PEN ..... 123	hydromet..... 145	ILARIS (PF) ..... 114
HUMIRA PEN CROHNS-UC-	hydromorphone ..... 41, 42	ILEVRO ..... 140
HS START ..... 123	HYDROMORPHONE ..... 42	ILUMYA ..... 74
HUMIRA PEN PSOR-	hydromorphone (pf) ..... 41	imatinib..... 24
UVEITS-ADOL HS ..... 123	HYDROMORPHONE (PF) .41	IMBRUVICA ..... 24
HUMIRA(CF) ..... 124	HYDROMORPHONE (PF) IN	imipenem-cilastatin ..... 14
HUMIRA(CF) PEDI	WATER..... 40, 41	imipramine hcl..... 52
CROHNS STARTER..... 123	hydromorphone (pf)-0.9 %	imipramine pamoate ..... 52
HUMIRA(CF) PEN..... 124	nacl ..... 41	imiquimod..... 114
HUMIRA(CF) PEN	HYDROMORPHONE (PF)-	IMOGAM RABIES-HT (PF)
CROHNS-UC-HS ..... 123	0.9 % NACL..... 41	..... 118
HUMIRA(CF) PEN	HYDROMORPHONE(PF)-	IMOVAX RABIES VACCINE
PEDIATRIC UC ..... 123	NACL,ISO-OSM..... 42	(PF) ..... 118
HUMIRA(CF) PEN PSOR-	hydroxychloroquine..... 14	IMPAVIDO ..... 14
UV-ADOL HS..... 124	HYDROXYCHLOROQUINE	IMURAN..... 24
HUMULIN 70/30 U-100	..... 14	IMVEXXY MAINTENANCE
INSULIN..... 95	hydroxyproggest(pf)(preg presv)	PACK ..... 127
HUMULIN 70/30 U-100	..... 127	IMVEXXY STARTER PACK
KWIKPEN ..... 96	hydroxyprogesterone	..... 127
HUMULIN N NPH INSULIN	cap(ppres) ..... 127	INBRIJA ..... 34
KWIKPEN ..... 96	hydroxyprogesterone caproate	incassia ..... 127
HUMULIN N NPH U-100	..... 127	INCRELEX ..... 86
INSULIN ..... 96	hydroxyurea..... 24	INCRUSE ELLIPTA ..... 148
HUMULIN R REGULAR U-	hydroxyzine hcl ..... 144	indapamide ..... 61
100 INSULN ..... 96	hydroxyzine pamoate ..... 144	INDOCIN ..... 46
HUMULIN R U-500 (CONC)	HYLENEX ..... 86	indomethacin ..... 46
INSULIN..... 96	hyophen ..... 152	INFANRIX (DTAP) (PF)... 118
HUMULIN R U-500 (CONC)	hyoscyamine sulfate ..... 104	INFED ..... 155
KWIKPEN ..... 96	HYOSCYAMINE SULFATE	INFUMORPH P/F ..... 42
HYCAMTIN ..... 24	..... 104	INLYTA ..... 24
HYCODAN (WITH	hyosyne..... 104	INPEN (FOR HUMALOG)
HOMATROPINE) ..... 145	HYPERHEP B..... 117	PINK..... 93
hydralazine ..... 61	HYPERHEP B NEONATAL	INPEN (NOVOLOG OR
hydrochlorothiazide..... 61	..... 117	FIASP) PINK..... 93
hydrocodone bitartrate..... 40	HYPERRAB (PF)..... 117	INQOVI..... 24
hydrocodone-acetaminophen40	HYPERTET (PF) ..... 117	INSPIRACHAMBER..... 92
hydrocodone-chlorpheniramine	HYQVIA ..... 117	INTRON A ..... 114
..... 145	<b>I</b>	INVANZ..... 14
hydrocodone-homatropine . 145	ibandronate ..... 122	INVEGA HAFYERA ..... 52
hydrocodone-ibuprofen ..... 40	IBRANCE ..... 24	INVEGA SUSTENNA ..... 52
hydrocortisone..... 84, 90, 107	ibu..... 46	INVEGA TRINZA ..... 53
hydrocortisone acetate..... 107	ibuprofen ..... 46	INVELTYS..... 143
hydrocortisone butyrate..... 84	ibuprofen-famotidine..... 46	INVIRASE ..... 6
hydrocortisone butyr-emollient	icatibant ..... 148	IODOFLEX ..... 76
..... 84	iclevia ..... 131	IODOPEN..... 24
hydrocortisone valerate ..... 84	ICLUSIG ..... 24	IODOSORB..... 76
hydrocortisone-acetic acid... 89	icosapent ethyl..... 72	IPOL ..... 118
hydrocortisone-iodoquinol ... 80		ipratropium bromide ..... 89, 148

ipratropium-albuterol .....	148	KCENTRA .....	69	LANTUS SOLOSTAR U-100	
irbesartan .....	61	KEDRAB (PF) .....	118	INSULIN .....	96
irbesartan-hydrochlorothiazide		kelnor 1/35 (28) .....	132	LANTUS U-100 INSULIN ..	96
.....	61	kelnor 1-50 (28).....	132	lapatinib .....	25
IRESSA .....	24	KEPIVANCE .....	21	larin 1.5/30 (21).....	132
ISENTRESS .....	6	KERYDIN .....	81	larin 1/20 (21).....	132
ISENTRESS HD .....	6	KESIMPTA PEN .....	113	larin 24 fe.....	132
isibloom.....	131	ketoconazole.....	3, 81	larin fe 1.5/30 (28).....	132
isoniazid .....	14	ketodan .....	81	larin fe 1/20 (28).....	132
isosorbide dinitrate .....	73	ketodan kit .....	81	LASIX .....	61
isosorbide mononitrate .....	73	ketoprofen.....	46	latanoprost .....	141
isotretinoin.....	78	ketorolac .....	46, 47, 140	LATANOPROST (PF) .....	141
isoxsuprine .....	128	KEVZARA.....	124	LATUDA.....	53
isradipine .....	61	KHAPZORY .....	21	layolis fe .....	132
ISTURISA.....	98	KINERET.....	114	LEDIPASVIR-SOFOSBUVIR	
itraconazole .....	3	KINRIX (PF).....	118	.....	6
ivermectin.....	14	KISQALI.....	24	leena 28.....	132
IXIARO (PF).....	118	KISQALI FEMARA CO-		leflunomide.....	124
IXINITY.....	69	PACK .....	24	LEMTRADA.....	113
<b>J</b>		KITABIS PAK .....	14	lenalidomide .....	113
jaimiess.....	131	klor-con m10 .....	153	LENVIMA.....	25
JAKAFI.....	24	klor-con m15 .....	153	lessina .....	132
JALYN .....	152	klor-con m20 .....	153	letrozole .....	25
JANSSEN COVID-19		KLOXXADO .....	47	leucovorin calcium .....	21
VACCINE (EUA) .....	118	KOATE .....	69	LEUKERAN.....	25
jantoven.....	69	KOGENATE FS.....	69	LEUKINE.....	112
JANUMET .....	101	KOSELUGO .....	25	leuprolide.....	25
JANUMET XR.....	101	KOVALTRY .....	69	levalbuterol hcl .....	148
JANUVIA.....	101	K-PHOS ORIGINAL .....	152	LEVEMIR FLEXTOUCH U-	
JARDIANCE.....	101	kpn.....	155	100 INSULN .....	96
jasmiel (28).....	131	KRINTAFEL.....	14	LEVEMIR U-100 INSULIN	96
JATENZO .....	98	KRYSTEXXA.....	122	levetiracetam.....	31
javygtor.....	98	kurvelo (28) .....	132	levetiracetam in nacl (iso-os)	31
jencycla.....	127	KUVAN.....	98	LEVETIRACETAM IN NACL	
jinteli.....	127	KYLEENA .....	125	(ISO-OS).....	31
JIVI.....	69	KYNMOBI.....	34	LEVICYN ANTIPRURITIC	76
jolessa .....	132	<b>L</b>		SG .....	76
juleber.....	132	l norgest/e.estradiol-e.estrad		levobunolol.....	138
JULUCA.....	6	.....	132	levocarnitine .....	86
junel 1.5/30 (21) .....	132	labetalol .....	61	levocarnitine (with sugar)....	86
junel 1/20 (21) .....	132	lacosamide .....	31	levofloxacin .....	18, 137
junel fe 1.5/30 (28).....	132	lactated ringers .....	85	levofloxacin in d5w .....	18
junel fe 1/20 (28).....	132	lactulose.....	107	levoleucovorin calcium .....	21
junel fe 24.....	132	LAGEVRIO (EUA).....	6	levonest (28) .....	132
JUXTAPID.....	72	lamivudine .....	6	levonorgestrel .....	132
JYNARQUE.....	98	lamivudine-zidovudine .....	6	levonorgestrel-ethinyl estrad	
<b>K</b>		lamotrigine.....	31	.....	132, 133
kaitlib fe.....	132	LAMPIT .....	14	levonorg-eth estrad triphasic	
kalliga.....	132	LANCING DEVICE .....	94	.....	133
KALYDECO.....	148	LANOXIN.....	65	levora-28.....	133
KANUMA.....	98	lansoprazole.....	111	levorphanol tartrate.....	42
kariva (28).....	132	lanthanum .....	107		

levo-t.....	102	losartan .....	62	MENEST .....	127
levothyroxine.....	102, 103	losartan-hydrochlorothiazide	62	MENOPUR.....	98
LEVOTHYROXINE.....	103	LOTEMAX .....	143	MENQUADFI (PF).....	118
levoxyl.....	103	LOTEMAX SM.....	143	MENVEO A-C-Y-W-135-DIP	
LEVULAN .....	76	loteprednol etabonate .....	143	(PF).....	118
LEXIVA .....	6	lovastatin .....	72	meperidine .....	42
LICART .....	47	LOVENOX.....	69	MEPHYTON .....	69
lidocaine .....	80	low-ogestrel (28) .....	133	meprobamate .....	37
lidocaine (pf) .....	80	loxapine succinate .....	53	MEPSEVII.....	98
LIDOCAINE (PF).....	80	lo-zumandimine (28) .....	133	mercaptapurine .....	25
lidocaine hcl .....	80	lta pre-attached .....	80	meropenem .....	15
lidocaine hcl-hydrocortison ac		LUBIPROSTONE.....	108	MEROPENEM-0.9%	
.....	80, 107	LUCEMYRA.....	47	SODIUM CHLORIDE .....	15
LIDOCAINE HCL-		LUCIRA CHECK-IT COVID		merzee.....	133
HYDROCORTISON AC	107	HOME TST .....	92	mesalamine .....	108
lidocaine viscous .....	80	lugols .....	80, 153	mesalamine with cleansing	
lidocaine-hydrocortisone-aloe		LULICONAZOLE .....	81	wipe .....	108
.....	107	LUMAKRAS.....	25	mesna .....	21
lidocaine-prilocaine .....	80	LUMIGAN .....	141	MESNEX.....	21
lidocort .....	80	LUMIZYME .....	98	metaproterenol .....	148
LIFEMS NALOXONE .....	47	LUPKYNIS .....	25	metaxalone.....	37
LILETTA .....	125	lutra (28) .....	133	metformin .....	101
lincomycin.....	14	luxamend .....	76	methadone.....	42
lindane .....	84	LYBALVI .....	53	methadose .....	42
linezolid.....	15	lyleq.....	127	methamphetamine.....	53
linezolid in dextrose 5% .....	14	lyllana .....	127	methazolamide.....	140
linezolid-0.9% sodium chloride		LYNPARZA.....	25	methenamine hippurate .....	20
.....	15	LYSODREN.....	25	methenamine mandelate .....	20
LINZESS.....	107	lyza .....	127	methen-sod phos-meth blue-	
liothyronine .....	103	<b>M</b>		hyos.....	152
lisinopril .....	61	mafenide acetate .....	80	methergine .....	136
lisinopril-hydrochlorothiazide		MAKENA (PF) .....	127	methimazole .....	91
.....	62	malathion .....	84	methocarbamol .....	37
LITEAIRE MDI CHAMBER		maraviroc.....	6	methotrexate sodium .....	25
.....	92	marlissa (28).....	133	methotrexate sodium (pf) .....	25
lithium carbonate.....	53	MARPLAN .....	53	methoxsalen.....	77
LITHOSTAT .....	86	MATULANE.....	25	methscopolamine .....	104
LIVMARLI .....	107	matzim la .....	62	methyl salicylate .....	77
LO LOESTRIN FE.....	133	MAVYRET .....	7	methyl dopa .....	62
LODINE .....	47	MAXITROL.....	142	methyl dopa-	
lojaimiess.....	133	mb hydrogel.....	76	hydrochlorothiazide .....	62
LOKELMA .....	107	meclofenamate.....	47	methyl dopate .....	62
LONHALA MAGNAIR		medroxyprogesterone .....	127	methylergonovine .....	136
REFILL .....	148	mefenamic acid.....	47	methylphenidate hcl.....	53
LONHALA MAGNAIR		mefloquine.....	15	METHYLPHENIDATE HCL	
STARTER.....	148	megestrol .....	25	.....	53
LONSURF.....	25	MEKINIST .....	25	methylprednisolone .....	90
lopinavir-ritonavir .....	6	MEKTOVI.....	25	methyltestosterone .....	98
lorazepam .....	53	meloxicam .....	47	metoclopramide hcl .....	108
lorazepam intensol.....	53	melphalan .....	25	metolazone.....	62
LORBRENA .....	25	memantine .....	36	metoprolol succinate.....	62
loryna (28).....	133	MENACTRA (PF) .....	118		

metoprolol ta-hydrochlorothiaz	misoprostol.....	111	my choice.....	133
.....	MITIGARE .....	122	my way .....	133
metoprolol tartrate .....	MITIGO (PF) .....	42	MYALEPT .....	98
metro i.v. ....	MITOMYCIN (PF) IN		MYCAMINE.....	3
metronidazole .....	WATER.....	139	MYCAPSSA.....	25
metronidazole in nacl (iso-os)	MITOSOL .....	141	mycophenolate mofetil ...	25, 26
.....	MKO (MIDAZOLAM-		mycophenolate mofetil (hcl).	25
metyrosine .....	KETAMINE-ONDAN) ....	54	mycophenolate sodium .....	26
mexiletine .....	M-M-R II (PF).....	118	MYDAYIS .....	54
MIACALCIN .....	m-natal plus .....	155	MYFORTIC .....	26
mibelas 24 fe .....	modafinil .....	54	MYLERAN .....	26
micafungin.....	MODERNA COVID		mynatal .....	155
miconazole-3 .....	BIVAL(18Y UP)-PF .....	118	mynatal plus.....	155
MICROCHAMBER .....	MODERNA COVID(6M-5Y)		mynatal-z .....	155
microgestin 1.5/30 (21) .....	VACC(EUA).....	118	MYOBLOC .....	118
microgestin 1/20 (21) .....	MODERNA COVID-19 (6-		myorisan .....	78
MICROGESTIN 24 FE.....	11YR)(EUA) .....	118	MYRBETRIQ.....	151
microgestin fe 1.5/30 (28) ..	MODERNA COVID-19		MYXREDLIN .....	96
microgestin fe 1/20 (28) .....	VACCINE (EUA) .....	118	<b>N</b>	
MICROSPACER.....	moexipril .....	62	NABI-HB .....	119
midazolam .....	molindone.....	54	nabumetone.....	47
MIDAZOLAM .....	mometasone.....	84, 148	nadolol .....	62
MIDAZOLAM (PF) IN 0.9 %	mondoxyne nl.....	19	nafcillin.....	17
NACL.....	MONOFERRIC.....	155	nafcillin in dextrose iso-osm	17
MIDAZOLAM IN 0.9 % SOD	mono-lynyah.....	133	naftifine.....	81
CHLORID .....	MONOVISC.....	47	NAGLAZYME.....	99
MIDAZOLAM IN NACL,ISO-	montelukast .....	148	nalbuphine .....	47
OSMO(PF) .....	MONUROL.....	20	NALMEFENE.....	47
midodrine .....	morphine.....	43, 44	naloxone .....	47
MIFEPREX .....	MORPHINE .....	43, 44	naltrexone .....	47
mifepristone.....	morphine (pf).....	43	naproxen .....	47
migergot .....	MORPHINE (PF).....	43	naproxen sodium .....	47
miglitol .....	morphine (pf) in 0.9 % sod chl		naratriptan.....	35
miglustat.....	.....	43	NATACHEW (FE BIS-	
mili .....	MORPHINE (PF) IN 0.9 %		GLYCINATE).....	155
millipred .....	SOD CHL.....	42, 43	NATACYN.....	137
millipred dp .....	morphine concentrate .....	43	NATAZIA .....	133
mimvey.....	morphine in 0.9 % sodium		nateglinide .....	101
MINIMED 770G INSULIN	chlор.....	43	NATPARA .....	99
PUMP .....	MORPHINE IN 0.9 %		NAYZILAM.....	31
MINIMED MIO ADVANCE	SODIUM CHLOR.....	43	nebivolol .....	62
INF SET23 .....	MOTEGRITY .....	108	NEBUPENT .....	15
MINIMED QUICK SET 43 .....	MOUNJARO.....	92	necon 0.5/35 (28).....	133
MINIMED SILHOUETTE 23	MOVANTIK .....	108	nefazodone.....	54
.....	moxifloxacin.....	19, 137	neomycin .....	15
MINIMED SURE T 32 .....	MOXIFLOXACIN-		neomycin-bacitracin-poly-hc	
MINOCIN .....	SOD.ACE,SUL-WATER. 19		.....	142
minocycline .....	moxifloxacin-sod.chloride(iso)		neomycin-bacitracin-	
minoxidil .....	.....	19	polymyxin.....	137
MIRENA .....	MS CONTIN .....	44	neomycin-polymyxin b gu....	85
mirtazapine .....	MULTAQ.....	57	neomycin-polymyxin b-	
MIRVASO .....	mupirocin.....	80	dexameth.....	142

neomycin-polymyxin-gramicidin.....	137	nitroglycerin in 5 % dextrose	73	NUZYRA .....	19
neomycin-polymyxin-hc .....	90, 142	NITROLINGUAL .....	74	nyamyc .....	81
neo-polycin.....	137	NITROMIST .....	74	nylia 1/35 (28) .....	134
neo-polycin hc .....	142	nitro-time .....	74	nylia 7/7/7 (28) .....	134
NEORAL.....	26	NITYR.....	87	NYMALIZE .....	62
neostigmine methylsulfate....	37	NIVESTYM .....	112	nymyo .....	134
NEO-SYNALAR .....	81	nizatidine .....	111	nystatin .....	4, 81, 82
NEO-SYNALAR KIT.....	81	NOCDURNA (MEN).....	99	nystatin-triamcinolone.....	82
NERLYNX.....	26	NOCDURNA (WOMEN)....	99	nystop .....	82
NESTABS .....	155	nora-be.....	127	<b>O</b>	
NESTABS ABC.....	155	NORDITROPIN FLEXPRO .....	113	OB COMPLETE ONE .....	155
NESTABS DHA .....	155	noreth-ethinyl estradiol-iron .....	134	OB COMPLETE PETITE .....	155
neuac.....	78	norethindrone (contraceptive) .....	127	OB COMPLETE PREMIER .....	155
NEUAC KIT .....	78	norethindrone acetate .....	127	OB COMPLETE WITH DHA .....	155
NEULASTA.....	112	norethindrone ac-eth estradiol .....	127, 134	OBIZUR .....	69
NEULASTA ONPRO .....	112	norethindrone-e.estradiol-iron .....	134	OBREDON.....	145
NEUPRO.....	34	NORGESIC FORTE .....	37	OCALIVA .....	108
nevirapine .....	7	norgestimate-ethinyl estradiol .....	134	ocella.....	134
new day .....	133	NORPACE CR.....	57	OCREVUS .....	113
newgen .....	155	nortrel 0.5/35 (28).....	134	octreotide acetate .....	26
NEXAVAR .....	26	nortrel 1/35 (21).....	134	ODEFSEY .....	7
NEXLETOL .....	72	nortrel 1/35 (28).....	134	ODOMZO.....	26
NEXLIZET.....	72	nortrel 7/7/7 (28) .....	134	OFEV.....	148
NEXPLANON .....	128	nortriptyline .....	54	ofloxacin .....	19, 89, 137
NEXTSTELLIS.....	133	NORVIR.....	7	olanzapine.....	54
niacin .....	72	NOURIANZ.....	34	olanzapine-fluoxetine .....	55
nicardipine.....	62	NOVAREL.....	99	OLINVYK.....	48
NICODERM CQ.....	88	NOVAVAX COVID-19 VACC.ADJ(EUA).....	119	olmesartan.....	62
nicorette.....	88	NOVOEIGHT .....	69	olmesartan-amlodipin-hcthiazid .....	63
NICORETTE.....	88	NOVOPEN ECHO .....	94	olmesartan-hydrochlorothiazide.....	63
nicotine .....	88	NOVOSEVEN RT .....	69	olopatadine .....	89
nicotine (polacrilex) .....	88	NOXAFIL .....	3, 4	OLUMIANT.....	124
NICOTROL.....	88	np thyroid .....	103	omega-3 acid ethyl esters .....	72
NICOTROL NS.....	88	NPLATE.....	69	omeprazole .....	111
nifedipine.....	62	NUBEQA .....	26	OMNIPOD 5 G6 INTRO KIT (GEN 5) .....	94
nikki (28).....	133	NUCALA .....	148	OMNIPOD 5 G6 PODS (GEN 5).....	94
nilutamide.....	26	NUCORT.....	84	OMNIPOD CLASSIC PDM KIT(GEN 3).....	94
NIMBEX .....	37	NUCYNTA .....	47	OMNIPOD CLASSIC PODS (GEN 3) .....	94
nimodipine.....	62	NUCYNTA ER .....	47	OMNIPOD DASH INTRO KIT (GEN 4).....	94
NIPRIDE RTU .....	73	NUEDEXTA .....	36	OMNIPOD DASH PODS (GEN 4) .....	94
nisoldipine .....	62	NULIBRY .....	36	ondansetron.....	108
nitazoxanide .....	15	NULOJIX .....	26	ondansetron hcl.....	108
nitisinone .....	87	NUMBRINO .....	80		
nitro-bid.....	73	NUPLAZID .....	54		
NITRO-DUR.....	73	NURTEC ODT.....	35		
nitrofurantoin.....	20				
nitrofurantoin macrocrystal ..	20				
nitrofurantoin monohyd/m-cryst .....	20				
nitroglycerin .....	73, 74				

ondansetron hcl (pf) .....	108	oxacillin in dextrose(iso-osm)	17	penicillamine .....	124
ONETOUCH SOLUTIONS		.....	17	PENICILLIN G POT IN	
STARTER .....	94	oxandrolone .....	99	DEXTROSE .....	18
ONETOUCH ULTRA		oxaprozin .....	48	penicillin g potassium.....	18
CONTROL .....	94	oxazepam.....	55	penicillin g procaine .....	18
ONETOUCH ULTRA TEST		oxcarbazepine.....	32	penicillin g sodium .....	18
.....	91	OXERVATE .....	139	penicillin v potassium.....	18
ONETOUCH ULTRA2		oxiconazole.....	82	PENTACEL (PF).....	119
METER .....	94	OXISTAT .....	82	PENTACEL ACTHIB	
ONETOUCH ULTRAMINI	94	OXLUMO .....	152	COMPONENT (PF) .....	119
ONETOUCH VERIO FLEX		OXTELLAR XR .....	32	PENTAM.....	15
METER .....	94	oxybutynin chloride....	151, 152	pentamidine .....	15
ONETOUCH VERIO IQ		oxycodone .....	44	PENTASA .....	109
METER .....	94	OXYCODONE.....	44	pentazocine-naloxone .....	48
ONETOUCH VERIO METER		oxycodone-acetaminophen...	44	pentoxifylline.....	70
.....	94	OXYCONTIN .....	44	perindopril erbumine .....	63
ONETOUCH VERIO TEST		oxymorphone.....	44, 45	periogard.....	89
STRIPS.....	91	OZEMPIC .....	101	permethrin.....	85
ONFI.....	31	<b>P</b>		perphenazine.....	55
ONUREG .....	26	pacerone.....	57	perphenazine-amitriptyline...	55
opcicon one-step.....	134	PACLITAXEL PROTEIN-		PERSERIS .....	55
opium tincture .....	104	BOUND.....	26	PERTZYE.....	109
OPSUMIT .....	148	paliperidone .....	55	PEXEVA .....	55
OPTICHAMBER DIAMOND		palonosetron .....	108	PFIZER COVID BIVAL(12Y	
VHC .....	92	PALONOSETRON .....	108	UP)(PF).....	119
option-2 .....	134	PALYNZIQ.....	99	PFIZER COVID-19 TRIS	
oralone.....	89	pamidronate .....	99	VACCN(PF) .....	119
ORAPRED ODT .....	90	PANCREAZE .....	108	PFIZER COVID-19	
ORBACTIV .....	15	PANRETIN .....	77	VACCINE (EUA) .....	119
ORENCIA .....	124	pantoprazole .....	111	pfizerpen-g.....	18
ORENCIA (WITH		PANZYGA.....	119	phenazopyridine .....	153
MALTOSE).....	124	papaverine .....	63	phenelzine.....	55
ORENCIA CLICKJECT ...	124	PARAGARD T 380A.....	125	phenobarb-hyoscy-atropine-	
ORENITRAM.....	63	PAREMYD .....	138	scop.....	105
ORFADIN .....	87	paricalcitol .....	99	phenobarbital .....	32
ORIAHNN .....	128	paroex oral rinse .....	89	phenoxybenzamine .....	63
ORILISSA.....	99	paromomycin.....	15	phentolamine .....	63
ORKAMBI.....	149	paroxetine hcl .....	55	phenylephrine hcl .....	143
ORLADEYO.....	149	paroxetine		PHENYLEPH-	
orphenadrine citrate.....	37	mesylate(menop.sym).....	55	TROPICAMIDE IN	
orphenadrine-asa-caffeine ...	37	PARSABIV .....	99	WATER.....	138
ORTHOVISC .....	48	PASER.....	15	PHENYTEK .....	32
oscimin .....	105	PAXLOVID (EUA).....	7	phenytoin .....	32
oscimin sl.....	105	PEDIARIX (PF) .....	119	phenytoin sodium .....	32
oseltamivir.....	7	PEDVAX HIB (PF).....	119	phenytoin sodium extended..	32
OSPHENA .....	128	peg 3350-electrolytes .....	108	PHEXXI .....	129
OTEZLA .....	124	peg3350-sod sul-nacl-kcl-asb-c		philith.....	134
OTEZLA STARTER.....	124	.....	109	PHOSLYRA .....	109
OTIPRIO .....	89	PEGASYS .....	113	phosphasal .....	152
OVIDREL .....	99	peg-electrolyte soln .....	109	PHOSPHOLINE IODIDE ..	138
oxacillin.....	17	peg-prep.....	109	PHYSIOLYTE .....	85
		PEMAZYRE .....	26	PHYSIOSOL IRRIGATION	85

phytonadione (vitamin k1) ... 70	PREDNISOLN SP-	PRENATE MINI (FERR ASP
PHYTONADIONE	MOXIFLOX-BROMFEN	GLYCIN).....157
(VITAMIN K1)..... 70	..... 139	PRENATE PIXIE.....157
PIFELTRO ..... 7	prednisolone .....90	PRENATE RESTORE .....157
pilocarpine hcl ..... 87, 89, 138	prednisolone acetate ..... 143	PRENATE STAR.....157
pimecrolimus .....77	PREDNISOLONE ACETATE	PREPIDIL.....129
pimozide .....55	(PF).....143	PRESTALIA.....63
pimtree (28)..... 134	PREDNISOLONE ACETATE-	PRETOMANID.....15
pindolol.....63	NEPAFENAC ..... 139	prevalite .....72
pioglitazone ..... 101	PREDNISOLONE SOD PH-	PREVNAR 13 (PF) .....119
pioglitazone-glimepiride .... 101	MOXIFLOX.....142	PREVYMIS.....7
pioglitazone-metformin..... 101	prednisolone sodium phosphate	PREZCOBIX.....7
piperacillin-tazobactam ..... 18	.....90, 91, 143	PREZISTA .....7
PIQRAY .....26	PREDNISOLONE-	PRIFTIN .....15
pirfenidone ..... 149	MOXIFLO-NEPAFENAC	PRIMACARE.....157
pirmella.....134	..... 139	primaquine.....15
piroxicam.....48	PREDNISOLONE-	PRIMEAIRE.....92
PIXEL COVID19 HOME	MOXIFLOXACIN HCL 142	primidone.....32
COLLECT KIT .....92	PREDNISOLONE-	PRIORIX (PF) .....119
PLEGRIDY ..... 114	MOXIFLOX-BROMFEN	probenecid .....122
PLENVU ..... 109	..... 139	probenecid-colchicine.....122
PNEUMOVAX-23..... 119	prednisone .....91	procainamide .....58
pnv-dha..... 155	prednisone intensol.....91	PRO-C-DURE 5 .....91
pnv-omega..... 156	pregabalin .....32	PRO-C-DURE 6 .....91
pnv-select ..... 156	PREGENNA.....156	PROCHAMBER.....92
POCKET CHAMBER .....92	PREMARIN ..... 127, 128	prochlorperazine .....109
podofilox .....77	PREMPHASE .....128	prochlorperazine edisylate..109
polycin.....137	PREMPRO .....128	prochlorperazine maleate...109
polymyxin b sulfate..... 15	prenal chew.....156	PROCRT .....112
polymyxin b sulf-trimethoprim	prenal pearl.....156	procto-med hc .....109
..... 137	prenal true.....156	procto-pak.....109
POMALYST ..... 114	PRENATA.....156	proctosol hc .....109
portia 28.....134	prenatabs fa.....156	proctozone-hc .....109
posaconazole ..... 4	prenatabs rx .....156	PROFILNINE.....70
POTABA.....153	PRENATAL.....156	progesterone .....128
potassium chloride.....154	prenatal 19.....156	progesterone micronized ....128
potassium citrate.....153	prenatal plus .....156	PROGLYCEM .....93
PR BENZOYL PEROXIDE.78	prenatal plus (calcium carb)156	PROLASTIN-C .....87
pr natal 400.....156	PRENATAL PLUS DHA...156	PROLATE .....45
pr natal 400 ec .....156	PRENATAL PLUS	PROLENSA .....140
pr natal 430.....156	VITAMIN-MINERAL ...156	PROMACTA.....70
pr natal 430 ec .....156	prenatal vitamin.....156	promethazine .....144, 145
pramipexole.....34	prenatal vitamin plus low iron	promethazine-codeine.....145
prasugrel.....70	.....156	promethazine-dm.....145
pravastatin .....72	prenatal vitamin with minerals	promethazine-phenyleph-
PRAXBIND .....70	.....156	codeine.....145
praziquantel .....15	prenatal-u.....156	promethazine-phenylephrine
prazosin .....63	PRENATE DHA (FERR ASP	.....145
PRED-G .....142	GLYCIN).....156	promethegan .....145
prednicarbate .....84	PRENATE ELITE (IRON ASP	PROMETRIUM .....128
PREDNISOL ACE-	GLYC).....157	propafenone .....58
GATIFLOX-BROMFEN139	PRENATE ENHANCE.....157	proparacaine .....139



propranolol .....	63	ranolazine .....	73	risedronate .....	87, 122
propranolol-hydrochlorothiazid .....	63	RAPAMUNE.....	26	RISPERDAL CONSTA .....	55
propylthiouracil .....	91	RAPIVAB (PF) .....	7	risperidone .....	55
PROQUAD (PF) .....	120	rasagiline .....	34	RITEFLO AEROCHAMBER .....	92
protamine.....	70	RASUVO (PF) .....	124	ritonavir .....	8
protriptyline.....	55	RAVICTI.....	87	rivastigmine .....	36
PROVERA .....	128	RAZADYNE ER.....	36	rivastigmine tartrate.....	36
PROVIDA OB.....	157	REBIF (WITH ALBUMIN) .....	114	rivelsa .....	134
pruclair .....	77	REBIF REBIDOSE .....	114	RIXUBIS .....	70
PULMICORT FLEXHALER .....	149	REBIF TITRATION PACK .....	114	rizatriptan.....	35
PULMOZYME.....	149	REBINYN .....	70	ROCKLATAN .....	141
PURIXAN .....	26	REBLOZYL.....	112	ropinirole .....	34
pyrazinamide .....	15	RECARBRIO .....	16	rosadan.....	79
pyridostigmine bromide .....	38	reclipsen (28).....	134	rosula cleansing cloths.....	79
PYRIDOSTIGMINE BROMIDE .....	38	RECOMBIVAX HB (PF) ..	120	rosuvastatin.....	72, 73
pyrimethamine.....	15	RECTIV.....	109	ROTARIX .....	120
PYRUKYND.....	87	REGEN-COV (EUA).....	7	ROTATEQ VACCINE.....	120
<b>Q</b>		regonol.....	38	roweepra .....	32
QBREXZA .....	77	REGRANEX .....	77	ROXYBOND .....	45
QINLOCK.....	26	RELAFEN .....	48	ROZLYTREK .....	26
QNASL.....	149	RELENZA DISKHALER .....	7	RUBRACA.....	26
QUADRACEL (PF) .....	120	RELISTOR.....	109	RUCONEST .....	149
QUAZEPAM.....	55	REMODULIN .....	63	rufinamide.....	32
QUESTRAN.....	72	RENACIDIN .....	153	RUKOBIA.....	8
QUESTRAN LIGHT.....	72	RENFLEXIS .....	109	RYBELSUS.....	101
quetiapine .....	55	repaglinide .....	101	RYDAPT .....	27
QUICKVUE SARS ANTIGEN .....	92	repaglinide-metformin.....	101	RYTARY.....	34
quinapril .....	63	REPATHA PUSHTRONEX	72	<b>S</b>	
quinapril-hydrochlorothiazide .....	63	REPATHA SURECLICK ...	72	SABRIL .....	32
quinidine gluconate .....	58	REPATHA SYRINGE .....	72	SAFE-CLIP NEEDLE STORAGE DEV .....	94
quinidine sulfate .....	58	RESPA-AR.....	145	sajazir.....	149
quinine sulfate .....	15	RESTASIS.....	140	salicylic acid .....	75
QUINJA .....	81	RESTASIS MULTIDOSE .	140	salicylic acid-ceramides no.1	75
quit 2.....	89	RETACRIT .....	112	salimez .....	76
quit 4.....	89	RETEVMO.....	26	SALIMEZ FORTE .....	75
QUZYTIR.....	145	RETROVIR .....	7	salsalate.....	48
QVAR REDHALER.....	149	REVATIO .....	149	salvax .....	76
<b>R</b>		REVCOVI .....	87	SANCUSO .....	109
RABAVERT (PF) .....	120	REYATAZ .....	7	SANDIMMUNE.....	27
rabeprazole .....	111	RHOPRESSA.....	141	SANDOSTATIN .....	27
RADICAVA.....	36	RIASTAP .....	70	SANTYL .....	84
RADICAVA ORS STARTER KIT SUSP.....	36	ribavirin .....	8, 114	SAPHRIS.....	56
RADIOGARDASE .....	87	RIDAURA.....	124	sapropterin .....	99
raloxifene.....	122	rifabutin .....	16	SAVELLA.....	124
ramelteon.....	55	rifampin .....	16	SCSEMBLIX .....	27
ramipril .....	63	RILUTEK.....	87	SCENESSE.....	77
		riluzole.....	87	scopolamine base.....	109
		rimantadine.....	8	SEBUDERM .....	77
		ringer's .....	85	SECUADO .....	56
		RINVOQ .....	124	SEGLUROMET .....	102

SELECT-OB + DHA .....	157	sodium polystyrene sulfonate		STIVARGA.....	27
selegiline hcl.....	34	.....	110	stop smoking aid.....	89
selenium sulfide.....	74	sodium,potassium,mag sulfates		STRENSIQ .....	99
SELZENTRY .....	8	.....	110	STREPTOMYCIN .....	16
se-natal 19 chewable .....	157	SOFIA SARS ANTIGEN FIA		STRIVERDI RESPIMAT ..	149
se-natal-19 .....	157	.....	92	strong iodine .....	81, 154
SEREVENT DISKUS .....	149	SOFIA2 FLU-SARS		SUBLOCADE .....	45
SEROSTIM .....	113	ANTIGEN FIA.....	92	subvenite.....	32
sertraline .....	56	SOFOSBUVIR-		subvenite starter (blue) kit....	32
setlakin .....	134	VELPATASVIR.....	8	subvenite starter (green) kit..	32
sevelamer carbonate .....	110	solifenacin .....	152	subvenite starter (orange) kit	32
SEVENFACT.....	70	SOLQUA 100/33 .....	96	SUCRAID.....	110
sharobel .....	128	SOLIRIS.....	87	sucralfate.....	111
SHINGRIX (PF).....	120	SOLOSEC .....	16	SULCONAZOLE .....	82
SIGNIFOR .....	27	SOMATULINE DEPOT .....	27	sulfacetamide sodium ...	75, 143
sildenafil (pulm.hypertension)		SOMAVERT .....	99	sulfacetamide sodium (acne)	81
.....	149	sonafine .....	77	sulfacetamide sodium-sulfur	79
SILENOR .....	56	sorafenib .....	27	sulfacetamide sod-sulfur-urea	
silodosin .....	152	SORBITOL .....	85	.....	79
silver nitrate.....	77	SORBITOL-MANNITOL....	85	sulfacetamide-prednisolone	143
silver nitrate applicators .....	77	SORILUX.....	74	sulfacetamide-sulfur-cleansr	23
silver sulfadiazine.....	75	sorine .....	58	.....	79
SIMBRINZA .....	141	sotalol .....	58	sulfacleanse 8-4 .....	79
simliya (28) .....	134	SOTALOL.....	58	sulfadiazine.....	19
simpesse .....	135	sotalol af .....	58	sulfamethoxazole-trimethoprim	
SIMPONI .....	125	SOTYLIZE.....	58	.....	19
SIMPONI ARIA.....	124	SOVALDI .....	8	SULFAMYLON.....	81
SIMULECT.....	27	SPACE CHAMBER.....	92	sulfasalazine .....	110
simvastatin.....	73	SPIKEVAX (PF) .....	120	sulfatrim.....	19
SINUVA.....	149	spinosad.....	85	sulindac.....	48
sirolimus .....	27	SPIRIVA RESPIMAT .....	149	sumatriptan .....	35
SIRTURO.....	16	SPIRIVA WITH		sumatriptan succinate .....	35, 36
SIVEXTRO .....	16	HANDIHALER.....	149	sumatriptan-naproxen .....	36
SKLICE.....	85	spironolactone .....	63	sunitinib .....	27
SKYLA.....	125	spironolacton-hydrochlorothiaz		SUNOSI.....	56
SKYRIZI.....	74, 110	.....	63	SUPREP BOWEL PREP KIT	
SLYND.....	135	sprintec (28).....	135	.....	110
sodium benzoate-sod		SPRITAM.....	32	SUSTIVA .....	8
phenylacet.....	87	SPRYCEL .....	27	syeda .....	135
sodium chlor 0.9% bacteriostat		sps (with sorbitol).....	110	SYMAX DUOTAB .....	105
.....	87	sronyx .....	135	SYMBICORT .....	150
sodium chloride.....	87, 154	ssd.....	75	SYMDEKO .....	150
sodium chloride 0.45 %.....	154	SSKI .....	91	SYMFI.....	8
sodium chloride 0.9 %.....	87	sss 10-5 .....	79	SYMFI LO.....	8
sodium chloride 0.9 % (flush)		st joseph aspirin .....	48	SYMJEPI.....	145
.....	87	st. joseph aspirin .....	48	SYMLINPEN 120 .....	102
sodium chloride 3 %		STAMARIL (PF) .....	120	SYMLINPEN 60 .....	102
hypertonic.....	154	stavudine.....	8	SYMPAZAN .....	32
sodium chloride 5 %		STEGLATRO.....	102	SYMPROIC.....	110
hypertonic.....	154	STEGLUJAN .....	102	SYMTUZA.....	8
SODIUM EDECRIN.....	63	STELARA .....	74, 75	SYNAGIS.....	8
sodium phenylbutyrate .....	87	STIOLTO RESPIMAT.....	149	SYNAREL.....	99

SYNDROS .....	110	telmisartan-hydrochlorothiazid .....	64	tis-u-sol pentalyte .....	85
SYNJARDY .....	102	temazepam.....	56	TIVICAY.....	8
SYNJARDY XR .....	102	TEMIXYS .....	8	TIVICAY PD.....	8
SYNRIBO .....	27	TEMODAR .....	27	tizanidine .....	38
SYNTHROID.....	103	temozolomide .....	27	TLANDO.....	100
<b>T</b>		tencon .....	45	TOBI PODHALER .....	16
<b>T</b>		TENIVAC (PF) .....	120	TOBRADEX .....	142
FLEX.....	94	tenofovir disoproxil fumarate.....	8	TOBRADEX ST.....	142
SLIM X2 .....	94	TEPEZZA.....	99	tobramycin.....	16, 137
SLIM X2 BASAL-IQ .....		TEPMETKO.....	28	tobramycin in 0.225 % nacl.....	16
INSULIN PMP .....	94	terazosin.....	64	tobramycin in 0.9 % nacl.....	16
SLIM X2 CONTROL-IQ .....	94	terbinafine hcl.....	4	tobramycin sulfate .....	16
TABLOID .....	27	terbutaline.....	150	TOBRAMYCIN WITH	
TABRECTA.....	27	terconazole.....	129	NEBULIZER.....	16
tacrolimus .....	27, 77	TESTONE CIK .....	99	tobramycin-dexamethasone.....	142
tadalafil (pulm. hypertension) .....	150	TESTOPEL .....	99	TOBREX .....	137
TAFINLAR .....	27	testosterone.....	100	TODAY CONTRACEPTIVE	
TAGRISSE .....	27	TESTOSTERONE.....	100	SPONGE.....	129
TAKE ACTION .....	135	testosterone cypionate .....	99	tolcapone.....	34
TAKHZYRO.....	150	testosterone enanthate.....	100	tolmetin.....	48
TALTZ AUTOINJECTOR ..	75	TETANUS,DIPHThERIA		tolterodine.....	152
TALTZ AUTOINJECTOR (2		TOX PED(PF) .....	120	tolvaptan .....	100
PACK).....	75	tetrabenazine.....	37	topiramate .....	33
TALTZ AUTOINJECTOR (3		tetracaine hcl.....	140	toremifene.....	28
PACK).....	75	TETRACAINE HCL (PF).....	140	TORONOVA II SUIK.....	48
TALTZ SYRINGE.....	75	tetracycline .....	20	TORONOVA SUIK .....	48
TALZENNA.....	27	THALOMID.....	28	torse mide .....	64
TAMIFLU .....	8	theophylline .....	150	TOTECT .....	21
tamoxifen.....	27	THIOLA EC .....	88	TOUJEO MAX U-300	
tamsulosin.....	152	thioridazine.....	56	SOLOSTAR .....	96
TARCEVA .....	27	thiothixene .....	56	TOUJEO SOLOSTAR U-300	
tarina 24 fe.....	135	THYMOGLOBULIN .....	120	INSULIN .....	96
tarina fe 1/20 (28).....	135	tiadylt er.....	64	TOVIAZ .....	152
taron-c dha.....	157	tiagabine .....	32	TRACLEER .....	150
TASIGNA .....	27	TIBSOVO.....	28	tramadol.....	48
TASMAR .....	34	TICANASE .....	150	tramadol-acetaminophen .....	48
tavaborole .....	82	TICOVAC .....	121	trandolapril .....	64
TAVNEOS .....	87	TIGLUTIK .....	88	trandolapril-verapamil .....	64
taysofy .....	135	tilia fe.....	135	tranexamic acid.....	70, 129
TAYTULLA.....	135	TIMOL-BRIMON-DORZO-		TRANEXAMIC ACID IN	
tazarotene .....	79	LATANOP(PF) .....	141	NACL,ISO-OS .....	70
tazicef .....	11	timolol maleate .....	64, 138	tranylcypro mine.....	56
TAZORAC .....	79	timolol maleate (pf).....	138	travoprost.....	141
taztia xt .....	63	TIMOLOL-BRIMONIDI-		trazodone .....	56
TAZVERIK.....	27	DORZOLAM(PF) .....	141	TRECTOR .....	16
TDVAX.....	120	TIMOLOL-DORZOLAMID-		TRELEGY ELLIPTA.....	150
TEFLARO.....	11	LATANOP(PF) .....	141	TREMFYA .....	75
TEGSEDI .....	37	TIMOLOL-		treprostinil sodium.....	64
TEKTURNA HCT .....	64	LATANOPROST(PF) .....	141	TRESIBA FLEXTOUCH U-	
telmisartan .....	64	tinidazole .....	16	100 .....	96
telmisartan-amlodipine.....	64	tiopronin .....	88	TRESIBA FLEXTOUCH U-	
				200 .....	96

TRESIBA U-100 INSULIN	97	tropium	152	valproate sodium	33
tretinoin	79	TRULANCE	110	valproic acid	33
tretinoin (antineoplastic)	28	TRULICITY	102	valproic acid (as sodium salt)	33
tretinoin microspheres	79	TRUMENBA	121	valsartan	64
TRETTEN	70	TRUSELTIQ	28	valsartan-hydrochlorothiazide	64
TREXALL	28	TRUSOPT	142	VALTOCO	33
tri femynor	135	TRUSTEEL INFUSION SET		VANCOGIN	20
triamcinol ac (pf) in 0.9%nacl	91	23	94	vancomycin	20, 21
triamcinolone acetonide	84, 89, 91	TUKYSA	28	VANCOMYCIN	20
triamterene	64	tulana	128	VANCOMYCIN HCL IN	
triamterene-hydrochlorothiazid	64	TURALIO	28	WATER	20
triazolam	56	TUZISTRA XR	145	VANCOMYCIN IN 0.9 %	
TRICARE	157	TWINRIX (PF)	121	SODIUM CHL	20
triderm	84	TWIRLA	129	VANCOMYCIN IN	
trientine	88	TYBLUME	136	DEXTROSE 5 %	20
tri-estarylla	135	TYBOST	8	VANCOMYCIN-WATER	
TRIFERIC	157	tydemy	136	INJECT (PEG)	21
trifluoperazine	56	TYKERB	28	VANOXIDE-HC	79
trifluridine	137	TYMLOS	122	VAQTA (PF)	121
trihexyphenidyl	34, 35	TYPHIM VI	121	varenicline	89
TRIJARDY XR	102	TYSABRI	37	VARISOFT INFUSION SET	
TRIKAFTA	150	TYVASO	150	23	94
tri-legest fe	135	TYVASO DPI	150	VARIVAX (PF)	121
tri-linyah	135	TYVASO REFILL KIT	150	VARIZIG	121
tri-lo-estarylla	135	TYVASO STARTER KIT	151	VARUBI	110
tri-lo-marzia	135	U		VASCEPA	73
tri-lo-mili	135	UBRELVY	36	VAXELIS (PF)	121
tri-lo-sprintec	135	UCERIS	110	VAXNEUVANCE	121
trimethobenzamide	110	ULESFIA	85	VCF CONTRACEPTIVE	
trimethoprim	20	ULTOMIRIS	88	FILM	129
tri-mili	135	ULTRASAL-ER	76	VCF CONTRACEPTIVE GEL	129
trimipramine	56	umecta	77	VECAMYL	73
TRIMO-SAN JELLY	129	unithroid	103	VEKLURY	9
trinatal rx 1	157	UPLIZNA	28	veletri	64
trinate	157	UPTRAVI	64	velivet triphasic regimen (28)	136
TRINAZ	157	urea	77	VELPHORO	110
TRINTELLIX	56	urea nail stick	77	VEMLIDY	9
tri-nymyo	135	urimar-t	153	VENCLEXTA	28
TRIPTODUR	28	uro-458	153	VENCLEXTA STARTING	
tri-sprintec (28)	135	UROCIT-K 10	153	PACK	28
TRISTART DHA	157	UROCIT-K 15	153	venlafaxine	56
TRIUMEQ	8	UROCIT-K 5	153	VENOFER	157
TRIUMEQ PD	8	urogesic-blue	153	VENTAVIS	151
trivora (28)	135	uro-mp	153	verapamil	64, 65
tri-vylibra	136	ursodiol	110	VERITOR SARS-COV-2	
tri-vylibra lo	135	uryl	153	AND FLU A-B	92
TRIZIVIR	8	ustell	153	VERQUVO	73
TROGARZO	8	V		VERZENIO	28
tropicamide	138	VABOMERE	16		
		valacyclovir	8		
		VALCHLOR	77		
		valganciclovir	9		

vestura (28).....	136	VOSEVI .....	9	XULTOPHY 100/3.6 .....	97
VFEND.....	4	VOTRIENT .....	28	XURIDEN .....	88
V-GO 20 .....	94	VOXZOGO .....	100	XYLOCAINE-MPF .....	80
V-GO 30 .....	94	VPRIV .....	100	XYREM.....	57
V-GO 40.....	95	VRAYLAR.....	56	XYWAV .....	57
VIBATIV .....	21	vyfemla (28) .....	136	<b>Y</b>	
VIBERZI .....	110	vylibra.....	136	YF-VAX (PF).....	121
VICTOZA 2-PAK .....	102	VYNDAMAX .....	73	YONSA .....	29
VICTOZA 3-PAK .....	102	VYNDAQEL.....	73	YUPELRI .....	151
VIEKIRA PAK .....	9	VYVANSE.....	57	yuvafem .....	128
vienva .....	136	VYZULTA .....	142	<b>Z</b>	
vigabatrin.....	33	<b>W</b>		zafemy .....	129
vigadrone .....	33	WAKIX .....	57	zafirlukast .....	151
VIIBRYD .....	56	warfarin .....	71	zaleplon.....	57
VIJOICE.....	28	water for irrigation, sterile....	88	ZALVIT.....	158
vilazodone .....	56	WELIREG .....	28	zarah .....	136
VIMIZIM .....	100	wera (28).....	136	ZARONTIN.....	33
VIOKACE.....	110	westab plus .....	158	ZARXIO .....	112
viorele (28) .....	136	WIDE-SEAL DIAPHRAGM		zatean-pn dha.....	158
VIRACEPT .....	9	.....	125	zatean-pn plus .....	158
VIREAD.....	9	WILATE.....	71	ZAVESCA.....	100
virt-nate dha.....	157	wintergreen oil.....	77	zebutal.....	45
virt-pn dha .....	157	wixela inhub .....	151	ZEJULA .....	29
VISCO-3.....	48	wymzya fe .....	136	ZELBORAF .....	29
VISTOGARD.....	21	<b>X</b>		ZEMAIRA.....	88
VISUDYNE .....	140	XALKORI.....	28	ZEMDRI.....	16
VITAFOL FE PLUS .....	157	XARELTO .....	71	ZEMPLAR .....	100
VITAFOL ULTRA .....	158	XARELTO DVT-PE TREAT		zenatane .....	79
VITAFOL-OB .....	158	30D START .....	71	ZENPEP .....	110
VITAFOL-ONE .....	158	XCOPRI .....	33	zenzedi .....	57
VITAMED MD ONE RX ..	158	XCOPRI MAINTENANCE		ZEPOSIA.....	37
VITAMEDMD REDICHEW		PACK .....	33	ZEPOSIA STARTER KIT ...	37
RX .....	158	XCOPRI TITRATION PACK		.....	37
vitamin k.....	70	.....	33	ZERBAXA .....	11
vitamin k1 .....	70	XELJANZ .....	125	ZERViate.....	140
VITAPEARL.....	158	XELJANZ XR.....	125	ZIAGEN .....	9
VITATRUE.....	158	XEMBIFY .....	121	zidovudine .....	9
VITRAKVI.....	28	XENLETA.....	16	ZIEXTENZO .....	112
VITRASE .....	140	XEPI .....	81	zileuton .....	151
VIVITROL .....	48	XERAVA .....	20	zingiber .....	158
VIVOTIF.....	121	XERMELO.....	28	ZIOPTAN (PF).....	142
VIZIMPRO.....	28	XGEVA .....	21	ZIPHEX.....	158
volnea (28).....	136	XIGDUO XR.....	102	ziprasidone hcl.....	57
VONJO.....	28	XIIDRA .....	140	ziprasidone mesylate .....	57
VONVENDI.....	71	XOFLUZA .....	9	ZIRGAN .....	137
VOQUEZNA DUAL PAK ..	112	XOLAIR.....	151	ZITHRANOL .....	75
VOQUEZNA TRIPLE PAK		XOPENEX .....	151	ZOKINVY.....	88
.....	112	XOPENEX CONCENTRATE		zoledronic acid.....	100
VORAXAZE.....	21	.....	151	zoledronic acid-mannitol-water	
voriconazole .....	4	XOSPATA.....	28	.....	88, 100
VORTEX HOLDING		XTANDI.....	29		
CHAMBER.....	92	xulane .....	129		

ZOLEDRONIC AC- MANNITOL-0.9NACL .100	ZONTIVITY ..... 71	ZYDELIG.....29
ZOLGENSMA ..... 37	ZOSYN IN DEXTROSE (ISO- OSM) ..... 18	ZYFLO .....151
ZOLINZA..... 29	zovia 1-35 (28) ..... 136	ZYKADIA.....29
zolmitriptan ..... 36	ZTALMY ..... 33	ZYLET ..... 142
zolpidem..... 57	ZUBSOLV..... 48	ZYLOPRIM.....122
ZOLPIMIST ..... 57	ZULRESSO..... 57	ZYMAXID .....137
zonisamide..... 33	zumandimine (28)..... 136	ZYPREXA RELPREVV .....57