

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

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.

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 Chemo Drug	Refer to your plan document for oral chemotherapy drug benefits.
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"> • Requires specialized storage, distribution, and/or handling • Frequent dosing adjustments and clinical monitoring to decrease potential for drug toxicity and improve clinical outcomes • Involves additional patient education, adherence, and/or support • May include generic or biosimilar products • Limited or exclusive drug distribution restrictions
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.

PO Box 15369, Springfield, MA 01115

Copyright © 2021 Wellfleet Group, LLC. All rights reserved.

www.wellfleetrx.com

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, copays, 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.

The Formulary applies only to outpatient drugs provided to members and does not apply to medications used in inpatient settings. If a member has any specific questions regarding their coverage, they should contact Wellfleet or Wellfleet Rx at the phone numbers listed on their ID card.

Excluded Agents

As new drugs become available, they will be considered for coverage under the Student Formulary. The plan administrator has the right to decide what drugs are covered and to what extent, as well as the right to modify coverage including the exclusion of any prescription drugs. Please note that prescribing guidelines such as Prior Authorization, Step Therapy, Quantity Limit, etc., may still apply to Formulary Therapeutic Alternatives.

Non-Formulary and Step Therapy Exception Requests

A member (or their appointed representative, prescribing physician, or authorized prescriber) may request a standard/non-urgent or expedited/urgent preservice/prior and current authorization for a drug that is subjected to utilization management tools such as step therapy. To initiate an exception request, contact 877-640-7938. Prior authorization guidelines will be made available to the member, member's authorization representative, prescribing physician and other authorized prescriber upon request.

How to Access Pain Management Alternatives to Opiate Products

Your plan covers medication and non-medication treatments as alternatives to opiate products for pain management. Non-opiate medication alternatives include non-steroidal anti-inflammatory drugs (NSAIDs), muscle relaxants, and topical anesthetics. Non-medication alternatives include chiropractic care, individual behavioral health therapy, including biofeedback and training on meditative practices to alleviate pain, and pain management injections, including trigger point and fascia injections. Please discuss the covered medication alternatives covered under the formulary with your health care provider. You can access these medications from a participating pharmacy. To find a participating pharmacy near you, please call the Member Pharmacy Help Desk at the toll-free number on your ID card, or visit <https://wellfleetrx.com/students/pharmacy-network/> for more information. To find a participating provider in your plan's provider network, please call the toll-free number on your ID card, or visit <https://wellfleetstudent.com/providers/>.

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

1. Generic Substitution

When available, FDA approved generic drug 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. Wellfleet Rx 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. Three Tier Benefit

The Formulary may be applied to a three-tier benefit design, where the member shares the cost of prescription drug therapy at three levels of copayment. In most instances, generically available drugs will be covered under the first or lowest copay tier, branded drugs listed on the Formulary will be covered under the second copay tier, and branded drugs not on the Formulary will be covered under the third or highest copay tier. In order to see applicable copays for your plan, navigate to your school landing page located at WellfleetStudent.com and view your summary of benefits.

3. 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 Drugs

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.

PO Box 15369, Springfield, MA 01115

Copyright © 2021 Wellfleet Group, LLC. All rights reserved.

www.wellfleetrx.com

iii

- 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 formulary process may be obtained by:

- Faxing 877-251-5896 with a completed Prior Authorization Request Form.
- Contacting Wellfleet Rx at 877-640-7938 and providing all necessary information requested.

Wellfleet Rx will provide an authorization number, specific for the medical need, 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. Prior Authorization is generally not available for drugs that are specifically excluded by benefit design.

4. General Exclusions

- Over the Counter (OTC) medications or their equivalents, unless otherwise specified in the Formulary listing.
- Nicotine Smoking Cessation products (i.e., transdermal nicotine, nicotine gum, nicotine inhaler), except as required by ACA.
- Drugs specifically listed as not covered.
- Any drug products used for cosmetic purposes.
- Experimental drug products or any drug product used in an experimental manner.
- Replacement of lost or stolen medication.
- Non-self-administered injectable drug products unless otherwise specified in the Formulary listing.
- Foreign sourced drugs or drugs not approved by the United States Food & Drug Administration.
- 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 excluded from the drug benefit and are not covered. The P&T and Formulary Committees recognize that not all medical needs can be met with this document and encourage inquiries about alternative therapies.

5. Opioid Medications

- 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.
 - Maximum Days Supply for Opioid Prescriptions
 - Prescriber Type
 - General Prescribers – 5-day supply
 - Dentists – 3-day supply
 - Oncologists – No limit

PO Box 15369, Springfield, MA 01115

Copyright © 2021 Wellfleet Group, LLC. All rights reserved.

www.wellfleetrx.com

iv

- b. Cumulative Morphine Milligram Equivalents (MME) Limit (all prescriptions in last 120 days included) – Cumulative MME are utilized for calculating the total daily dose of opioids. Monitoring of MME allows clinicians to appropriately adjust prescribed opioid medications and are often used to reduce risk of overdose.
 - i. 90 MME total (and above) will encounter a soft rejection at the pharmacy which can be overridden by a pharmacist (except in the state of Pennsylvania).
 - ii. 120 MME total (and above) will encounter a hard rejection which requires prior authorization to be obtained by the prescriber.
- c. More than a 5-day supply across all opioid prescriptions within a 60-day time period will require a prior authorization.
- d. Quantity limits will be placed on opioid medications at the individual medication level.

6. 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 formidable a task.

Drug list created 1/1/2019. Updated 7/1/2023. Next planned update 1/1/2024.

PO Box 15369, Springfield, MA 01115

Copyright © 2021 Wellfleet Group, LLC. All rights reserved.

www.wellfleetrx.com

V

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.

Zero Cost Drugs

In addition to the ACA Preventive Care medications listed under the \$0 Tier in the formulary, the drugs listed in the table below are covered at no cost to you. We encourage you to share this list with your prescriber if you are receiving a medication in one of the categories below to determine if a zero-cost option may be appropriate for your treatment.

\$0 Copay Drugs	
Antibiotics	
Amoxicillin Capsules (250mg, 500mg)	Amoxicillin Tablets (875mg)
Azithromycin Tablets (250mg, 500mg)	Cephalexin Capsules (250mg, 500mg)
Sulfamethoxazole-Trimethoprim Tablets (400-80mg, 800-160mg)	
Antianxiety/Antidepressants	
Citalopram Hbr Tablets (10mg, 20mg, 40mg)	Fluoxetine HCl Capsules (10mg, 20mg, 40mg)
Sertraline HCl Tablets (25mg, 50mg, 100mg)	
Acne	
Clindamycin – Benzoyl Peroxide Gel (1.2-5%)	Benzoyl Peroxide Wash External Liquid (5%, 10%)
Clindamycin Phosphate External Gel (1%)	Clindamycin Phosphate External Solution (1%)
Clindamycin Phosphate External Swab (1%)	Erythromycin External Solution (2%)
Sulfacetamide Sodium External Lotion (10%)	Sulfacetamide Sodium-Sulfur External Emulsion (10-5%)
Schizophrenia/Bipolar Disorder	
Lithium Carbonate (150mg, 300mg, and 600mg Capsule, 300mg Tablet)	
Olanzapine Tablets (2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg)	
Quetiapine Fumarate Tablets (25mg, 50mg, 100mg, 200mg, 300mg)	
Risperidone Tablets (0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg)	
Narcotic Antagonists	
Naloxone Injection Auto-Injector	Naloxone Injection Solution
Naloxone Injection Syringe	Naloxone Nasal Spray
Diabetes	
Freestyle Libre 14 Day Reader (brand name)	Freestyle Libre 14 Day Sensor (brand name)
Freestyle Libre 2 Reader (brand name)	Freestyle Libre 2 Reader (brand name)

PO Box 15369, Springfield, MA 01115

Copyright © 2021 Wellfleet Group, LLC. All rights reserved.

www.wellfleetrx.com

vi

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

ANTI - INFECTIVES	2
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS	15
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH	23
CARDIOVASCULAR, HYPERTENSION & LIPIDS	44
DERMATOLOGICALS/TOPICAL THERAPY	58
DIAGNOSTICS & MISCELLANEOUS AGENTS	69
EAR, NOSE & THROAT MEDICATIONS	72
ENDOCRINE/DIABETES	73
GASTROENTEROLOGY	86
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY	93
IMMUNOLOGY	103
MUSCULOSKELETAL & RHEUMATOLOGY	103
OBSTETRICS & GYNECOLOGY	106
OPHTHALMOLOGY	117
RESPIRATORY, ALLERGY, COUGH & COLD	124
UROLOGICALS	131
VITAMINS, HEMATINICS & ELECTROLYTES	133
Index	139

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	2	
<i>amphotericin b injection recon soln 50 mg</i>	1	
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
CRESEMBA ORAL CAPSULE 186 MG	2	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 50 MG	2	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 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 50 mg</i>	1	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML	2	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG	2	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	2	
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	1	
<i>terbinafine hcl oral tablet 250 mg</i>	1	
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)	3	

Drug Name	Drug Tier	Requirements / Limits
VFEND ORAL TABLET 200 MG, 50 MG	3	
<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	
ANTIVIRALS		
<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>	4	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	5	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
<i>cidofovir intravenous solution 75 mg/ml</i>	1	
CIMDUO ORAL TABLET 300-300 MG	2	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	

Drug Name	Drug Tier	Requirements / Limits
<i>efavirenz oral tablet 600 mg</i>	1	
<i>efavirenz-lamivu-tenofovir disoproxil fumarate 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>	4	Specialty; QL
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	5	PA; Specialty; QL
EPCLUSA ORAL TABLET 200-50 MG	5	Specialty; 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	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	2	ST; QL
GANCICLOVIR INTRAVENOUS SOLUTION 500 MG/250 ML (2 MG/ML)	3	
<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	5	PA; Specialty; QL
HARVONI ORAL TABLET 45-200 MG	5	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	

Drug Name	Drug Tier	Requirements / Limits
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	3	Age Limit; ACA; QL; Age (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	4	PA; Specialty; QL
LEXIVA ORAL SUSPENSION 50 MG/ML	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	5	PA; Specialty; QL
MAVYRET ORAL TABLET 100-40 MG	5	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
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
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 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
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	2	QL
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	2	
REYATAZ ORAL POWDER IN PACKET 50 MG	3	QL

Drug Name	Drug Tier	Requirements / Limits
<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	4	PA; Specialty; QL
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	6	Specialty; QL
SOVALDI ORAL TABLET 200 MG, 400 MG	6	Specialty; QL
<i>stavudine oral capsule 15 mg, 20 mg, 40 mg</i>	1	QL
SUNLENCA ORAL TABLET 300 MG	3	PA; QL
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	3	PA; QL
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	5	PA; Specialty; 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	
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	
VEMLIDY ORAL TABLET 25 MG	5	Specialty; QL

Drug Name	Drug Tier	Requirements / Limits
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	6	Specialty; QL
VIRACEPT ORAL TABLET 250 MG, 625 MG	2	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	3	QL
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	3	QL
VOSEVI ORAL TABLET 400-100-100 MG	6	PA; Specialty
XOFLUZA ORAL TABLET 40 MG, 80 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
CEPHALOSPORINS		
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 dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	1	
<i>cefazolin injection recon soln 10 gram</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefditoren pivoxil oral tablet 200 mg, 400 mg</i>	1	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	3	
<i>cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml</i>	2	
<i>cefepime injection recon soln 1 gram</i>	1	
<i>cefixime oral capsule 400 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
CEFOTAN INJECTION RECON SOLN 1 GRAM	3	
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml</i>	1	
<i>cefoxitin intravenous recon soln 10 gram</i>	1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
CEFTAZIDIME IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	2	
<i>ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml</i>	2	
<i>ceftriaxone injection recon soln 10 gram</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	\$0 Copay
<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	2	
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	2	
ERYTHROMYCINS & OTHER MACROLIDES		
<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	\$0 Copay
<i>azithromycin oral tablet 600 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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
DIFICID ORAL TABLET 200 MG	3	ST; QL
<i>e.e.s. 400 oral tablet 400 mg</i>	1	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg</i>	1	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin 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	
MISCELLANEOUS ANTIINFECTIVES		
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	
<i>amikacin injection solution 1,000 mg/4 ml</i>	1	
ARAKODA ORAL TABLET 100 MG	3	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	5	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>bacitracin intramuscular recon soln 50,000 unit</i>	1	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	1	

Drug Name	Drug Tier	Requirements / Limits
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; Specialty; QL
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	ST
<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	3	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml</i>	1	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1	
COARTEM ORAL TABLET 20-120 MG	2	
CYCLOSERINE ORAL CAPSULE 250 MG	1	
DALVANCE INTRAVENOUS SOLUTION 500 MG	2	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	Och
EMVERM ORAL TABLET,CHEWABLE 100 MG	2	PA; QL
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	1	
<i>gentamicin injection solution 40 mg/ml</i>	1	
GENTAMICIN SULFATE (PF) INTRAVENOUS SOLUTION 60 MG/6 ML	1	
<i>hydroxychloroquine oral tablet 100 mg, 300 mg, 400 mg</i>	1	
<i>hydroxychloroquine oral tablet 200 mg</i>	1	ST
IMPAVIDO ORAL CAPSULE 50 MG	5	PA; Specialty; QL
<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	5	PA; Specialty
KRINTAFEL ORAL TABLET 150 MG	2	QL
LAMPIT ORAL TABLET 120 MG, 30 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<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 500 mg</i>	1	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 500 MG/50 ML	1	
<i>metro i.v. intravenous piggyback 500 mg/100 ml</i>	2	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
NEBUPENT INHALATION RECON SOLN 300 MG	3	
<i>neomycin oral tablet 500 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	1	
ORBACTIV INTRAVENOUS RECON SOLN 400 MG	2	
<i>paromomycin oral capsule 250 mg</i>	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	3	
<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>	4	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 oral capsule 150 mg, 300 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
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	5	PA; Specialty
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	4	PA; Specialty
<i>tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml</i>	1	
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	4	PA; Specialty
<i>tobramycin sulfate injection solution 40 mg/ml</i>	1	
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	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	
PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	\$0 Copay
<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	\$0 Copay
<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	

Drug Name	Drug Tier	Requirements / Limits
<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 10 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</i>	1	
<i>nafcillin injection recon soln 1 gram</i>	1	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	1	
<i>oxacillin injection recon soln 1 gram</i>	1	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML	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 5 million unit</i>	1	
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	1	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML	2	
QUINOLONES		
AVELOX IN NACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK 400 MG/250 ML	2	

Drug Name	Drug Tier	Requirements / Limits
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 400 mg/200 ml</i>	1	
FACTIVE ORAL TABLET 320 MG	3	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 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>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S & RELATED AGENTS		
<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	\$0 Copay
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	1	
TETRACYCLINES		
<i>avidoxy oral tablet 100 mg</i>	2	QL
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	
<i>doxycycline hyclate intravenous recon soln 100 mg</i>	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	QL
<i>doxycycline hyclate oral tablet 100 mg</i>	1	QL
<i>doxycycline hyclate oral tablet 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	QL
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1	QL
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	2	
<i>mondoxyne nl oral capsule 100 mg</i>	1	QL
<i>mondoxyne nl oral capsule 75 mg</i>	1	ST; QL
NUZYRA INTRAVENOUS RECON SOLN 100 MG	3	
NUZYRA ORAL TABLET 150 MG	3	PA; QL
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	
XERAIVA INTRAVENOUS RECON SOLN 50 MG	3	

URINARY TRACT AGENTS

<i>fosfomycin tromethamine oral packet 3 gram</i>	1	QL
<i>methenamine hippurate oral tablet 1 gram</i>	1	
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	1	
<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	

VANCOMYCIN

VANCOCIN ORAL CAPSULE 125 MG, 250 MG	3	QL
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	1	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML	1	
<i>vancomycin intravenous recon soln 750 mg</i>	1	
<i>vancomycin oral capsule 125 mg, 250 mg</i>	1	QL
<i>vancomycin oral recon soln 50 mg/ml</i>	1	QL
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 500 MG/100 ML	1	
VIBATIV INTRAVENOUS RECON SOLN 750 MG	2	

ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

Drug Name	Drug Tier	Requirements / Limits
ADJUNCTIVE AGENTS		
<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	1	
KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG	5	Specialty
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	6	Specialty
<i>leucovorin calcium injection recon soln 200 mg</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
<i>levoleucovorin calcium intravenous solution 10 mg/ml</i>	4	Specialty
MESNEX ORAL TABLET 400 MG	3	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	5	Specialty; QL
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT	5	Specialty
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA; Specialty; QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	4	Specialty; Och; QL
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	6	PA; Specialty
<i>anastrozole oral tablet 1 mg</i>	1	Och; ACA
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	6	Specialty
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	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	6	PA; Specialty; Och; QL
<i>bexarotene oral capsule 75 mg</i>	4	PA; Specialty; QL
<i>bexarotene topical gel 1 %</i>	4	PA; Specialty; QL
<i>bicalutamide oral tablet 50 mg</i>	1	Och
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	5	PA; Specialty; Och; QL
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG	6	PA; Specialty; QL
BRUKINSA ORAL CAPSULE 80 MG	5	PA; Specialty; Och

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

Drug Name	Drug Tier	Requirements / Limits
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	4	PA; Specialty; Och
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	4	Specialty
<i>everolimus (immunosuppressive) oral tablet 0.75 mg</i>	4	Specialty; Och
<i>exemestane oral tablet 25 mg</i>	1	Och; ACA
EXKIVITY ORAL CAPSULE 40 MG	6	PA; Specialty; Och; QL
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	6	PA; Specialty; QL
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	6	PA; Specialty; QL
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	6	PA; Specialty
GAVRETO ORAL CAPSULE 100 MG	6	PA; Specialty; Och; QL
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; Specialty; Och; QL
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	5	PA; Specialty; Och
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	5	Specialty
<i>hydroxyurea oral capsule 500 mg</i>	1	Och
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA; Specialty; Och
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA; Specialty; Och
ICLUSIG ORAL TABLET 10 MG, 30 MG	5	PA; Specialty; Och
ICLUSIG ORAL TABLET 15 MG, 45 MG	5	PA; Specialty; Och; QL
IDHIFA ORAL TABLET 100 MG, 50 MG	6	PA; Specialty; QL
<i>imatinib oral tablet 100 mg, 400 mg</i>	4	Specialty; Och; QL
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	5	PA; Specialty; Och; QL
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA; Specialty; Och; QL
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA; Specialty; Och; QL
INLYTA ORAL TABLET 1 MG, 5 MG	5	PA; Specialty; Och; QL
INQOVI ORAL TABLET 35-100 MG	5	PA; Specialty; Och; QL
IRESSA ORAL TABLET 250 MG	5	PA; Specialty; Och; QL
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; Specialty; QL

Drug Name	Drug Tier	Requirements / Limits
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	6	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	6	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)	6	PA; Specialty; Och; QL
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	5	PA; Specialty; Och; QL
KRAZATI ORAL TABLET 200 MG	6	PA; Specialty; Och; QL
<i>lapatinib oral tablet 250 mg</i>	4	PA; Specialty; Och; QL
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	4	PA; Specialty; 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)	5	PA; Specialty; Och; QL
<i>letrozole oral tablet 2.5 mg</i>	1	Och
LEUKERAN ORAL TABLET 2 MG	5	Specialty; Och
LEUPROLIDE (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PA; Specialty
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	4	PA; Specialty; QL
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA; Specialty; Och; QL
LORBRENA ORAL TABLET 100 MG, 25 MG	5	PA; Specialty; Och; QL
LUMAKRAS ORAL TABLET 120 MG	6	PA; Specialty; Och; QL
LUPKYNIS ORAL CAPSULE 7.9 MG	6	PA; Specialty
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA; Specialty; Och; QL
LYSODREN ORAL TABLET 500 MG	5	Specialty; Och
LYTGOBI ORAL TABLET 4 MG	6	PA; Specialty; Och; QL
MATULANE ORAL CAPSULE 50 MG	5	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	5	PA; Specialty; Och; QL
MEKTOVI ORAL TABLET 15 MG	6	PA; Specialty; Och; QL

Drug Name	Drug Tier	Requirements / Limits
<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	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	Och
<i>mitomycin intravenous recon soln 20 mg</i>	4	Specialty
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	6	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	
MYLERAN ORAL TABLET 2 MG	5	Specialty; Och
NERLYNX ORAL TABLET 40 MG	6	PA; Specialty; Och; QL
<i>nilutamide oral tablet 150 mg</i>	4	Specialty; Och; QL
NUBEQA ORAL TABLET 300 MG	5	PA; Specialty; Och; QL
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	Specialty
ODOMZO ORAL CAPSULE 200 MG	6	PA; Specialty; QL
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA; Specialty; Och; QL
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	6	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)	6	PA; Specialty; Och; QL
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA; Specialty; QL
PURIXAN ORAL SUSPENSION 20 MG/ML	5	ST; Specialty; Och
QINLOCK ORAL TABLET 50 MG	6	PA; Specialty; Och; QL
RETEVMO ORAL CAPSULE 40 MG, 80 MG	6	PA; Specialty; Och; QL
REZLIDHIA ORAL CAPSULE 150 MG	6	Specialty; Och; QL
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	5	PA; Specialty; Och; QL
RYDAPT ORAL CAPSULE 25 MG	6	PA; Specialty; Och; QL
SANDIMMUNE ORAL SOLUTION 100 MG/ML	5	Specialty

Drug Name	Drug Tier	Requirements / Limits
SCSEMBLIX ORAL TABLET 20 MG, 40 MG	6	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)	5	PA; Specialty; QL
SIMULECT INTRAVENOUS RECON SOLN 20 MG	5	Specialty
<i>sirolimus oral solution 1 mg/ml</i>	4	Specialty
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	4	Specialty
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	5	Specialty
<i>sorafenib oral tablet 200 mg</i>	4	PA; Specialty; Och; QL
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	5	PA; Specialty; Och; QL
STIVARGA ORAL TABLET 40 MG	5	PA; Specialty; Och; QL
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	4	PA; Specialty; Och; QL
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA; Specialty; QL
TABLOID ORAL TABLET 40 MG	5	Specialty; Och
TABRECTA ORAL TABLET 150 MG, 200 MG	6	PA; Specialty; Och; QL
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	4	Specialty
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA; Specialty; QL
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA; Specialty; Och; QL
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	5	PA; Specialty; Och; QL
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	Och; ACA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5	PA; Specialty; Och; QL
TAZVERIK ORAL TABLET 200 MG	5	PA; Specialty; QL
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	4	PA; Specialty; Och
TEPMETKO ORAL TABLET 225 MG	6	PA; Specialty; Och
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA; Specialty; Och; QL
TIBSOVO ORAL TABLET 250 MG	6	PA; Specialty; QL
<i>toremifene oral tablet 60 mg</i>	4	PA; Specialty; Och; QL
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	4	Specialty; Och

Drug Name	Drug Tier	Requirements / Limits
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	3	Och
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	6	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)	6	PA; Specialty; Och
TUKYSA ORAL TABLET 150 MG, 50 MG	6	PA; Specialty; Och; QL
TURALIO ORAL CAPSULE 125 MG	6	PA; Specialty; Och; QL
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML	6	PA; Specialty; QL
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	5	PA; Specialty; QL
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA; Specialty; QL
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA; Specialty; Och; QL
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	6	PA; Specialty; QL
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	6	PA; Specialty; Och; QL
VITRAKVI ORAL SOLUTION 20 MG/ML	6	PA; Specialty; Och; QL
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA; Specialty; Och; QL
VONJO ORAL CAPSULE 100 MG	6	PA; Specialty; Och; QL
VOTRIENT ORAL TABLET 200 MG	5	PA; Specialty; Och; QL
WELIREG ORAL TABLET 40 MG	6	PA; Specialty; QL
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; Specialty; Och; QL
XERMELO ORAL TABLET 250 MG	5	PA; Specialty; QL
XOSPATA ORAL TABLET 40 MG	6	PA; Specialty; Och; QL
XTANDI ORAL CAPSULE 40 MG	5	PA; Specialty; Och; QL
XTANDI ORAL TABLET 40 MG, 80 MG	5	PA; Specialty; Och; QL
YONSA ORAL TABLET 125 MG	5	PA; Specialty; Och
ZEJULA ORAL CAPSULE 100 MG	6	PA; Specialty; Och; QL
ZELBORAF ORAL TABLET 240 MG	5	PA; Specialty; QL
ZOLINZA ORAL CAPSULE 100 MG	5	Specialty
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; Specialty; Och; QL

Drug Name	Drug Tier	Requirements / Limits
ZYKADIA ORAL TABLET 150 MG	5	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	
CELONTIN ORAL CAPSULE 300 MG	2	
<i>clobazam oral suspension 2.5 mg/ml</i>	1	ST; QL
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	QL
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	6	PA; Specialty; QL
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	6	PA; Specialty; 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 ORAL CAPSULE 30 MG	2	
<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	5	PA; Specialty
<i>epitol oral tablet 200 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
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	6	PA; Specialty; QL
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 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 500 mg/100 ml</i>	1	
<i>levetiracetam intravenous solution 500 mg/5 ml</i>	1	
<i>levetiracetam oral solution 100 mg/ml</i>	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	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	
<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>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1	QL
<i>pregabalin oral solution 20 mg/ml</i>	1	
<i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i>	1	QL
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>roweepra oral tablet 500 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
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	
<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

Drug Name	Drug Tier	Requirements / Limits
<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, extended release 24hr 100 mg, 25 mg, 50 mg</i>	1	ST; QL
<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>	4	ST; Specialty; QL
<i>vigadrone oral powder in packet 500 mg</i>	4	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
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
ZTALMY ORAL SUSPENSION 50 MG/ML	6	PA; ST; Specialty; QL
ANTIPARKINSONISM AGENTS		
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	4	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	
<i>carbidopa oral tablet 25 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
<i>entacapone oral tablet 200 mg</i>	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	6	PA; Specialty; QL
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	6	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	
<i>tolcapone oral tablet 100 mg</i>	1	ST; QL
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML	2	PA; QL

Drug Name	Drug Tier	Requirements / Limits
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
<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

Drug Name	Drug Tier	Requirements / Limits
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	2	ST; QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMONDYS-45 INTRAVENOUS SOLUTION 50 MG/ML	3	
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	5	PA; Specialty; QL
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	4	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	6	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	5	Specialty; QL
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	5	Specialty
RELYVRIO ORAL POWDER IN PACKET 3-1 GRAM	6	PA; Specialty
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	1	QL
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	6	PA; Specialty; QL
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	4	PA; Specialty; QL
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	6	PA; Specialty; QL

Drug Name	Drug Tier	Requirements / Limits
ZEPOSIA ORAL CAPSULE 0.92 MG	5	PA; Specialty; QL
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46-0.92 MG	5	PA; Specialty; QL
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	5	PA; Specialty; QL
ZOLGENSMA INTRAVENOUS KIT 2 X 10EXP13 VG/ML	6	PA; Specialty; QL

MUSCLE RELAXANTS & ANTISPASMODIC THERAPY

<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>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
<i>cyclobenzaprine oral tablet 7.5 mg</i>	1	ST
<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	
NORGESIC FORTE ORAL TABLET 50-770-60 MG	3	QL
<i>orphenadrine citrate injection solution 30 mg/ml</i>	1	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i>	2	QL
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	
<i>regonol injection solution 5 mg/ml</i>	2	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	1	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
NARCOTIC ANALGESICS		
<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; Opioid
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	1	ST; Opioid; QL
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	1	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	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; Opioid; QL
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	2	ST; Opioid; QL
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	Opioid; QL
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i>	2	Opioid; QL
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	1	Opioid; QL
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	Opioid; QL
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	Opioid; QL
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1	Opioid; 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
<i>diskets oral tablet, soluble 40 mg</i>	2	ST; Opioid; QL

Drug Name	Drug Tier	Requirements / Limits
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	ST; Opioid; QL
<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
<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; QL
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	1	ST; Opioid; QL
<i>hydromorphone injection syringe 1 mg/ml</i>	1	ST; Opioid; QL
<i>hydromorphone oral liquid 1 mg/ml</i>	1	ST; Opioid; QL
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	1	ST; Opioid; QL
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	2	PA; ST; Opioid; QL
<i>hydromorphone rectal suppository 3 mg</i>	1	ST; Opioid; QL
<i>levorphanol tartrate oral tablet 2 mg</i>	1	ST; Opioid; QL
<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
<i>morphine (pf) injection solution 0.5 mg/ml</i>	1	ST; Opioid; QL
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	ST; Opioid; QL
MORPHINE INTRAMUSCULAR PEN INJECTOR 10 MG/0.7 ML	1	ST; Opioid; QL
<i>morphine intravenous syringe 2 mg/ml</i>	1	ST; Opioid; QL

Drug Name	Drug Tier	Requirements / Limits
<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; QL
<i>morphine oral tablet 15 mg, 30 mg</i>	1	ST; Opioid; QL
<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; QL
<i>oxycodone oral capsule 5 mg</i>	1	ST; Opioid; QL
<i>oxycodone oral concentrate 20 mg/ml</i>	2	ST; Opioid; QL
<i>oxycodone oral solution 5 mg/5 ml</i>	1	ST; Opioid; QL
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	ST; Opioid; QL
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, 5-300 mg, 5-325 mg, 7.5-325 mg</i>	1	ST; Opioid; QL
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; QL
<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; QL
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG, 5 MG	2	ST; Opioid; QL
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	5	Specialty; Opioid; QL
<i>tencon oral tablet 50-325 mg</i>	1	Opioid
<i>zebutal oral capsule 50-325-40 mg</i>	1	Opioid
NON-NARCOTIC ANALGESICS		
<i>aspirin oral tablet 325 mg</i>	1	ACA
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	Opioid; QL

Drug Name	Drug Tier	Requirements / Limits
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	Opioid; QL
<i>butorphanol injection solution 1 mg/ml</i>	1	ST; QL
<i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>	1	ST; QL
CALDOLOR INTRAVENOUS PIGGYBACK 800 MG/200 ML (4 MG/ML)	2	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	QL
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR 1.3 %	1	QL
<i>diclofenac potassium oral powder in packet 50 mg</i>	1	QL
<i>diclofenac potassium oral tablet 25 mg, 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac sodium topical drops 1.5 %</i>	1	QL
<i>diclofenac sodium topical gel 1 %</i>	1	QL
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	1	
DICLOFONO TOPICAL GEL IN PACKET 1.6 %	3	ST
<i>diflunisal oral tablet 500 mg</i>	1	
DISALCID ORAL TABLET 500 MG, 750 MG	3	
<i>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)	5	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	

Drug Name	Drug Tier	Requirements / Limits
<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 solution 15 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	Opioid
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	3	ST; QL
LUCEMYRA ORAL TABLET 0.18 MG	2	Opioid; QL
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	1	
<i>mefenamic acid oral capsule 250 mg</i>	2	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML	2	PA; QL
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>nalbuphine injection solution 10 mg/ml</i>	1	ST; QL
<i>naloxone injection solution 0.4 mg/ml</i>	1	Opioid; ACA
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	1	Opioid; ACA
<i>naltrexone oral tablet 50 mg</i>	1	Opioid
<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	
<i>naproxen sodium oral tablet, er multiphase 24 hr 750 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; QL
OLINVYK INTRAVENOUS SOLUTION 1 MG/ML	3	

Drug Name	Drug Tier	Requirements / Limits
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; QL
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
<i>salsalate oral tablet 500 mg, 750 mg</i>	1	
<i>sulindac oral tablet 150 mg, 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; QL
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	1	ST; QL
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	1	ST; QL
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	ST; QL
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML	3	PA
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	5	Specialty; Opioid
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	Opioid; QL
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	5	Specialty; QL
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5	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	

Drug Name	Drug Tier	Requirements / Limits
<i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	PA; QL
<i>aripiprazole oral solution 1 mg/ml</i>	1	ST; QL
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	1	ST; QL
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	2	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	5	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	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	\$0 Copay
<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
<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 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	

Drug Name	Drug Tier	Requirements / Limits
<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>doxepin oral tablet 3 mg, 6 mg</i>	1	ST; QL
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	2	
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	3	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	3	ST; QL
<i>ergoloid oral tablet 1 mg</i>	1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	QL
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	ST; QL
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	3	ST; QL
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	3	ST; QL
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	3	ST; QL
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	1	\$0 Copay
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
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	6	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	6	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	6	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	\$0 Copay
<i>lithium carbonate oral tablet 300 mg</i>	1	\$0 Copay
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</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	

Drug Name	Drug Tier	Requirements / Limits
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	ST; QL
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
<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
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	1	QL
<i>methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>	2	QL
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	1	
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG	1	
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	QL
<i>molindone oral tablet 10 mg, 25 mg</i>	1	QL
<i>molindone oral tablet 5 mg</i>	1	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	2	QL
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	6	PA; Specialty; QL
NUPLAZID ORAL TABLET 10 MG	6	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	\$0 Copay; 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	6	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	\$0 Copay; QL
<i>quetiapine oral tablet 400 mg</i>	1	QL
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	QL
<i>ramelteon oral tablet 8 mg</i>	1	ST; QL

Drug Name	Drug Tier	Requirements / Limits
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	5	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	\$0 Copay; 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	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	\$0 Copay
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	4	PA; Specialty; QL
SUNOSI ORAL TABLET 150 MG, 75 MG	3	PA; QL
<i>tasimelteon oral capsule 20 mg</i>	1	PA
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	6	PA; Specialty; QL
XYREM ORAL SOLUTION 500 MG/ML	6	PA; Specialty; QL
XYWAV ORAL SOLUTION 0.5 GRAM/ML	6	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	6	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	

Drug Name	Drug Tier	Requirements / Limits
<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</i>	1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1	
SOTALOL INTRAVENOUS SOLUTION 150 MG/10 ML (15 MG/ML)	2	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	2	ST; QL
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	1	ST; QL
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	ST
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	ST
<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<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	
<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
<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	

Drug Name	Drug Tier	Requirements / Limits
<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 120 mg, 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	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
EDARBI ORAL TABLET 40 MG, 80 MG	2	ST
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	2	ST
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</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>	4	PA; Specialty
<i>epoprostenol intravenous recon soln 0.5 mg, 1.5 mg</i>	4	PA; Specialty
<i>eprosartan oral tablet 600 mg</i>	1	ST
<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	6	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	
<i>furosemide injection solution 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	

Drug Name	Drug Tier	Requirements / Limits
<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 oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<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>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	

Drug Name	Drug Tier	Requirements / Limits
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
NYMALIZE ORAL SOLUTION 60 MG/10 ML	3	PA
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	3	PA; QL
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	ST
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	6	PA; Specialty
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>phenoxybenzamine oral capsule 10 mg</i>	4	PA; Specialty; QL
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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>	4	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	5	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	5	PA; Specialty; QL
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	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>	6	PA; Specialty
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
CARDIAC GLYCOSIDES		
<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	
COAGULATION THERAPY		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	5	Specialty
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	5	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	5	Specialty
AGGRASTAT CONCENTRATE INTRAVENOUS CONCENTRATE 250 MCG/ML	6	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	5	Specialty
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	5	Specialty
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	5	Specialty
<i>aminocaproic acid intravenous solution 250 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	6	PA; Specialty
<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	5	Specialty
<i>bivalirudin intravenous recon soln 250 mg</i>	4	PA; Specialty
BRILINTA ORAL TABLET 60 MG	2	QL
CABLIVI INJECTION KIT 11 MG	6	PA; Specialty; QL
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	5	Specialty
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT	5	Specialty
<i>cilostazol oral tablet 100 mg</i>	1	
<i>clopidogrel oral tablet 75 mg</i>	1	
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE	5	Specialty
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	5	Specialty
DEFITELIO INTRAVENOUS SOLUTION 80 MG/ML	3	
<i>dipyridamole oral tablet 25 mg</i>	1	
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	5	PA; Specialty; QL
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	QL
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	QL
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	5	Specialty
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	4	Specialty; QL

Drug Name	Drug Tier	Requirements / Limits
<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>	4	Specialty; QL
<i>eptifibatide intravenous solution 2 mg/ml</i>	4	Specialty
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	5	Specialty
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	5	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>	4	Specialty; QL
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML	5	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	5	Specialty; QL
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML	6	PA; Specialty
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	5	Specialty
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	5	Specialty
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	5	Specialty
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	5	Specialty
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	1	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	1	
<i>heparin (porcine) injection solution 1,000 unit/ml</i>	1	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/500 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE 5,000 UNIT/0.5 ML	1	
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	5	Specialty
IDELVION INTRAVENOUS RECON SOLN 3,500 (+/-) UNIT	6	Specialty
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	5	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	5	Specialty
KCENTRA INTRAVENOUS RECON SOLN 1,000 UNIT (800-1240 UNIT), 500 UNIT (400-620 UNIT)	6	Specialty
KENGREAL INTRAVENOUS RECON SOLN 50 MG	3	
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	6	Specialty
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	5	Specialty
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	5	Specialty
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	5	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)	5	Specialty
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG	5	PA; Specialty
NPLATE SUBCUTANEOUS RECON SOLN 250 MCG, 500 MCG	5	PA; Specialty; QL

Drug Name	Drug Tier	Requirements / Limits
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	5	Specialty
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	
<i>prasugrel oral tablet 5 mg</i>	1	QL
PRAXBIND INTRAVENOUS SOLUTION 2.5 GRAM/50 ML	6	Specialty
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	5	Specialty
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	5	PA; Specialty; QL
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA; Specialty; QL
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 500 (+/-) UNIT	6	Specialty
REBINYN INTRAVENOUS RECON SOLN 3,000 (+/-) UNIT	6	
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	6	Specialty
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG)	6	Specialty
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT	5	Specialty
<i>vitamin k injection solution 1 mg/0.5 ml</i>	1	
VONVENDI INTRAVENOUS RECON SOLN 650 (+/-) UNIT RANGE	5	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	5	Specialty
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

Drug Name	Drug Tier	Requirements / Limits
LIPID/CHOLESTEROL LOWERING AGENTS		
<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	
<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

Drug Name	Drug Tier	Requirements / Limits
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	5	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	
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	QL
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL SOLUTION 5 MG/5 ML	2	QL
CORLANOR ORAL TABLET 5 MG, 7.5 MG	2	ST; QL
EMERPHED INTRAVENOUS SOLUTION 5 MG/ML	3	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	
GIAPREZA INTRAVENOUS SOLUTION 2.5 MG/ML	3	
<i>phenylephrine hcl injection solution 10 mg/ml</i>	1	
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1	QL
VECAMYL ORAL TABLET 2.5 MG	3	PA

Drug Name	Drug Tier	Requirements / Limits
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	PA
VYNDAMAX ORAL CAPSULE 61 MG	6	PA; Specialty; QL
VYNDAQEL ORAL CAPSULE 20 MG	6	PA; Specialty; QL

NITRATES

<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 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	

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<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	

Drug Name	Drug Tier	Requirements / Limits
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	6	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	5	PA; Specialty; QL
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; Specialty; QL
SORILUX TOPICAL FOAM 0.005 %	3	ST
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; Specialty
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; Specialty; QL
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	5	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	5	PA; Specialty; QL
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA; Specialty; QL
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA; Specialty; QL
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	5	PA; Specialty; QL
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; Specialty; QL
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; Specialty; QL
ZITHRANOL TOPICAL SHAMPOO 1 %	3	
BURN THERAPY		
<i>silver sulfadiazine topical cream 1 %</i>	1	
<i>ssd topical cream 1 %</i>	1	
KERATOLYTICS		
<i>salicylic acid topical cream 6 %</i>	1	
<i>salicylic acid topical cream, extended release 6 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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 ointment 3 %</i>	2	
<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	
MISCELLANEOUS DERMATOLOGICALS		
AMELUZ TOPICAL GEL 10 %	3	
ATRAPRO HYDROGEL TOPICAL GEL	3	
<i>avo cream topical emulsion</i>	1	
<i>cem-urea topical gel 45 %</i>	1	
CERACADE TOPICAL EMULSION	3	
CERAMAX TOPICAL CREAM	3	
CERAMAX TOPICAL LOTION	3	
DEXERYL TOPICAL CREAM	3	
<i>diclofenac sodium topical gel 3 %</i>	1	ST; QL
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	2	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	5	PA; Specialty; QL
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	5	PA; Specialty; QL
<i>emulsion sb topical emulsion</i>	1	
EUCRISA TOPICAL OINTMENT 2 %	3	ST

Drug Name	Drug Tier	Requirements / Limits
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 %	6	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	6	PA; Specialty; QL
SEBUDERM TOPICAL GEL	3	
<i>silver nitrate applicators topical stick 75-25 %</i>	1	
<i>silver nitrate topical solution 0.5 %, 10 %, 25 %, 50 %</i>	1	
<i>sonafine topical emulsion</i>	1	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	
<i>umecta topical foam 40 %</i>	1	
<i>urea nail stick topical solution 50 %</i>	1	
<i>urea topical cream 39 %, 40 %, 45 %, 47 %, 50 %</i>	1	
UREA TOPICAL CREAM 39.5 %	1	

Drug Name	Drug Tier	Requirements / Limits
<i>urea topical foam 35 %</i>	1	
<i>urea topical gel 45 %</i>	1	
VALCHLOR TOPICAL GEL 0.016 %	5	PA; Specialty
<i>wintergreen oil oil</i>	1	
THERAPY FOR ACNE		
<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>amnesteam 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>brimonidine topical gel with pump 0.33 %</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	\$0 Copay
<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	\$0 Copay; QL
<i>clindamycin phosphate topical swab 1 %</i>	1	\$0 Copay
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i>	1	\$0 Copay
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	1	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	2	
<i>dapsone topical gel 5 %</i>	1	
<i>ery pads topical swab 2 %</i>	1	
<i>erythromycin with ethanol topical gel 2 %</i>	1	
<i>erythromycin with ethanol topical solution 2 %</i>	1	\$0 Copay; QL

Drug Name	Drug Tier	Requirements / Limits
<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	
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	2	
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 %	3	
<i>neuac topical gel 1.2 % (1 % base) -5 %</i>	1	\$0 Copay
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	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	\$0 Copay; QL
<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	2	
<i>sulfacetamide sodium-sulfur topical pads, medicated 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	1	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	1	\$0 Copay; QL
<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	

Drug Name	Drug Tier	Requirements / Limits
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
TOPICAL ANESTHETICS		
COCAINE NASAL SOLUTION 4 %	1	
<i>ethyl chloride topical aerosol, spray 100 %</i>	3	
GOPRELTO NASAL SOLUTION 4 %	3	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	1	
<i>lidocaine hcl topical cream 3 %</i>	1	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	1	
<i>lidocaine topical adhesive patch, medicated 5 %</i>	1	
<i>lidocaine topical ointment 5 %</i>	1	QL
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	
<i>lidocort topical cream 3-0.5 %</i>	3	
<i>lta pre-attached laryngotracheal solution 4 %</i>	2	
NUMBRINO NASAL SOLUTION 4 %	1	
TOPICAL ANTIBACTERIALS		
<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

Drug Name	Drug Tier	Requirements / Limits
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	\$0 Copay
SULFAMYLON TOPICAL CREAM 85 MG/G	2	
XEPI TOPICAL CREAM 1 %	3	
TOPICAL ANTIFUNGALS		
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	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	
<i>econazole topical cream 1 %</i>	2	QL
ERTACZO TOPICAL CREAM 2 %	3	ST
KERYDIN TOPICAL SOLUTION WITH APPLICATOR 5 %	3	PA; QL
<i>ketconazole topical cream 2 %</i>	1	QL
<i>ketconazole topical foam 2 %</i>	2	
<i>ketconazole topical shampoo 2 %</i>	1	
<i>ketodan kit topical combo pack 2 %</i>	2	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment 5 %</i>	2	QL
<i>penciclovir topical cream 1 %</i>	1	
TOPICAL CORTICOSTEROIDS		
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>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical foam 0.12 %</i>	1	
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
DUOBRII TOPICAL LOTION 0.01-0.045 %	3	ST
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone topical oil 0.01 %</i>	1	
<i>fluocinolone topical ointment 0.025 %</i>	1	
<i>fluocinolone topical solution 0.01 %</i>	1	
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	1	
<i>fluocinonide topical gel 0.05 %</i>	1	
<i>fluocinonide topical ointment 0.05 %</i>	1	
<i>fluocinonide topical solution 0.05 %</i>	1	
<i>fluocinonide-e topical cream 0.05 %</i>	1	
<i>flurandrenolide topical cream 0.05 %</i>	2	
<i>flurandrenolide topical lotion 0.05 %</i>	1	
<i>flurandrenolide topical ointment 0.05 %</i>	1	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
NUCORT TOPICAL LOTION 2 %	3	
<i>prednicarbate topical cream 0.1 %</i>	1	
<i>prednicarbate topical ointment 0.1 %</i>	1	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	2	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triderm topical cream 0.1 %, 0.5 %</i>	1	
TOPICAL ENZYMES		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	
TOPICAL SCABICIDES / PEDICULICIDES		
<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	
<i>spinosad topical suspension 0.9 %</i>	1	
ULESFIA TOPICAL LOTION 5 %	3	ST

Drug Name	Drug Tier	Requirements / Limits
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		
<i>phentermine oral capsule 15 mg, 30 mg, 37.5 mg</i>	1	
<i>phentermine oral tablet 37.5 mg</i>	1	
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG	3	
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML)	3	QL
ANTIDOTES		
PROVAYBLUE INTRAVENOUS SOLUTION 5 MG/ML	1	
IRRIGATING SOLUTIONS		
<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	
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1	
<i>acetic acid irrigation solution 0.25 %</i>	1	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	
<i>aqua care sodium chloride irrigation solution 0.9 %</i>	1	
<i>aqua care sterile water irrigation solution</i>	1	
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	1	
<i>carglumic acid oral tablet, dispersible 200 mg</i>	4	Specialty

Drug Name	Drug Tier	Requirements / Limits
CARNITOR ORAL SOLUTION 100 MG/ML	3	
<i>cevimeline oral capsule 30 mg</i>	1	
CHEMET ORAL CAPSULE 100 MG	2	
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	4	PA; Specialty
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	4	PA; Specialty
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	4	PA; Specialty
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	4	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
ENDARI ORAL POWDER IN PACKET 5 GRAM	6	PA; Specialty
FERRIPROX (2 TIMES A DAY) ORAL TABLET 1,000 MG	5	Specialty
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA; Specialty
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	6	PA; Specialty; QL
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	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>	4	PA; Specialty
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	5	PA; Specialty
ORFADIN ORAL CAPSULE 5 MG	5	PA; Specialty
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; Specialty
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	6	PA; Specialty; QL
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	6	PA; Specialty; QL
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	3	
RAVICTI ORAL LIQUID 1.1 GRAM/ML	5	PA; Specialty; QL

Drug Name	Drug Tier	Requirements / Limits
REVCOSI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	6	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>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium phenylbutyrate oral tablet 500 mg</i>	3	PA; QL
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML	5	PA; Specialty; QL
TAVNEOS ORAL CAPSULE 10 MG	6	PA; Specialty; QL
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG	6	Specialty
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	6	PA; Specialty; QL
<i>tiopronin oral tablet 100 mg</i>	4	Specialty
<i>trientine oral capsule 250 mg</i>	4	Specialty; QL
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	6	PA; Specialty; QL
<i>water for irrigation, sterile irrigation solution</i>	1	
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	5	PA; Specialty; QL
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	5	Specialty
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	6	PA; Specialty
SMOKING DETERRENTS		
<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	ACA; QL
NICORETTE BUCCAL GUM 2 MG	3	ACA; QL
<i>nicorette buccal gum 4 mg</i>	3	ACA; QL
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG	3	ACA; QL
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	3	ACA; QL
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	1	ACA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	1	ACA; QL
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	1	ACA; QL
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	1	ACA; QL
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	3	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	ACA; QL
<i>quit 2 buccal lozenge 2 mg</i>	1	ACA; QL
<i>quit 4 buccal gum 4 mg</i>	1	ACA; QL
<i>quit 4 buccal lozenge 4 mg</i>	1	ACA; QL
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	1	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>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	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	QL
<i>periogard 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	

MISCELLANEOUS OTIC PREPARATIONS

Drug Name	Drug Tier	Requirements / Limits
<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	
OTIC STEROID / ANTIBIOTIC		
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	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>cortisone oral tablet 25 mg</i>	1	
<i>dexamethasone intensol oral drops 1 mg/ml</i>	2	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1	
<i>millipred dp oral tablets,dose pack 5 mg (21 tabs), 5 mg (48 tabs)</i>	2	
<i>millipred oral tablet 5 mg</i>	2	ST
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone oral tablet 5 mg</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	

Drug Name	Drug Tier	Requirements / Limits
<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	
ANTITHYROID AGENTS		
<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	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
CONTOUR TEST STRIPS STRIP	3	PA; QL
ONETOUCH ULTRA TEST STRIP	2	QL
ONETOUCH VERIO TEST STRIPS STRIP	2	QL
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
ACE AEROSOL CLOUD ENHANCER SPACER	1	QL
AEROCHAMBER MINI SPACER	1	QL
AEROCHAMBER PLUS FLOW-VU SPACER	1	QL
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

Drug Name	Drug Tier	Requirements / Limits
LUCIRA CHECK-IT COVID HOME TST KIT	3	ACA; QL
MICROCHAMBER SPACER	1	QL
MICROSPACER SPACER	1	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
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	2	
<i>diazoxide oral suspension 50 mg/ml</i>	1	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	1	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	2	
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	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
ACCU-CHEK COMBO SYSTEM KIT	3	
AUTOSOFT 30 INFUSION SET	3	
AUTOSOFT 90 INFUSION SET	3	
AUTOSOFT XC INFUSION SET 23" INFUSION SET	3	

Drug Name	Drug Tier	Requirements / Limits
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	
CEQUR SIMPLICITY DEVICE 2 UNIT	3	
DEXCOM G6 RECEIVER	2	PA
DEXCOM G6 SENSOR DEVICE	2	PA
DEXCOM G6 TRANSMITTER DEVICE	2	PA
DEXCOM G7 RECEIVER	2	PA
DEXCOM G7 SENSOR DEVICE	2	
EVERSENSE SENSOR-HOLDER SUBCUTANEOUS DEVICE	3	
EVERSENSE SMART TRANSMITTER DEVICE	3	
FREESTYLE LIBRE 14 DAY READER	2	PA; \$0 Copay
FREESTYLE LIBRE 14 DAY SENSOR KIT	2	PA; \$0 Copay
FREESTYLE LIBRE 2 READER	2	PA; \$0 Copay
FREESTYLE LIBRE 2 SENSOR KIT	2	PA; \$0 Copay
FREESTYLE LIBRE 3 SENSOR DEVICE	2	
GOJJI KETONE CONTROL SOLN-L1 SOLUTION	3	
GUARDIAN CONNECT TRANSMITTER DEVICE	3	
GUARDIAN LINK 3 TRANSMITTER DEVICE	3	
GUARDIAN SENSOR 3 DEVICE	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

Drug Name	Drug Tier	Requirements / Limits
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 PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	
ONETOUCH ULTRA CONTROL SOLUTION	2	
ONETOUCH ULTRA2 METER	2	
ONETOUCH ULTRAMINI KIT	2	
ONETOUCH VERIO FLEX METER	2	
ONETOUCH VERIO MID CONTROL SOLUTION	2	
SAFE-CLIP NEEDLE STORAGE DEV DEVICE	3	
T:FLEX SUBCUTANEOUS CARTRIDGE	3	PA
T:SLIM X2 BASAL-IQ INSULIN PMP	3	PA
T:SLIM X2 CONTROL-IQ	3	PA
T:SLIM X2 SUBCUTANEOUS CARTRIDGE	3	PA
TRUSTEEL INFUSION SET 23" INFUSION SET	3	
VARISOFT INFUSION SET 23" INFUSION SET	3	
V-GO 20 DEVICE	3	PA
V-GO 30 DEVICE	3	PA
V-GO 40 DEVICE	3	PA
INSULIN THERAPY		
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

Drug Name	Drug Tier	Requirements / Limits
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
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	QL
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	2	QL
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	2	QL
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	2	QL
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	QL
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	2	QL
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	QL
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	QL
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	QL
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	QL

Drug Name	Drug Tier	Requirements / Limits
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 FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 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
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

Drug Name	Drug Tier	Requirements / Limits
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	ST; QL
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	5	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)	6	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	5	PA; Specialty; QL
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PA; Specialty
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	5	Specialty
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	4	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	6	PA; Specialty; QL
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
<i>desmopressin injection solution 4 mcg/ml</i>	1	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
DESMOPRESSIN NASAL SPRAY, NON- AEROSOL 150 MCG/SPRAY (0.1 ML)	1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	5	Specialty
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	5	Specialty

Drug Name	Drug Tier	Requirements / Limits
GALAFOLD ORAL CAPSULE 123 MG	6	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	5	Specialty
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT	5	Specialty
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT	5	Specialty
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG	6	PA; Specialty; QL
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	3	PA; QL
<i>javygtor oral powder in packet 100 mg, 500 mg</i>	4	PA; Specialty
<i>javygtor oral tablet, soluble 100 mg</i>	4	PA; Specialty
JYNARQUE ORAL TABLET 15 MG, 30 MG	6	PA; Specialty; QL
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM)	6	PA; Specialty
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	6	PA; Specialty; QL
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	5	PA; Specialty
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	6	PA; Specialty
KUVAN ORAL TABLET, SOLUBLE 100 MG	6	PA; Specialty
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	5	PA; Specialty
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	5	Specialty
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	6	Specialty
<i>methyltestosterone oral capsule 10 mg</i>	1	ST
<i>miglustat oral capsule 100 mg</i>	4	PA; Specialty; QL
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	5	Specialty; QL
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	5	Specialty
NOCDURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING 55.3 MCG	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	3	ST; QL
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT, 5,000 UNIT	5	Specialty
ORILISSA ORAL TABLET 150 MG, 200 MG	2	PA; QL
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	5	Specialty
<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	6	PA; Specialty; QL
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml)</i>	1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
PARSABIV INTRAVENOUS SOLUTION 5 MG/ML	6	PA; Specialty; QL
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	4	PA; Specialty
<i>sapropterin oral tablet,soluble 100 mg</i>	4	PA; Specialty
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	Specialty
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	5	PA; Specialty
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	5	PA; Specialty; QL
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	6	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
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	PA
TESTOSTERONE IMPLANT PELLETT 100 MG, 50 MG	1	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	2	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

Drug Name	Drug Tier	Requirements / Limits
<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>	4	PA; Specialty; QL
<i>vasopressin intravenous solution 20 unit/ml</i>	1	
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	5	PA; Specialty
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	6	PA; Specialty; QL
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	6	PA; Specialty
ZAVESCA ORAL CAPSULE 100 MG	6	PA; Specialty; QL
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	4	Specialty
ZOLEDRONIC AC-MANNITOL-0.9NAACL INTRAVENOUS PIGGYBACK 4 MG/100 ML	4	Specialty
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	
FARXIGA ORAL TABLET 10 MG, 5 MG	2	ST; QL
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
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	ST; QL
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	ST; QL
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
<i>migliitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
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
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	ST; 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	ST; 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	ST; QL
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	2	ST; QL
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	2	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	2	

Drug Name	Drug Tier	Requirements / Limits
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	ST; 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
THYROID HORMONES		
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	
LEVOTHYROXINE INTRAVENOUS SOLUTION 20 MCG/ML	1	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	2	
<i>liothyronine intravenous solution 10 mcg/ml</i>	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
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	
<i>atropine injection syringe 0.1 mg/ml</i>	1	
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	1	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</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	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
<i>ed-spaz oral tablet, disintegrating 0.125 mg</i>	1	
GLYCOPYRROLATE (PF) IN WATER INJECTION SYRINGE 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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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	
MISCELLANEOUS AGENTS		
AURYXIA ORAL TABLET 210 MG IRON	3	QL
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i>	1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	2	PA; QL
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	1	
<i>sevelamer carbonate oral tablet 800 mg</i>	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
<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	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	2	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	3	
<i>alosetron 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

Drug Name	Drug Tier	Requirements / Limits
<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
<i>balsalazide oral capsule 750 mg</i>	1	
BARHEMSYS INTRAVENOUS SOLUTION 5 MG/2 ML (2.5 MG/ML)	3	
<i>betaine oral powder 1 gram/scoop</i>	4	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	6	PA; Specialty; QL
BYLVAY ORAL PELLETT 200 MCG, 600 MCG	6	PA; Specialty; QL
CANASA RECTAL SUPPOSITORY 1,000 MG	3	
CHENODAL ORAL TABLET 250 MG	5	PA; Specialty; QL
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	5	PA; Specialty
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	6	PA; Specialty; QL
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	6	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	
DIPENTUM ORAL CAPSULE 250 MG	3	ST
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	ST; QL
ENTEREG ORAL CAPSULE 12 MG	3	

Drug Name	Drug Tier	Requirements / Limits
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	5	PA; Specialty; QL
<i>enulose oral solution 10 gram/15 ml</i>	1	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	6	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 100 mcg/ml</i>	1	
<i>granisetron hcl intravenous solution 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, 10 gram/15 ml (15 ml)</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	6	PA; Specialty; QL

Drug Name	Drug Tier	Requirements / Limits
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	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	
<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 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
OICALIVA ORAL TABLET 10 MG, 5 MG	5	PA; Specialty; QL
<i>ondansetron hcl (pf) injection solution 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	
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
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	

Drug Name	Drug Tier	Requirements / Limits
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
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)</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>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	QL
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	5	PA; Specialty; QL
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	1	ACA
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	5	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

Drug Name	Drug Tier	Requirements / Limits
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
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	
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	1	QL
<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	
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg</i>	1	QL
<i>dexlansoprazole oral capsule,biphase delayed releas 60 mg</i>	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
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>omeprazole oral capsule, delayed release (dr/ec) 10 mg, 20 mg, 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

ANTIVIRALS

<i>ribavirin oral capsule 200 mg</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	

BIOTECHNOLOGY DRUGS

ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	6	Specialty
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; Specialty
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	5	PA; Specialty; QL
LEUKINE INJECTION RECON SOLN 250 MCG	5	PA; Specialty
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	6	PA; Specialty
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	6	PA; Specialty
NIVESTYM INJECTION SOLUTION 300 MCG/ML	5	PA; Specialty
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; Specialty
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG	6	PA; Specialty

Drug Name	Drug Tier	Requirements / Limits
RETACRIT INJECTION SOLUTION 2,000 UNIT/ML	5	PA; Specialty; QL
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML	5	PA; Specialty
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; Specialty
GROWTH HORMONES		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	5	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	5	PA; Specialty
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	5	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)	5	PA; Specialty
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; Specialty
INTERFERONS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA; Specialty
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	6	PA; Specialty; QL
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	6	PA; Specialty; QL
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	6	PA; Specialty; QL
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO ORAL TABLET 14 MG, 7 MG	5	PA; QL
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; Specialty; QL
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; Specialty; QL
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; Specialty; QL

Drug Name	Drug Tier	Requirements / Limits
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	4	PA; Specialty; QL
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	4	PA; Specialty; QL
<i>glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	4	PA; Specialty; QL
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	6	PA; Specialty; QL
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	5	PA; Specialty; QL
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	6	PA; Specialty; QL
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	5	PA; Specialty; QL
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; Specialty; QL
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; Specialty; QL
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	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)	5	PA; Specialty; QL
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; Specialty; QL
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	4	QL
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
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

Drug Name	Drug Tier	Requirements / Limits
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	5	Specialty
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	
BEXSERO INTRAMUSCULAR SYRINGE 50- 50-50-25 MCG/0.5 ML	3	Age Limit; ACA; QL; Age (Min 10 Years and Max 25 Years)
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	2	
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	5	PA; Specialty
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 %)	6	PA; Specialty
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF- MCG-LF/0.5ML	2	ACA
DYSPORE INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT	6	PA; Specialty
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	Age Limit; ACA; QL; Age (Min 18 Years and Max 999 Years)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	Age Limit; ACA; QL; Age (Min 18 Years and Max 999 Years)
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	ACA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 %	6	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

Drug Name	Drug Tier	Requirements / Limits
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
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	5	PA; Specialty
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	5	PA; Specialty
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	5	PA; Specialty
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 5 GRAM	5	PA; Specialty
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	6	PA; Specialty
GAMMAPLEX INTRAVENOUS SOLUTION 10 %	6	PA; Specialty
GAMUNEX-C INJECTION SOLUTION 2.5 GRAM/25 ML (10 %)	5	PA; Specialty
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	Age Limit; ACA; QL; Age (Min 9 Years and Max 26 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	Age Limit; ACA; QL; Age (Min 9 Years and Max 26 Years)

Drug Name	Drug Tier	Requirements / Limits
GRASTEK SUBLINGUAL TABLET 2,800 BAU	2	PA; QL
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	Age Limit; ACA; QL; Age (Min 18 Years and Max 999 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	ACA
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	3	Age Limit; ACA; QL; Age (Min 18 Years and Max 999 Years)
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	ACA
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML)	2	
HYPERHEP B 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 %)	6	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
JYNNEOS (PF)(STOCKPILE) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	3	
KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	2	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	2	ACA

Drug Name	Drug Tier	Requirements / Limits
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	Age Limit; ACA; QL; Age (Min 11 Years and Max 23 Years)
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	3	Age Limit; ACA; QL; Age (Min 11 Years and Max 23 Years)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	Age Limit; ACA; QL; Age (Min 11 Years and Max 23 Years)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	3	Age Limit; ACA; QL; Age (Min 11 Years and Max 23 Years)
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	ACA; QL
MODERNA COVID BIVAL(6M-5Y)-PF INTRAMUSCULAR SUSPENSION 10 MCG/0.2 ML	3	ACA
MODERNA COVID BIVAL(6Y UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	3	ACA
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	5	PA; Specialty
NABI-HB INTRAMUSCULAR SOLUTION GREATER THAN 1,560 UNIT/5 ML, GREATER THAN 312 UNIT/ML	2	
NOVAVAX COVID-19 VACC,ADJ(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	3	ACA
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	2	PA; QL
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	2	PA; QL
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	5	PA; Specialty

Drug Name	Drug Tier	Requirements / Limits
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	5	PA; Specialty
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	5	PA; Specialty
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	5	PA; Specialty
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	5	PA; Specialty
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	5	PA; Specialty
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	5	PA; Specialty
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	5	PA; Specialty
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	5	PA; Specialty
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	5	PA; Specialty
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	5	PA; Specialty
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	5	PA; Specialty; QL
PANZYGA INTRAVENOUS SOLUTION 10 %	6	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 15LF-48MCG-62DU -10 MCG/0.5ML	2	ACA
PFIZER COVID BIVAL(12Y UP)(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	3	ACA
PFIZER COVID BIVAL(5-11YR)(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MCG/0.2 ML	3	ACA
PFIZER COVID BIVAL(6MO-4Y)(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.2 ML	3	ACA
PFIZER COVID-19 TRIS VACCIN(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	3	Age Limit; ACA; Age (Min 12 Years and Max 999 Years)

Drug Name	Drug Tier	Requirements / Limits
PFIZER COVID-19 TRIS VACCIN(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MCG/0.2 ML	3	Age Limit; ACA; Age (Min 5 Years and Max 11 Years)
PFIZER COVID-19 TRIS VACCIN(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
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
RAGWITEK SUBLINGUAL TABLET 12 AMBA 1 UNIT	2	PA; QL
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 40 MCG/ML	3	Age Limit; ACA; QL; Age (Min 18 Years and Max 999 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	3	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	Age Limit; ACA; QL; Age (Min 18 Years and Max 999 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	ACA
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	2	ACA

Drug Name	Drug Tier	Requirements / Limits
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	Age Limit; ACA; QL; Age (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
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
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	Age Limit; ACA; QL; Age (Min 10 Years and Max 25 Years)
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	ACA; QL
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	ACA
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	3	ACA
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	ACA
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	3	Age Limit; ACA; QL; Age (Min 18 Years and Max 999 Years)
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	ACA
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	3	Age Limit; ACA; QL; Age (Min 18 Years and Max 999 Years)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	ACA; QL
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	2	

Drug Name	Drug Tier	Requirements / Limits
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 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	Age Limit; Age (Min 19 Years and Max 999 Years)
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	3	ACA
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	5	PA; Specialty
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	3	ACA

IMMUNOLOGY

INTERLEUKINS

<i>imiquimod topical cream in packet 5 %</i>	1	QL
--	---	----

MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>allopurinol sodium intravenous recon soln 500 mg</i>	1	
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
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	

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
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	5	Specialty; QL
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	3	
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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)	5	PA; Specialty; QL
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	PA; Specialty; QL
ACTEMRA INTRAVENOUS SOLUTION 80 MG/4 ML (20 MG/ML)	5	PA; Specialty; QL
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; Specialty
AMJEVITA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	5	PA; QL
AMJEVITA SUBCUTANEOUS SYRINGE 20 MG/0.4 ML, 40 MG/0.8 ML	5	PA; QL
BENLYSTA INTRAVENOUS RECON SOLN 120 MG	5	Specialty; QL
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	6	PA; Specialty; QL
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	6	PA; Specialty; QL
DEPEN TITRATABS ORAL TABLET 250 MG	6	PA; Specialty; QL
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; Specialty; QL
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	PA; Specialty
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA; Specialty; QL
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; Specialty; QL
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; Specialty; QL
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; Specialty; QL

Drug Name	Drug Tier	Requirements / Limits
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; Specialty; QL
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; Specialty; QL
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	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	5	PA; Specialty; QL
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; Specialty; QL
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; Specialty; QL
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; Specialty; QL
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; Specialty; QL
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA; Specialty; QL
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	6	PA; Specialty; QL
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	6	PA; Specialty; QL
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	6	PA; Specialty; QL
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	6	PA; Specialty; QL
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	6	PA; Specialty; QL
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	6	PA; Specialty; QL
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	6	PA; Specialty; QL
OTEZLA ORAL TABLET 30 MG	5	PA; Specialty; QL

Drug Name	Drug Tier	Requirements / Limits
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; Specialty; QL
<i>penicillamine oral capsule 250 mg</i>	4	PA; Specialty
<i>penicillamine oral tablet 250 mg</i>	4	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	5	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	
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	6	PA; Specialty; QL
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	6	PA; Specialty; QL
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	6	PA; Specialty; QL
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; Specialty
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; Specialty; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; Specialty; QL

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	3	ACA
CONDOMS-PREM LUBRICATED DEVICE	3	ACA; QL
DUREX AVANTI BARE REAL FEEL	3	ACA; QL
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 20.4 MCG/24 HRS (8 YRS) 52 MG	3	ACA

Drug Name	Drug Tier	Requirements / Limits
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 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
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	3	ACA; QL
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	
<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
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>estradiol 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 %)</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 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	2	QL
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	1	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>heather oral tablet 0.35 mg</i>	1	ACA
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	4	PA; Specialty; QL
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
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	1	ACA
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<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	
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	
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	3	ACA
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	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

Drug Name	Drug Tier	Requirements / Limits
GYNAZOLE-1 VAGINAL CREAM 2 %	3	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA; QL
<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	
<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
ORAL CONTRACEPTIVES & RELATED AGENTS		
<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	ACA
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	1	ACA
<i>apri oral tablet 0.15-0.03 mg</i>	1	ACA
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	ACA
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>aubra oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<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 0.1 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

Drug Name	Drug Tier	Requirements / Limits
<i>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	ACA
<i>chateal (28) oral tablet 0.15-0.03 mg</i>	1	ACA
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	1	ACA
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	1	ACA
<i>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
<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
ELLA ORAL TABLET 30 MG	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>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

Drug Name	Drug Tier	Requirements / Limits
<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>her style oral tablet 1.5 mg</i>	1	ACA
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	ACA
<i>isibloom oral tablet 0.15-0.03 mg</i>	1	ACA
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	1	ACA
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	ACA
<i>juleber oral tablet 0.15-0.03 mg</i>	1	ACA
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<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 0.1 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

Drug Name	Drug Tier	Requirements / Limits
<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
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	2	ACA
<i>lojaimiess oral tablets, dose pack, 3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	ACA
<i>loryna (28) oral tablet 3-0.02 mg</i>	1	ACA
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	1	ACA
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	1	ACA
<i>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
<i>microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	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

Drug Name	Drug Tier	Requirements / Limits
<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
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	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
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	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
<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

Drug Name	Drug Tier	Requirements / Limits
<i>pimtrex (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
SLYND ORAL TABLET 4 MG (28)	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
TAKE ACTION ORAL TABLET 1.5 MG	1	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
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	2	ACA
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	ACA
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	ACA
<i>tri-lynyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<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
<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

OXYTOCICS

<i>methergine oral tablet 0.2 mg</i>	3	
<i>methylergonovine oral tablet 0.2 mg</i>	1	

OPHTHALMOLOGY

ANTIBIOTICS

Drug Name	Drug Tier	Requirements / Limits
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>gentamicin ophthalmic (eye) drops 0.3 %</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	
<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	
TOBRAMYCIN-VANCOMYCIN OPHTHALMIC (EYE) DROPS 1.5-5 %	1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	3	
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
BETA-BLOCKERS		

Drug Name	Drug Tier	Requirements / Limits
<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 (pf) ophthalmic (eye) dropperette 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	2	
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
ATROPINE OPHTHALMIC (EYE) DROPS, EMULSION 0.01 %	1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	1	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1	
CYCLOPEN-TROPIC-PHENYLEPH-WATR OPHTHALMIC (EYE) DROPS 1-1-2.5 %	1	
<i>homatropaire ophthalmic (eye) drops 5 %</i>	1	
PHENYLEPH-TROPICAMIDE IN WATER OPHTHALMIC (EYE) DROPS 2.5-1 %	1	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	1	
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	3	
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	3	ST

Drug Name	Drug Tier	Requirements / Limits
ALOMIDE OPHTHALMIC (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	QL
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	1	PA; QL
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	6	PA; Specialty; QL
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	5	PA; Specialty; QL
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	1	
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	6	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
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 %	1	

Drug Name	Drug Tier	Requirements / Limits
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	1	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	PA
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	2	
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
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
ORAL DRUGS FOR GLAUCOMA		
<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	
OTHER GLAUCOMA DRUGS		
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	1	ST; QL
DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS 2-0.5 %	1	ST
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
LATANOPROST (PF) OPHTHALMIC (EYE) DROPS 0.005 %	1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	ST; QL
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
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	1	QL
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
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	3	ST; QL
STEROID-ANTIBIOTIC COMBINATIONS		
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	

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

Drug Name	Drug Tier	Requirements / Limits
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
SYMPATHOMIMETICS		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	1	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	3	
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI HISTAMINE & ANTIALLERGENIC AGENTS		
<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	
EPINEPHRINE HCL (PF) INJECTION SOLUTION 1 MG/ML (1 ML)	1	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<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</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	
COUGH & COLD THERAPY		
<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	Age Limit; QL; Age (Min 12 Years and Max 999 Years)
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	1	Age Limit; QL; Age (Min 12 Years and Max 999 Years)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	Age Limit; QL; Age (Min 12 Years and Max 999 Years)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	1	Age Limit; QL; Age (Min 12 Years and Max 999 Years)
<i>hydromet oral syrup 5-1.5 mg/5 ml</i>	1	Age Limit; QL; Age (Min 12 Years and Max 999 Years)
<i>promethazine vc oral syrup 6.25-5 mg/5 ml</i>	1	
<i>promethazine vc-codeine oral syrup 6.25-5-10 mg/5 ml</i>	1	Age Limit; QL; Age (Min 12 Years and Max 999 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1	Age Limit; QL; Age (Min 12 Years and Max 999 Years)
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	1	
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	2	

Drug Name	Drug Tier	Requirements / Limits
TUZISTRA XR ORAL SUSPENSION,EXTENDED REL 12 HR 14.7-2.8 MG/5 ML	3	Age Limit; QL; Age (Min 12 Years and Max 999 Years)
PULMONARY AGENTS		
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	5	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>	4	PA; Specialty; QL
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	4	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
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

Drug Name	Drug Tier	Requirements / Limits
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>	4	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)	5	PA; Specialty; QL
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	QL
<i>epinephrine hcl nasal solution 1 mg/ml</i>	1	
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	5	PA; Specialty
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	PA; Specialty
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

Drug Name	Drug Tier	Requirements / Limits
<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	6	PA; Specialty
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	3	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	4	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	5	PA; Specialty
KALYDECO ORAL TABLET 150 MG	5	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>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	2	QL
<i>montelukast oral granules in packet 4 mg</i>	1	
<i>montelukast oral tablet 10 mg</i>	1	
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	1	
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; Specialty; QL
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; Specialty; QL
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	5	PA; Specialty; QL

Drug Name	Drug Tier	Requirements / Limits
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; Specialty; QL
OPSUMIT ORAL TABLET 10 MG	5	PA; Specialty; QL
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	5	PA; Specialty; QL
ORKAMBI ORAL TABLET 100-125 MG, 200- 125 MG	5	PA; Specialty; QL
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	6	PA; Specialty
<i>pirfenidone oral capsule 267 mg</i>	4	PA; Specialty; QL
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	4	PA; Specialty; QL
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	2	QL
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA; Specialty; QL
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	QL
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	QL
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	1	QL
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	5	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) oral suspension for reconstitution 10 mg/ml</i>	4	PA; Specialty; QL
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	1	PA; QL
SINUVA SINUS IMPLANT 1,350 MCG	3	PA; QL
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	1	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	QL
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	QL
STIOLTO RESPIMAT INHALATION MIST 2.5- 2.5 MCG/ACTUATION	2	QL

Drug Name	Drug Tier	Requirements / Limits
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)	6	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)	6	PA; Specialty; QL
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML	6	PA; QL
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	6	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 FOR SUSPENSION 32 MG	5	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)	5	PA; Specialty; QL
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	5	PA; Specialty
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	5	PA; Specialty

Drug Name	Drug Tier	Requirements / Limits
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	5	PA; Specialty
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	5	PA; Specialty
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	6	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	5	PA; Specialty; QL
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	5	PA; Specialty; QL
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
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

Drug Name	Drug Tier	Requirements / Limits
<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
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<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	
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	ST; QL
<i>tamsulosin oral capsule 0.4 mg</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
MISCELLANEOUS UROLOGICALS		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	3	ST; QL
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG	2	ST; QL
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG	2	ST; QL
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	5	PA; Specialty
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	2	ST; QL
ELMIRON ORAL CAPSULE 100 MG	2	
<i>hyophen oral tablet 81.6-0.12-10.8 mg</i>	1	
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30 MG- 1 MG/ML	1	
IFE-PG20 INTRACAVERNOSAL SOLUTION 20 MCG/ML	1	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	2	

Drug Name	Drug Tier	Requirements / Limits
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	1	
MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 250 MCG, 500 MCG	2	QL
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	6	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>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	QL
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG- 5 MG- 50 MCG	3	
<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	
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
VITAMINS, HEMATINICS & ELECTROLYTES		
BLOOD DERIVATIVES		
ALBUMINEX INTRAVENOUS SOLUTION 5 %	3	
ELECTROLYTES		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
CALCIUM GLUC IN NACL, ISO-OSM INTRAVENOUS SOLUTION 1 GRAM/50 ML	1	
<i>effe-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	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	1	
<i>lugols oral solution 5 %</i>	3	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	2	
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 3 % hypertonic intravenous parenteral solution 3 %</i>	1	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	1	
<i>strong iodine oral solution 5 %</i>	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	3	PA
<i>plasmanate intravenous parenteral solution 5 %</i>	2	
VITAMINS & HEMATINICS		
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	

Drug Name	Drug Tier	Requirements / Limits
<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	
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	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	1	Age Limit; ACA; Age (Max 6 Years)
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	1	Age Limit; ACA; Age (Max 6 Years)
<i>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</i>	1	ACA
<i>folivane-ob oral capsule 85-1 mg</i>	1	
<i>kpn oral tablet</i>	1	
<i>ludent fluoride 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	Age Limit; Age (Max 6 Years)
<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	

Drug Name	Drug Tier	Requirements / Limits
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG	3	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	3	
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	\$0 Copay; 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 plus low iron oral tablet 27 mg iron- 1 mg</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>prenatal vitamin with minerals oral tablet 28 mg iron- 800 mcg</i>	1	
<i>prenatal-u oral capsule 106.5-1 mg</i>	1	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG	3	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG	3	
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	
<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	

Drug Name	Drug Tier	Requirements / Limits
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

A		
abacavir	4	AEROCHAMBER PLUS
abacavir-lamivudine	4	FLOW-VU.....
ABELCET.....	3	STAT.....
ABILIFY MAINTENA.....	37	AEROCHAMBER PLUS Z
abiraterone.....	17	STAT.....
acamprosate.....	71	AEROTRACH PLUS.....
acarbose.....	85	AEROVENT PLUS.....
ACCOLATE.....	128	afirmelle.....
ACCU-CHEK COMBO		AFLURIA QD 2022-23(3YR
SYSTEM.....	77	UP)(PF).....
accutane.....	63	AFLURIA QUAD 2022-
ACE AEROSOL CLOUD		2023(6MO UP).....
ENHANCER.....	76	AFREZZA.....
acebutolol.....	46	AFSTYLA.....
acetaminophen-caff-		after pill.....
dihydrocod.....	32	AFTERA.....
acetaminophen-codeine.....	32	AGGRASTAT
acetazolamide.....	123	CONCENTRATE.....
acetazolamide sodium.....	123	AIMOVIG AUTOINJECTOR
acetic acid.....	71, 74	.....
acetylcysteine.....	128	AJOVY AUTOINJECTOR..
acitretin.....	60	AJOVY SYRINGE.....
ACTEMRA.....	106	AKTEN (PF).....
ACTEMRA ACTPEN.....	106	AKYNZEO
ACTHIB (PF).....	97	(FOSNETUPITANT).....
ACTIMMUNE.....	96	ALA-QUIN.....
ACULAR.....	123	albendazole.....
ACULAR LS.....	123	ALBUMINEX.....
acyclovir.....	4, 67	albuterol sulfate.....
acyclovir sodium.....	4	alclometasone.....
ADACEL(TDAP		ALDURAZYME.....
ADOLESN/ADULT)(PF)	97	alendronate.....
ADAKVEO.....	17	alfuzosin.....
adapalene.....	63	ALINIA.....
ADAPALENE.....	63	aliskiren.....
adefovir.....	4	allopurinol.....
ADEMPAS.....	128	allopurinol sodium.....
ADRENALIN.....	128	ALLZITAL.....
ADVAIR HFA.....	128	almotriptan malate.....
ADVANCED ALLERGY		ALOCRIL.....
COLLECT KIT.....	68	ALOMIDE.....
ADVATE.....	52	alosepron.....
ADYNOVATE.....	52	ALPHANATE.....
ADZENYS XR-ODT.....	38	ALPHANINE SD.....
AEMCOLO.....	10	alprazolam.....
AEROCHAMBER MINI.....	76	alprazolam intensol.....
		ALPROLIX.....
		ALREX.....
		altacaine.....
		ALTAFLUOR BENOX.....
		altavera (28).....
		alvimopan.....
		alyacen 1/35 (28).....
		alyacen 7/7/7 (28).....
		alyq.....
		amabelz.....
		amantadine hcl.....
		ambrisentan.....
		AMELUZ.....
		amethia.....
		amethyst (28).....
		amikacin.....
		amiloride.....
		amiloride-hydrochlorothiazide
	
		aminocaproic acid.....
		aminophylline.....
		amiodarone.....
		AMITIZA.....
		amitriptyline.....
		amitriptyline-chlordiazepoxide
	
		AMJEVITA.....
		AMJEVITA
		AUTOINJECTOR.....
		amlodipine.....
		amlodipine-atorvastatin.....
		amlodipine-benazepril.....
		amlodipine-olmesartan.....
		amlodipine-valsartan.....
		amlodipine-valsartan-hcthiiazid
	
		amnesteem.....
		AMONDYS-45.....
		amoxapine.....
		amoxicil-clarithromy-lansopraz
	
		amoxicillin.....
		amoxicillin-pot clavulanate .13,
		14
		amphetamine sulfate.....
		amphotericin b.....
		ampicillin.....
		ampicillin sodium.....
		anagrelide.....
		ANA-LEX KIT.....
		anastrozole.....

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ANDEXXA	53	ATROPINE	121	BASAGLAR KWIKPEN U-	
ANDRODERM	81	ATROPINE IN 0.9 % SOD		100 INSULIN	79
ANGELIQ	109	CHLORIDE.....	88	BASAGLAR TEMPO PEN(U-	
ANNOVERA	111	ATROVENT HFA	129	100)INSLN	79
ANORO ELLIPTA	128	AUBAGIO.....	96	BAXDELA	15
anucort-hc.....	89	aubra	113	BCG VACCINE, LIVE (PF)	98
ANZEMET	89	aubra eq	113	BD INTEGRA NEEDLE	77
APIDRA SOLOSTAR U-100		aurovela 1.5/30 (21)	113	BD SPECIALTY USE	
INSULIN.....	79	aurovela 1/20 (21)	113	NEEDLES	77
APIDRA U-100 INSULIN...	79	aurovela 24 fe	113	BD ULTRA-FINE NANO	
apomorphine.....	27	aurovela fe 1.5/30 (28)	113	PEN NEEDLE	77
apraclonidine	126	aurovela fe 1-20 (28).....	113	BD VERITOR SYSTEM	
aprepitant.....	89	AURYXIA.....	89	SARS-COV-2	76
APRETUDE	4	AUSTEDO	30	belladonna alkaloids-opium..	88
apri.....	113	AUTOSOFT 30	77	BELSOMRA	38
APTIVUS	4	AUTOSOFT 90	77	benazepril	47
aqua care sodium chloride....	71	AUTOSOFT XC INFUSION		benazepril-hydrochlorothiazide	
aqua care sterile water	71	SET 23.....	77	.....	47
ARAKODA	10	AVAR-E LS	63	BENEFIX	53
aranelle (28).....	113	AVELOX IN NA CL (ISO-		BENLYSTA	106
ARCALYST.....	95	OSMOTIC).....	15	benzepro	64
arformoterol.....	128	aviane.....	113	BENZNIDAZOLE	10
ARIKAYCE	10	avidoxy	15	benzonatate	127
aripiprazole.....	38	avo cream	62	benzoyl peroxide	64
ARISTADA.....	38	AVONEX	96	benztropine	27
ARISTADA INITIO	38	AVYCAZ	8	bepotastine besilate.....	122
armodafinil	38	AYGESTIN	109	BESIVANCE.....	120
ARMOUR THYROID	87	ayuna	113	BESREMI.....	96
ARNUITY ELLIPTA.....	129	AYVAKIT.....	17	BETADINE OPHTHALMIC	
ascomp with codeine	32	AZASITE	120	PREP.....	120
asenapine maleate.....	38	azathioprine	17	betaine.....	90
ashlyna.....	113	azathioprine sodium	17	betamethasone dipropionate .	68
ASMANEX HFA	129	azelaic acid	64	betamethasone valerate.....	68
ASMANEX TWISTHALER		azelastine	74, 122	betamethasone, augmented...	68
.....	129	azelastine-fluticasone	129	BETASERON.....	96
aspirin.....	35	AZESCO	137	betaxolol	47, 121
aspirin-dipyridamole	53	azithromycin.....	9, 10	bethanechol chloride.....	134
ASPIRIN-OMEPRAZOLE ..	53	azurette (28).....	113	BETIMOL	121
ASTAGRAF XL	17	B		BETOPTIC S.....	121
atazanavir	4	bacitracin	10, 120	BEVESPI AEROSPHERE .	129
atenolol	47	bacitracin-polymyxin b.....	120	bexarotene.....	17
atenolol-chlorthalidone.....	47	baclofen	31	BEXSERO.....	98
ATGAM	97	bal-care dha	137	bicalutamide	17
atomoxetine	38	balsalazide	89	BICILLIN C-R	14
atorvastatin	57	BALVERSA.....	17	BICILLIN L-A	14
atovaquone	10	balziva (28).....	113	BIJUVA.....	109
atovaquone-proguanil.....	10	BAQSIMI	77	BIKTARVY	4
atracurium.....	31	BARACLUDGE.....	4	bimatoprost	123
ATRAPRO HYDROGEL	62	BARHEMSYS.....	90	BINAXNOW COVID-19 AG	
atropine.....	88, 121			CARD	76

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

BIOTHRAX	98	butalbital-acetaminophen-caff	32	CAYSTON	11
bisoprolol fumarate	47	.....	32	caziant (28)	114
bisoprolol-hydrochlorothiazide	47	butalbital-aspirin-caffeine ...	32,	cefaclor	8
.....	47	33		cefadroxil	8
bivalirudin	53	butorphanol.....	35	cefazolin	8
blisovi 24 fe.....	113	BYLVAY	90	cefazolin in dextrose (iso-os)..	8
blisovi fe 1.5/30 (28).....	113	C		cefdinir.....	8
blisovi fe 1/20 (28)	113	CABENUVA.....	4	cefditoren pivoxil.....	8
BOOSTRIX TDAP	98	cabergoline	82	cefepime	8
bosentan.....	129	CABLIVI.....	53	CEFEPIME IN DEXTROSE 5	
BOSULIF	17	CABOMETYX.....	18	%	8
BOTOX.....	98	caffeine citrate	71	cefepime in dextrose,iso-osm .	8
bp 10-1.....	64	calcipotriene	60	cefixime	9
BRAFTOVI.....	18	calcipotriene-betamethasone	60	CEFOTAN.....	9
BREATHERITE MDI		calcitonin (salmon).....	82	cefoxitin	9
SPACER.....	76	calcitriol.....	60, 82	cefoxitin in dextrose, iso-osm.	9
BREO ELLIPTA	129	calcium acetate(phosphat bind)		cefpodoxime	9
bretylum tosylate	46	.....	136	cefprozil	9
briellyn	113	CALCIUM GLUC IN NACL,		CEFTAZIDIME IN D5W.....	9
BRILINTA	53	ISO-OSM.....	136	ceftriaxone	9
brimonidine	64, 126	CALDOLOR	35	ceftriaxone in dextrose,iso-os .	9
BRIMONIDINE-		camila	109	cefuroxime axetil	9
DORZOLAMIDE (PF) ..	123	camrese	113	cefuroxime sodium	9
brimonidine-timolol	124	camrese lo.....	113	celecoxib.....	35
BRINEURA	82	CANASA.....	90	CELONTIN	24
brinzolamide.....	124	candesartan	47	cem-urea	62
BRIVIACT	24	candesartan-hydrochlorothiazid	47	cephalexin.....	9
BROMFED DM	127	.....	47	CEPROTIN (BLUE BAR) ...	53
bromfenac.....	123	capecitabine	18	CEPROTIN (GREEN BAR) 53	
bromocriptine	27, 28	CAPRELSA.....	18	CEQUA	122
brompheniramine-pseudoeph-		captopril.....	47	CEQUR SIMPLICITY	77
dm.....	127	captopril-hydrochlorothiazide		CERACADE.....	62
BROMSITE.....	123	.....	47	CERAMAX	62
BRUKINSA	18	carbamazepine	24	CERDELGA.....	82
budesonide.....	90, 129	carbidoa	28	CEREZYME.....	82
bumetanide	47	carbidoa-levodopa	28	CERVIDIL	111
buprenorphine.....	32	carbidoa-levodopa-		CETROTIDE.....	82
buprenorphine hcl.....	32	entacapone	28	cevimeline.....	71
buprenorphine-naloxone.....	35	carbinoxamine maleate.....	126	charlotte 24 fe	114
bupropion hcl.....	38, 39	CARDURA XL	47	chateal (28)	114
BUPROPION HCL	39	carglumic acid	71	chateal eq (28)	114
bupropion hcl (smoking deter)		carisoprodol.....	31	CHEMET.....	71
.....	73	CARNITOR.....	71	CHENODAL	90
buspirone	39	carteolol	121	chloramphenicol sod succinate	
butalbital compound w/codeine		cartia xt.....	47	.....	11
.....	32	carvedilol	47	chlordiazepoxide hcl.....	39
butalbital-acetaminop-caf-cod		carvedilol phosphate.....	48	chlordiazepoxide-clidinium ..	88
.....	32	CAVERJECT	134	chlorhexidine gluconate.....	74
butalbital-acetaminophen	32	CAVERJECT IMPULSE ...	134	chloroquine phosphate.....	11
		CAYA CONTOURED	108	chlorothiazide sodium	48

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

chlorpromazine.....	39	clonidine	48	CUE COVID-19 HOME TEST	76
chlorthalidone.....	48	clonidine hcl	39, 48	.....	76
chlorzoxazone.....	31	clopidogrel.....	53	CUVITRU	98
CHOLBAM.....	90	clorazepate dipotassium	39	cyclobenzaprine.....	31
cholestyramine (with sugar) .	57	clotrimazole	3	CYCLOMYDRIL.....	126
cholestyramine light	57	clotrimazole-betamethasone .	67	cyclopentolate.....	121
ciclopirox.....	67	clozapine.....	39	CYCLOPEN-TROPIC-	
cidofovir	4	c-nate dha	137	PHENYLEPH-WATR....	121
cilostazol.....	53	COAGADEX.....	54	cyclophosphamide	18
CIMDUO.....	4	COARTEM	11	CYCLOPHOSPHAMIDE	18
cimetidine	94	COCAINE	65	CYCLOSERINE.....	11
cimetidine hcl	94	codeine sulfate.....	33	cyclosporine.....	18, 122
CIMZIA.....	90	codeine-butalbital-asa-caff ...	33	CYCLOSPORINE IN	
CIMZIA POWDER FOR		colchicine.....	105	KLARITY.....	122
RECONST.....	90	COLCHICINE.....	105	cyclosporine modified	18
cinacalcet.....	82	colesevelam	57	cyproheptadine	126
CINRYZE.....	129	colestipol	57	cyred	114
CINVANTI.....	90	COMBIPATCH.....	109	cyred eq	114
CIPRO HC.....	74	COMBIVENT RESPIMAT	129	CYSTADROPS	122
ciprofloxacin hcl.....	15, 74, 120	COMETRIQ	18	CYSTAGON	135
ciprofloxacin in 5 % dextrose		COMPACT SPACE		CYSTARAN.....	122
.....	15	CHAMBER	76	CYTOTEC.....	94
ciprofloxacin-dexamethasone		complete natal dha.....	137	D	
.....	74	completenate.....	137	dalfampridine.....	30
CIPROFLOXACIN-		compro.....	90	DALVANCE	11
FLUOCINOLONE	75	CONCEPT DHA	137	danazol.....	82
citalopram.....	39	CONDOMS-PREM		dantrolene	31
CITRANATAL B-CALM (FE		LUBRICATED.....	108	dapsone	11, 64
GLUC).....	137	constulose	90	DAPTACEL (DTAP	
claravis	64	CONTOUR TEST STRIPS ..	76	PEDIATRIC) (PF).....	98
clarithromycin	10	COPIKTRA	18	darifenacin	133
cleansing wash.....	64	CORIFACT	54	dasetta 1/35 (28)	114
clemastine.....	126	CORLANOR	59	dasetta 7/7/7 (28)	114
CLENPIQ	90	corti-sav	66	DAURISMO.....	18
clindamycin hcl	11	cortisone	75	daysee	114
CLINDAMYCIN IN 0.9 %		COSOPT (PF).....	124	DEBACTEROL.....	74
SOD CHLOR	11	COTELIC.....	18	deblitane	109
clindamycin in 5 % dextrose	11	covaryx	109	deferasirox	71
clindamycin pediatric	11	covaryx h.s.....	109	deferiprone.....	71
clindamycin phosphate .	64, 111	COVID19 TEST ADM.BY		DEFITELIO.....	54
clindamycin-benzoyl peroxide		PHARMACIST	76	DELZICOL.....	90
.....	64	COVID-19 TEST SPECIMEN		demeclocycline	15
clindamycin-tretinoin	64	COLLECT	76	DEPEN TITRATABS	106
clobazam.....	24	CREON	90	DEPO-ESTRADIOL	109
clobetasol.....	68	CRESEMBA	3	DEPO-PROVERA.....	109
clobetasol-emollient	68	cromolyn.....	90, 122, 129	DEPO-SUBQ PROVERA	104
clomid.....	82	crotan	70	.....	109
clomiphene citrate	82	cryselle (28).....	114	DESCOVY	4
clomipramine.....	39	CRYSVITA	82	desipramine.....	39
clonazepam.....	24			desloratadine.....	126, 127

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

desmopressin	82	DILANTIN	24	DUPIXENT SYRINGE.....	62
DESMOPRESSIN.....	82	diltiazem	48	DUREX AVANTI BARE	
desog-e.estradiol/e.estradiol		dilt-xr	48	REAL FEEL	108
.....	114	dimethyl fumarate.....	96	dutasteride.....	134
desogestrel-ethinyl estradiol		DIPENTUM	90	dutasteride-tamsulosin	134
.....	114	diphenhydramine hcl	127	DYSPORT	98
desonide.....	68	diphenoxylate-atropine	88	E	
desoximetasone	68, 69	dipyridamole.....	54	e.e.s. 400	10
desvenlafaxine succinate	39	DISALCID	35	EASIVENT HOLDING	
dexamethasone	75	diskets.....	33	CHAMBER	76
dexamethasone intensol.....	75	disopyramide phosphate	46	econazole	67
dexamethasone sodium		disulfiram.....	71	econtra ez.....	114
phosphate.....	125	divalproex	24	econtra one-step.....	114
dexchlorpheniramine maleate		dofetilide.....	46	EDARBI	48
.....	127	DOJOLVI	137	EDARBYCLOR	48
DEXCOM G6 RECEIVER ..	77	dolishale.....	114	EDEX	135
DEXCOM G6 SENSOR	77	donepezil	30	EDLUAR.....	40
DEXCOM G6		DOPTELET (15 TAB PACK)		ed-spaz	88
TRANSMITTER.....	77	.....	54	EDURANT	4
DEXCOM G7 RECEIVER ..	78	dorzolamide	124	eemt	109
DEXCOM G7 SENSOR	78	DORZOLAMIDE (PF).....	124	eemt hs.....	109
DEXERYL	62	dorzolamide-timolol	124	efavirenz	5
dexlansoprazole	94	dorzolamide-timolol (pf)	124	efavirenz-lamivu-tenofov disop	
dexmethylphenidate	39	DORZOLAMIDE-TIMOLOL		.....	5
dexrazoxane hcl.....	17	(PF).....	124	effer-k	136
dextroamphetamine sulfate .39,	40	dotti.....	109	EGRIFTA SV	96
40		DOVATO	4	ELAPRASE.....	82
dextroamphetamine-		doxazosin.....	48	eletriptan	29
amphetamine	40	doxepin	40	ELIGARD.....	18
DIACOMIT	24	doxercalciferol.....	82	ELIGARD (3 MONTH)	18
DIASTAT	24	doxycycline hyclate.....	15	ELIGARD (4 MONTH)	18
diazepam.....	24, 40	doxycycline monohydrate ...	15,	ELIGARD (6 MONTH)	18
diazepam intensol.....	40	16		elinest.....	114
diazoxide	77	drithocrema hp.....	60	ELIQUIS.....	54
DICLOFENAC EPOLAMINE		dronabinol.....	90	ELIQUIS DVT-PE TREAT	
.....	35	drospirenone-e.estradiol-lm.fa		30D START.....	54
diclofenac potassium	35	.....	114	ELLA	114
diclofenac sodium ..35, 62, 123		drospirenone-ethinyl estradiol		ELMIRON.....	135
diclofenac-misoprostol	35	.....	114	ELOCTATE	54
DICLOFONO	35	DROXIA	18	eluryng.....	111
dicloxacillin.....	14	droxidopa.....	72	EMCYT	18
dicyclomine	88	DRYSOL DAB-O-MATIC ..	62	EMERPHED.....	59
didanosine.....	4	DUAVEE.....	109	EMGALITY PEN.....	29
DIFICID	10	DUET DHA BALANCED.	137	EMGALITY SYRINGE.....	29
diflunisal.....	35	DUET DHA WITH OMEGA-3		EMSAM	40
difluprednate.....	125	.....	137	emtricitabine	5
digitek.....	52	DULERA	129	emtricitabine-tenofovir (tdf) ...	5
digox	52	duloxetine	40	EMTRIVA.....	5
digoxin.....	52	DUOBRII	69	emulsion sb.....	62
dihydroergotamine	29	DUPIXENT PEN	62	EMVERM.....	11

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

enalapril maleate	48	erythromycin	10, 120	FACTIVE	15
enalapril-hydrochlorothiazide	48	erythromycin ethylsuccinate.	10	falmina (28)	114
ENBREL	106	erythromycin with ethanol....	64	famciclovir.....	5
ENBREL MINI	106	erythromycin-benzoyl peroxide	64	famotidine.....	94
ENBREL SURECLICK	106	escitalopram oxalate	40	famotidine (pf).....	94
ENDARI.....	72	esomeprazole magnesium....	94	FANAPT.....	40
endocet	33	ESPEROCT	54	FARXIGA	85
ENGERIX-B (PF)	98	estarylla	114	FARYDAK.....	19
ENGERIX-B PEDIATRIC (PF).....	98	estazolam	40	FASENRA.....	129
enoxaparin	54	estradiol	109, 110	FASENRA PEN	129
enpresse	114	estradiol valerate.....	110	FC2 FEMALE CONDOM .	108
enskyce.....	114	estradiol-norethindrone acet	110	febuxostat	105
ENSPRYNG.....	18	ESTRING	110	FEIBA NF	54
entacapone.....	28	estrogens-methyltestosterone	110	felbamate	25
entecavir	5	eszopiclone	40	felodipine.....	48
ENTEREG.....	90	ethacrynic acid.....	48	FEMCAP	108
ENTRESTO	59	ethambutol	11	fenofibrate.....	58
ENTYVIO	90	ethosuximide	25	FENOFIBRATE	58
enulose.....	90	ethyl chloride.....	66	fenofibrate micronized.....	58
ENVARUSUS XR	18	ethynodiol diac-eth estradiol	114	fenofibrate nanocrystallized .	58
EPCLUSA	5	etodolac	35	fenofibric acid.....	58
EPIDIOLEX	25	etonogestrel-ethinyl estradiol	112	fenofibric acid (choline)	58
epinastine.....	122	etoposide.....	18	fenopropfen.....	35
epinephrine	127	etravirine.....	5	FENSOLVI.....	19
epinephrine hcl	129	EUCRISA.....	62	fentanyl	33
EPINEPHRINE HCL (PF) .	127	EUFLEXXA.....	35	fentanyl citrate	33
epitol.....	25	EURAX	70	FERRIPROX	72
eplerenone	48	euthyrox.....	87	FERRIPROX (2 TIMES A DAY)	72
epoprostenol	48	EVERLYWELL COVID19 HOM COLLECT.....	76	fesoterodine	133
epoprostenol (glycine).....	48	everolimus (antineoplastic) ..	19	FETROJA	9
eprosartan	48	everolimus (immunosuppressive)	19	FETZIMA	40
eptifibatide.....	54	EVERLYWELL COVID19		FIBRYGA.....	54
EQUETRO	25	HOM COLLECT.....	76	finasteride	134
ERAXIS(WATER DILUENT)	3	everolimus (antineoplastic) ..	19	FINTEPLA	25
ergocalciferol (vitamin d2) .	137	everolimus (immunosuppressive)	19	finzala	114
ergoloid.....	40	EVERLYWELL COVID19		flavoxate	133
ERGOMAR.....	29	HOLDER.....	78	FLEBOGAMMA DIF	98
ergotamine-caffeine.....	29	EVERLYWELL COVID19		flecainide	46
ERIVEDGE.....	18	TRANSMITTER	78	FLEXICHAMBER	76
ERLEADA	18	EVRYSDI.....	30	FLOLAN	49
erlotinib	18	EVUSHELD (EUA).....	5	FLOVENT DISKUS	129
errin	109	ezetimibe	19	FLOVENT HFA	130
ERTACZO	67	EXKIVITY	19	FLUAD QUAD 2022-23(65Y UP)(PF).....	98
ery pads	64	ezetimibe-simvastatin.....	58	FLUARIX QUAD 2022-2023 (PF).....	98
ery-tab.....	10	F		FLUBLOK QUAD 2022-2023 (PF).....	98
ERYTHROCIN	10	FABRAZYME	82		
erythrocin (as stearate)	10				

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

FLUCELVAX QUAD 2022-2023.....	99	fosfomycin tromethamine.....	16	GENOTROPIN MINIQUICK	96
FLUCELVAX QUAD 2022-2023 (PF).....	98	fosinopril	49	gentamicin	11, 66, 120
fluconazole	3	fosinopril-hydrochlorothiazide	49	gentamicin in nacl (iso-osm)	11
fluconazole in nacl (iso-osm)	3	FRAGMIN.....	54	GENTAMICIN SULFATE (PF).....	11
flucytosine	3	FREESTYLE LIBRE 14 DAY READER	78	GENVOYA	5
fludrocortisone	75	FREESTYLE LIBRE 14 DAY SENSOR.....	78	GIAPREZA	59
FLULAVAL QUAD 2022-2023 (PF).....	99	FREESTYLE LIBRE 2 READER	78	GILOTRIF.....	19
FLUMIST QUAD 2022-2023	99	FREESTYLE LIBRE 2 SENSOR.....	78	GIVLAARI.....	72
flunisolide.....	130	FREESTYLE LIBRE 3 SENSOR.....	78	glatiramer.....	97
fluocinolone.....	69	FREESTYLE LIBRE 3 SENSOR.....	78	glatopa	97
fluocinolone acetonide oil	74	FROTEK	36	GLEOSTINE	19
fluocinolone and shower cap	69	frovatriptan	29	glimepiride.....	85
fluocinonide.....	69	FULPHILA.....	95	glipizide	85
fluocinonide-e.....	69	furosemide	49	glipizide-metformin	85
fluorescein-proparacaine	122	FUZEON	5	GLUCAGON (HCL) EMERGENCY KIT.....	77
fluoride (sodium).....	137	fyavolv.....	110	GLUCAGON EMERGENCY KIT (HUMAN).....	77
fluorometholone	125	FYCOMPA.....	25	glyburide.....	85
fluorouracil	62	G		glyburide micronized.....	85
FLUOROURACIL	62	gabapentin	25	glyburide-metformin.....	85
fluoxetine.....	40, 41	GALAFOLD	82	glycopyrrolate.....	88
fluphenazine decanoate	41	galantamine	30	GLYCOPYRROLATE (PF) IN WATER.....	88
fluphenazine hcl	41	GALZIN	136	GLYRX-PF.....	88
flurandrenolide	69	GAMASTAN	99	GLYXAMBI.....	85
flurbiprofen.....	35	GAMASTAN S/D	99	GOJJI KETONE CONTROL SOLN-L1	78
flurbiprofen sodium.....	123	GAMIFANT.....	19	GOLYTELY	91
fluticasone propionate	69, 130	GAMMAGARD LIQUID	99	GONAL-F.....	83
fluticasone propion-salmeterol	130	GAMMAGARD S-D (IGA < 1 MCG/ML)	99	GONAL-F RFF	82
FLUTICASONE PROPION-SALMETEROL	130	GAMMAPLEX	99	GONAL-F RFF REDI-JECT.....	82
fluvastatin	58	GAMMAPLEX (WITH SORBITOL)	99	GOPRELTO	66
fluvoxamine.....	41	GAMUNEX-C.....	99	granisetron (pf)	91
FLUZONE HIGHDOSE QUAD 22-23 PF.....	99	GANCICLOVIR	5	granisetron hcl	91
FLUZONE QUAD 2022-2023	99	ganciclovir sodium	5	GRASTEK.....	99
FLUZONE QUAD 2022-2023 (PF).....	99	GARDASIL 9 (PF).....	99	griseofulvin microsize	3
folic acid.....	137	gatifloxacin.....	120	griseofulvin ultramicrosize	3
folivane-ob	137	GATTEX 30-VIAL	91	guanfacine.....	41, 49
fondaparinux.....	54	gavilyte-c	91	GUARDIAN CONNECT TRANSMITTER	78
formoterol fumarate.....	130	gavilyte-g.....	91	GUARDIAN LINK 3 TRANSMITTER	78
FORTEO	105	GAVRETO.....	19	GUARDIAN SENSOR 3	78
FOSAMAX PLUS D.....	105	GELNIQUE.....	133	GVOKE	77
fosamprenavir.....	5	gemfibrozil	58	GVOKE HYPOPEN 2-PACK	77
foscarnet	5	gemmily.....	114		
		generlac	91		
		GENOTROPIN	96		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

GVOKE PFS 2-PACK	HUMALOG TEMPO PEN(U-	hydrocortisone butyr-emollient
SYRINGE..... 77	100)INSULN 80	..... 69
GYNAZOLE-1 112	HUMALOG U-100 INSULIN	hydrocortisone valerate 69
H	..... 80	hydrocortisone-acetic acid.... 74
HAEGARDA 130	HUMATE-P 55	hydrocortisone-iodoquinol ... 66
hailey 115	HUMIRA 107	hydrocortisone-iodoquinol-aloe
hailey 24 fe 115	HUMIRA PEN 107	..... 66
hailey fe 1.5/30 (28) 115	HUMIRA PEN CROHNS-UC-	hydrocortisone-pramoxine... 60,
hailey fe 1/20 (28) 115	HS START 106	91
halcinonide 69	HUMIRA PEN PSOR-	hydromet..... 127
halobetasol propionate..... 69	UVEITS-ADOL HS 107	hydromorphone..... 33
haloette 112	HUMIRA(CF) 107	hydromorphone (pf)..... 33
haloperidol..... 41	HUMIRA(CF) PEDI	hydroxychloroquine..... 11
haloperidol decanoate..... 41	CROHNS STARTER..... 107	hydroxyprogesterone caproate
haloperidol lactate 41	HUMIRA(CF) PEN..... 107	..... 110
HALUCORT 62	HUMIRA(CF) PEN	hydroxyurea 19
HARVONI 5	CROHNS-UC-HS 107	hydroxyzine hcl 127
HAVRIX (PF) 100	HUMIRA(CF) PEN	hydroxyzine pamoate..... 127
heather 110	PEDIATRIC UC..... 107	hyophen 135
HEMLIBRA 55	HUMIRA(CF) PEN PSOR-	hyoscyamine sulfate 88
HEMOFIL M HIGH..... 55	UV-ADOL HS..... 107	hyosyne..... 88
HEMOFIL M LOW 55	HUMULIN 70/30 U-100	HYPERHEP B..... 100
HEMOFIL M MID..... 55	INSULIN 80	HYPERHEP B NEONATAL
HEMOFIL M SUPER HIGH55	HUMULIN 70/30 U-100	..... 100
heparin (porcine) 55	KWIKPEN..... 80	HYPERRAB (PF)..... 100
heparin (porcine) in 5 % dex 55	HUMULIN N NPH INSULIN	HYPERSAL 130
heparin (porcine) in nacl (pf)55	KWIKPEN..... 80	HYPERTET (PF)..... 100
heparin(porcine) in 0.45% nacl	HUMULIN N NPH U-100	HYQVIA 100
..... 55	INSULIN 80	I
heparin, porcine (pf)..... 55	HUMULIN R REGULAR U-	ibandronate 105, 106
HEPARIN, PORCINE (PF) . 55	100 INSULN 80	IBRANCE..... 19
HEPLISAV-B (PF) 100	HUMULIN R U-500 (CONC)	ibu 36
her style 115	INSULIN 80	ibuprofen..... 36
HETLIOZ 41	HUMULIN R U-500 (CONC)	ibuprofen-famotidine 36
HETLIOZ LQ..... 41	KWIKPEN..... 81	icatibant 130
HIBERIX (PF)..... 100	HYCAMTIN 19	iclevia 115
homatropaire..... 121	HYCODAN (WITH	ICLUSIG 19
HUMALOG JUNIOR	HOMATROPINE)..... 127	icosapent ethyl..... 58
KWIKPEN U-100 80	hydralazine 49	ID NOW COVID-19 TEST
HUMALOG KWIKPEN	hydrochlorothiazide..... 49	KIT 76
INSULIN..... 80	hydrocodone bitartrate..... 33	IDELVION 55
HUMALOG MIX 50-50	hydrocodone-acetaminophen 33	IDHIFA..... 19
INSULN U-100 80	hydrocodone-chlorpheniramine	IFE-BIMIX 30/1 135
HUMALOG MIX 50-50	..... 127	IFE-PG20..... 135
KWIKPEN 80	hydrocodone-homatropine.. 127	ILARIS (PF) 95
HUMALOG MIX 75-25	hydrocodone-ibuprofen 33	ILEVRO 123
KWIKPEN 80	hydrocortisone 69, 75, 91	ILUMYA 60
HUMALOG MIX 75-25(U-	hydrocortisone acetate 91	imatinib..... 19
100)INSULN..... 80	hydrocortisone butyrate..... 69	IMBRUVICA 19

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

imipramine pamoate.....	41	itraconazole	3	ketorolac	36, 123
imiquimod	105	ivermectin.....	11	KEVZARA	107
IMOGAM RABIES-HT (PF)	100	IXIARO (PF).....	100	KHAPZORY	17
IMOVAX RABIES VACCINE (PF).....	100	IXINITY	55	KINERET	107
IMPAVIDO.....	11	J		KINRIX (PF).....	100
IMVEXXY MAINTENANCE PACK	110	jaimiess.....	115	KISQALI	20
IMVEXXY STARTER PACK	110	JAKAFI	20	KISQALI FEMARA CO- PACK	20
INBRIJA.....	28	JANSSEN COVID-19 VACCINE (EUA)	100	KITABIS PAK	11
incassia	110	jantoven	55	klor-con m10	136
INCRELEX	72	JANUMET	85	klor-con m15	136
INCRUSE ELLIPTA.....	130	JANUMET XR.....	85	klor-con m20	136
indapamide	49	JANUVIA.....	86	KLOXXADO	36
INDOCIN	36	JARDIANCE.....	86	KOATE.....	56
indomethacin	36	jasmiel (28).....	115	KOGENATE FS	56
INFANRIX (DTAP) (PF)...	100	JATENZO	83	KOSELUGO.....	20
INLYTA	19	javygtor.....	83	KOVALTRY	56
INPEN (FOR HUMALOG) PINK.....	78	jencycla.....	110	K-PHOS ORIGINAL	135
INPEN (NOVOLOG OR FIASP) PINK	78	jinteli.....	110	kpn	137
INQOVI.....	19	JIVI.....	55	KRAZATI.....	20
INSPIRACHAMBER	76	jolessa	115	KRINTAFEL.....	11
INVEGA HAFYERA.....	41	juleber.....	115	kurvelo (28)	115
INVEGA SUSTENNA.....	41	JULUCA.....	6	KUVAN.....	83
INVEGA TRINZA	41	junel 1.5/30 (21)	115	KYLEENA	108
INVELTYS	125	junel 1/20 (21)	115	KYNMOBI	28
INVIRASE	5	junel fe 1.5/30 (28)	115	L	
IODOFLEX.....	62	junel fe 1/20 (28)	115	l norgest/e.estradiol-e.estrad	115
IODOSORB	62	junel fe 24.....	115	labetalol	49
IPOL	100	JUXTAPID	58	lacosamide	25
ipratropium bromide.....	74, 130	JYNARQUE.....	83	lactated ringers.....	71
ipratropium-albuterol	130	JYNNEOS (PF)(STOCKPILE)	100	lactulose.....	91
irbesartan	49	K		LAGEVRIO (EUA).....	6
irbesartan-hydrochlorothiazide	49	kaitlib fe.....	115	lamivudine	6
IRESSA	19	kalliga	115	lamivudine-zidovudine	6
ISENTRESS	5	KALYDECO	130	lamotrigine.....	25
ISENTRESS HD	5	KANUMA	83	LAMPIT	11
isibloom.....	115	kariva (28)	115	LANCING DEVICE	78
isoniazid	11	KCENTRA	55	lansoprazole.....	94
isosorbide dinitrate	59	KEDRAB (PF)	100	lanthanum	89
isosorbide mononitrate	59	kelnor 1/35 (28).....	115	LANTUS SOLOSTAR U-100 INSULIN	81
isotretinoin.....	64	kelnor 1-50 (28).....	115	LANTUS U-100 INSULIN ..	81
isoxsuprine	112	KENGREAL	55	lapatinib	20
isradipine	49	KEPIVANCE	17	larin 1.5/30 (21).....	115
ISTURISA.....	83	KERYDIN	67	larin 1/20 (21).....	115
		KESIMPTA PEN	97	larin 24 fe.....	116
		ketoconazole.....	3, 67	larin fe 1.5/30 (28).....	116
		ketodan	67	larin fe 1/20 (28).....	116
		ketodan kit	67	latanoprost	124
		ketoprofen.....	36		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

LATANOPROST (PF).....	124	lidocaine hcl-hydrocortison ac		LUCIRA CHECK-IT COVID	
LATUDA	41	.....	66, 91	HOME TST	76
layolis fe	116	LIDOCAINE HCL-		luent fluoride	137
LEDIPASVIR-SOFOSBUVIR		HYDROCORTISON AC .91		lugols	66, 136
.....	6	lidocaine viscous	66	LULICONAZOLE	67
leena 28	116	lidocaine-hydrocortison-aloe		LUMAKRAS.....	20
leflunomide.....	107	.....	91	LUMIGAN	124
LEMTRADA.....	97	lidocaine-prilocaine	66	LUMIZYME.....	83
lenalidomide	20	lidocort.....	66	LUPKYNIS	20
LENVIMA	20	LILETTA.....	108	lurasidone	42
lessina.....	116	lindane	70	lutera (28)	116
letrozole.....	20	linezolid.....	12	luxamend	62
leucovorin calcium	17	linezolid-0.9% sodium chloride		LYBALVI.....	42
LEUKERAN	20	.....	12	lyleq.....	110
LEUKINE.....	95	LINZESS	91	lyllana	110
leuprolide.....	20	liothyronine	87	LYNPARZA.....	20
LEUPROLIDE (3 MONTH) 20		lisinopril.....	49	LYSODREN.....	20
levaltbuterol hcl.....	130	lisinopril-hydrochlorothiazide		LYTGOBI.....	20
LEVEMIR FLEXPEN.....	81	.....	49	lyza	110
LEVEMIR FLEXTOUCH U-		LITEAIRE MDI CHAMBER		M	
100 INSULN	81	.....	76	mafenide acetate	66
LEVEMIR U-100 INSULIN 81		lithium carbonate.....	42	malathion	70
levetiracetam	25, 26	LITHOSTAT	72	maraviroc	6
levetiracetam in nacl (iso-os)25		LIVMARLI	91	marlissa (28)	116
LEVICYN ANTIPRURITIC 62		LO LOESTRIN FE.....	116	MARPLAN.....	42
LEVICYN ANTIPRURITIC		lojaimiess.....	116	MATULANE.....	20
SG.....	62	LOKELMA	89	matzim la	49
levobunolol.....	121	LONHALA MAGNAIR		MAVYRET	6
levocarnitine	72	REFILL	130	MAXITROL	125
levocarnitine (with sugar)....	72	LONHALA MAGNAIR		mb hydrogel.....	62
levofloxacin.....	15	STARTER	130	meclofenamate.....	36
levofloxacin in d5w.....	15	LONSURF.....	20	medroxyprogesterone .110, 111	
levoleucovorin calcium	17	lopinavir-ritonavir	6	mefenamic acid.....	36
levonest (28).....	116	lorazepam	42	mefloquine	12
levonorgestrel	116	lorazepam intensol.....	42	megestrol	20
levonorgestrel-ethinyl estrad		LORBRENA	20	MEKINIST	21
.....	116	loryna (28)	116	MEKTOVI.....	21
levonorg-eth estrad triphasic		losartan	49	meloxicam	36
.....	116	losartan-hydrochlorothiazide 49		melphalan	21
levora-28.....	116	LOTEMAX	125	memantine	30
levorphanol tartrate	33	LOTEMAX SM.....	125	MENACTRA (PF).....	101
levo-t.....	87	loteprednol etabonate	126	MENEST	111
levothyroxine.....	87	lovastatin	58	MENOPUR.....	83
LEVOTHYROXINE.....	87	low-ogestrel (28)	116	MENQUADFI (PF).....	101
levoxyl.....	87	loxapine succinate	42	MENVEO A-C-Y-W-135-DIP	
LEVULAN	62	lo-zumandimine (28)	116	(PF).....	101
LEXIVA	6	lta pre-attached	66	meperidine	33
LICART	36	lubiprostone	91	MEPHYTON.....	56
lidocaine	66	LUCEMYRA.....	36	meprobamate	31
lidocaine hcl	66			MEPSEVII.....	83

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

mercaptapurine.....	21	microgestin 1.5/30 (21)	116	mometasone.....	69, 70, 130
meropenem	12	microgestin 1/20 (21)	116	mondoxyne nl	16
MEROPENEM-0.9%		microgestin 24 fe	116	MONOFERRIC	137
SODIUM CHLORIDE	12	microgestin fe 1.5/30 (28) ..	116	mono-lyyah.....	117
merzee	116	microgestin fe 1/20 (28)	117	MONOVISC.....	36
mesalamine.....	91, 92	MICROSPACER.....	76	montelukast.....	130, 131
mesalamine with cleansing		midazolam	42	morphine.....	34
wipe	92	midodrine.....	72	MORPHINE	34
MESNEX	17	MIFEPREX	112	morphine (pf).....	34
metaxalone	31	mifepristone.....	112	morphine concentrate	34
metformin	86	migergot.....	29	MOTEGRITY	92
methadone	33	miglitol	86	MOUNJARO.....	86
methadose.....	33	miglustat	83	MOVANTIK	92
methamphetamine	42	mili.....	117	moxifloxacin.....	15, 120
methazolamide	123	millipred	75	MOXIFLOXACIN-	
methenamine hippurate	16	millipred dp	75	SOD.ACE,SUL-WATER .	15
methenamine mandelate.....	16	mimvey.....	111	MULTAQ	46
methen-sod phos-meth blue-		MINIMED 770G INSULIN		mupirocin.....	66
hyos	135	PUMP.....	78	MUSE.....	135
methergine.....	119	MINIMED MIO ADVANCE		my choice.....	117
methimazole	75	INF SET23	78	my way	117
methocarbamol.....	31	MINIMED QUICK SET 43 .	78	MYALEPT	83
methotrexate sodium	21	MINIMED SILHOUETTE 23		MYCAPSSA.....	21
methotrexate sodium (pf)	21	.....	78	mycophenolate mofetil	21
methoxsalen.....	63	MINIMED SURE T 32	78	mycophenolate sodium.....	21
methscopolamine.....	88	minocycline	16	MYDAYIS	43
methyl salicylate.....	63	minoxidil	50	MYLERAN	21
methyldopa.....	49	MIRENA	109	mynatal	137
methyldopa-		mirtazapine	42, 43	mynatal plus.....	138
hydrochlorothiazide.....	49	MIRVASO.....	64	mynatal-z	138
methylergonovine.....	119	misoprostol.....	94	MYOBLOC	101
methylphenidate hcl	42	MITIGARE	105	MYRBETRIQ.....	134
METHYLPHENIDATE HCL		mitomycin.....	21	MYXREDLIN	81
.....	42	MKO (MIDAZOLAM-		N	
methylprednisolone	75	KETAMINE-ONDAN)....	43	NABI-HB	101
methyltestosterone.....	83	M-M-R II (PF).....	101	nabumetone.....	36
metoclopramide hcl	92	m-natal plus	137	nadolol	50
metolazone	49	modafinil	43	nafcillin.....	14
metoprolol succinate	49	MODERNA COVID		nafcillin in dextrose iso-osm	14
metoprolol ta-hydrochlorothiaz		BIVAL(6M-5Y)-PF.....	101	naftifine.....	67
.....	50	MODERNA COVID		NAGLAZYME.....	83
metoprolol tartrate	50	BIVAL(6Y UP)(PF).....	101	nalbuphine	36
metro i.v.	12	MODERNA COVID(6M-5Y)		naloxone	36
metronidazole	12, 64, 112	VACC(EUA).....	101	naltrexone	36
metyrosine	50	MODERNA COVID-19 (6-		naproxen	36
mexiletine.....	46	11YR)(EUA)	101	naproxen sodium	36
mibelas 24 fe	116	MODERNA COVID-19		naratriptan.....	29
micafungin.....	3	VACCINE (EUA)	101	NATACHEW (FE BIS-	
miconazole-3	112	moexipril	50	GLYCINATE).....	138
MICROCHAMBER	76	molindone.....	43	NATACYN.....	120

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

NATAZIA	117	NICOTROL NS.....	73	NOVOSEVEN RT.....	56
nateglinide	86	nifedipine.....	50	NOXAFIL.....	3
NAYZILAM.....	26	nikki (28)	117	np thyroid.....	87
nebivolol.....	50	nilutamide.....	21	NPLATE.....	56
NEBUPENT	12	nimodipine.....	50	NUBEQA	21
nebusal.....	131	nisoldipine	50	NUCALA	131
NEBUSAL	131	nitazoxanide.....	12	NUCORT.....	70
necon 0.5/35 (28).....	117	nitisinone	72	NUCYNTA.....	37
nefazodone	43	nitro-bid.....	59	NUCYNTA ER	37
neomycin	12	NITRO-DUR	59	NUDEXTA	30
neomycin-bacitracin-poly-hc		nitrofurantoin.....	16	NULIBRY	30
.....	125	nitrofurantoin macrocrystal ..	16	NULOJIX	21
neomycin-bacitracin-		nitrofurantoin monohyd/m-		NUMBRINO	66
polymyxin.....	120	cryst	16	NUPLAZID	43
neomycin-polymyxin b gu ...	71	nitroglycerin	59, 60	NURTEC ODT	29
neomycin-polymyxin b-		NITROLINGUAL	60	NUZYRA	16
dexameth	125	NITROMIST	60	nyamyc	67
neomycin-polymyxin-		nitro-time	60	nylia 1/35 (28)	117
gramicidin.....	120	NITYR.....	72	nylia 7/7/7 (28)	117
neomycin-polymyxin-hc	75, 125	NIVESTYM	95	NYMALIZE	50
neo-polycin.....	120	nizatidine	94	nymyo	117
neo-polycin hc	125	NOCDURNA (MEN).....	83	nystatin	3, 67
neostigmine methylsulfate....	31	NOCDURNA (WOMEN) ...	83	nystatin-triamcinolone	67
NEO-SYNALAR	66	nora-be.....	111	nystop	67
NEO-SYNALAR KIT.....	66	NORDITROPIN FLEXPRO	96	O	
NERLYNX.....	21	noreth-ethinyl estradiol-iron		OB COMPLETE ONE	138
NESTABS	138	.....	117	OB COMPLETE PETITE ..	138
NESTABS ABC.....	138	norethindrone (contraceptive)		OB COMPLETE PREMIER	
NESTABS DHA	138	.....	111	.....	138
neuac.....	64	norethindrone acetate	111	OB COMPLETE WITH DHA	
NEUAC KIT	64	norethindrone ac-eth estradiol		.....	138
NEULASTA.....	95	.....	111, 117	OBIZUR	56
NEULASTA ONPRO	95	norethindrone-e.estradiol-iron		OCALIVA	92
NEUPRO.....	28	.....	117	ocella.....	117
nevirapine	6	NORGESIC FORTE	31	OCREVUS	97
new day	117	norgestimate-ethinyl estradiol		ODACTRA.....	101
newgen	138	.....	117	ODEFSEY	6
NEXLETOL	58	NORPACE CR.....	46	ODOMZO.....	21
NEXLIZET.....	58	nortrel 0.5/35 (28).....	117	OFEV.....	131
NEXPLANON	112	nortrel 1/35 (21).....	117	ofloxacin	15, 74, 120
NEXTSTELLIS.....	117	nortrel 1/35 (28).....	117	olanzapine.....	43
niacin	58	nortrel 7/7/7 (28)	117	olanzapine-fluoxetine	43
nicardipine.....	50	nortriptyline	43	OLINVYK.....	37
NICODERM CQ.....	73	NORVIR.....	6	olmesartan.....	50
nicorette.....	73	NOURIANZ.....	28	olmesartan-amlopidin-	
NICORETTE.....	73	NOVAREL.....	83	hcthiazid	50
nicotine	73	NOVAVAX COVID-19		olmesartan-	
nicotine (polacrilex)	73	VACC,ADJ(EUA).....	101	hydrochlorothiazide	50
NICOTROL.....	73	NOVOEIGHT	56	olopatadine	74
		NOVOPEN ECHO	78	OLUMIANT	107

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

omega-3 acid ethyl esters	58	ORTHOVISC	37	PANZYGA	102
omeprazole	94	oscimin	89	PARAGARD T 380A	109
OMNIPOD 5 G6 INTRO KIT (GEN 5)	78	oscimin sl	89	paricalcitol	84
OMNIPOD 5 G6 PODS (GEN 5)	78	oseltamivir	6	paroex oral rinse	74
OMNIPOD CLASSIC PODS (GEN 3)	78	OSPHERA	112	paromomycin	12
OMNIPOD DASH INTRO KIT (GEN 4)	78	OTEZLA	107	paroxetine hcl	43
OMNIPOD DASH PODS (GEN 4)	79	OTEZLA STARTER	108	paroxetine mesylate(menop.sym)	43
ondansetron	92	OVIDREL	84	PARSABIV	84
ondansetron hcl	92	oxacillin	14	PASER	12
ondansetron hcl (pf)	92	oxacillin in dextrose(iso-osm)	14	PEDIARIX (PF)	102
ONETOUCH ULTRA CONTROL	79	oxandrolone	84	PEDVAX HIB (PF)	102
ONETOUCH ULTRA TEST	76	oxaprozin	37	peg 3350-electrolytes	92
ONETOUCH ULTRA2 METER	79	oxazepam	43	peg3350-sod sul-nacl-kcl-asb-c	92
ONETOUCH ULTRAMINI	79	oxcarbazepine	26	PEGASYS	96
ONETOUCH VERIO FLEX METER	79	OXERVATE	122	peg-electrolyte soln	92
ONETOUCH VERIO MID CONTROL	79	oxiconazole	67	PEMAZYRE	21
ONETOUCH VERIO TEST STRIPS	76	OXISTAT	67	penciclovir	68
ONUREG	21	OXLUMO	135	penicillamine	108
opcicon one-step	117	OXTELLAR XR	26	PENICILLIN G POT IN DEXTROSE	14
opium tincture	89	oxybutynin chloride	134	penicillin g procaine	14
OPSUMIT	131	oxycodone	34	penicillin g sodium	14
OPTICHAMBER DIAMOND VHC	76	OXYCODONE	34	penicillin v potassium	14
option-2	118	oxycodone-acetaminophen	34	PENTACEL (PF)	102
ORALAIR	101	OXYCONTIN	34	pentamidine	12
oralone	74	oxymorphone	34	PENTASA	92
ORBACTIV	12	OZEMPIC	86	pentazocine-naloxone	37
ORENCIA	107	P		pentoxifylline	56
ORENCIA (WITH MALTOSE)	107	pacerone	46	perindopril erbumine	50
ORENCIA CLICKJECT	107	PALFORZIA (LEVEL 1)	101	perio gard	74
ORENITRAM	50	PALFORZIA (LEVEL 2)	102	permethrin	70
ORFADIN	72	PALFORZIA (LEVEL 3)	102	perphenazine	43
ORIAHNN	112	PALFORZIA (LEVEL 4)	102	perphenazine-amitriptyline	43
ORLISSA	83	PALFORZIA (LEVEL 5)	102	PERSERIS	43
ORKAMBI	131	PALFORZIA (LEVEL 6)	102	PERTZYE	92
ORLADEYO	131	PALFORZIA (LEVEL 7)	102	PEXEVA	44
orphenadrine citrate	31	PALFORZIA (LEVEL 8)	102	PFIZER COVID BIVAL(12Y UP)(PF)	102
orphenadrine-asa-caffeine	31	PALFORZIA (LEVEL 9)	102	PFIZER COVID BIVAL(5- 11YR)(PF)	102
		PALFORZIA (LEVEL 10)	102	PFIZER COVID BIVAL(6MO-4Y)(PF)	102
		PALFORZIA INITIAL DOSE	102	PFIZER COVID-19 TRIS VACCN(PF)	102, 103
		PALFORZIA LEVEL 11 MAINTENANCE	102	PFIZER COVID-19 VACCINE (EUA)	103
		paliperidone	43	pfizerpen-g	14
		PALONOSETRON	92	phenazopyridine	136
		PALYNZIQ	84		
		pamidronate	84		
		PANCREAZE	92		
		PANRETIN	63		
		pantoprazole	95		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

phenelzine.....	44	POMALYST	21	prenal true	138
phenobarb-hyoscy-atropine-		portia 28.....	118	PRENATA.....	138
scop.....	89	posaconazole	3	prenatabs fa.....	138
phenobarbital.....	26	POTABA	136	prenatabs rx	139
phenoxybenzamine.....	50	potassium chloride.....	136	PRENATAL	139
phentermine.....	70	potassium citrate.....	135	prenatal 19	139
phenylephrine hcl	59, 126	PR BENZOYL PEROXIDE.....	65	prenatal plus.....	139
PHENYLEPH-		pr natal 400.....	138	prenatal plus (calcium carb).....	139
TROPICAMIDE IN		pr natal 400 ec	138	PRENATAL PLUS DHA... ..	139
WATER.....	121	pr natal 430.....	138	PRENATAL PLUS	
phenytoin.....	26	pr natal 430 ec	138	VITAMIN-MINERAL	139
phenytoin sodium	26	pramipexole	28	prenatal vitamin plus low iron	
phenytoin sodium extended..	26	prasugrel	56	.....	139
PHEXXI	112	pravastatin	58	prenatal vitamin with minerals	
philith	118	PRAXBIND.....	56	.....	139
PHOSLYRA.....	136	praziquantel	12	prenatal-u	139
phosphasal	135	prazosin	50	PRENATE DHA (FERR ASP	
PHOSPHOLINE IODIDE..	121	prednicarbate	70	GLYCIN).....	139
PHYSIOLYTE	71	PREDNISOL ACE-		PRENATE ELITE (IRON ASP	
PHYSIOSOL IRRIGATION	71	GATIFLOX-BROMFEN	122	GLYC).....	139
phytonadione (vitamin k1) ...	56	PREDNISOLN SP-		PRENATE ENHANCE.....	139
pilocarpine hcl	72, 74, 122	MOXIFLOX-BROMFEN		PRENATE MINI (FERR ASP	
pimecrolimus.....	63	.....	122	GLYCIN).....	139
pimozide	44	prednisolone	75	PRENATE PIXIE.....	139
pimtrea (28).....	118	prednisolone acetate	126	PRENATE RESTORE	139
pindolol.....	50	PREDNISOLONE ACETATE		PRENATE STAR.....	139
pioglitazone	86	(PF).....	126	PREPIDIL.....	112
pioglitazone-glimepiride	86	PREDNISOLONE ACETATE-		PRESTALIA.....	50
pioglitazone-metformin	86	NEPAFENAC	122	PRETOMANID	12
PIPERACILLIN-		PREDNISOLONE SOD PH-		prevalite	58
TAZOBACTAM	14	MOXIFLOX.....	125	PREVNAR 13 (PF)	103
PIQRAY	21	prednisolone sodium phosphate		PREVYMIS	6
pirfenidone	131	.....	75, 126	PREZCOBIX	6
pirmella.....	118	PREDNISOLONE-		PREZISTA	6
piroxicam.....	37	MOXIFLO-NEPAFENAC		PRIFTIN	12
PIXEL COVID19 HOME		.....	122	PRIMACARE.....	139
COLLECT KIT	76	PREDNISOLONE-		primaquine	12
plasmanate.....	137	MOXIFLOXACIN HCL	125	PRIMEAIRE.....	76
PLEGRIDY	97	PREDNISOLONE-		primidone.....	26
PLENVU	93	MOXIFLOX-BROMFEN		PRIORIX (PF)	103
PNEUMOVAX-23	103	.....	123	probenecid	105
pnv-dha.....	138	prednisone	75	probenecid-colchicine.....	105
pnv-omega.....	138	prednisone intensol.....	75	procainamide	46
pnv-select	138	pregabalin	26	PROCHAMBER.....	76
POCKET CHAMBER	76	PREGENNA.....	138	prochlorperazine	93
podofilox	63	PREMARIN	111	prochlorperazine edisylate....	93
polycin.....	120	PREMPHASE	111	prochlorperazine maleate.....	93
polymyxin b sulfate.....	12	PREMPRO	111	procto-med hc	93
polymyxin b sulf-trimethoprim		prenal chew.....	138	proctosol hc	93
.....	120	prenal pearl	138	proctozone-hc	93

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

PROFILNINE.....	56	quinidine sulfate	46	REZLIDHIA	21
progesterone	111	quinine sulfate	12	RHOPRESSA	124
progesterone micronized	111	QUINJA.....	66	ribavirin	7, 95
PROLATE.....	34	quit 2.....	73, 74	RIDAURA.....	108
PROLENSA	123	quit 4.....	74	rifabutin	12
PROMACTA.....	56	QUZYTTR	127	rifampin	12
promethazine	127	QVAR REDIHALER	131	RILUTEK	72
promethazine vc	128	R		riluzole	72
promethazine vc-codeine....	128	RABAVERT (PF)	103	rimantadine	7
promethazine-codeine	128	rabeprazole	95	ringer's	71
promethazine-dm.....	128	RADICAVA.....	30	RINVOQ.....	108
promethegan	127	RADICAVA ORS STARTER		risedronate	72, 106
PROMETRIUM	111	KIT SUSP.....	30	RISPERDAL CONSTA	44
propafenone	46	RADIOGARDASE	72	risperidone	44
proparacaine	123	RAGWITEK.....	103	RITEFLO AEROCHAMBER	
propranolol	50, 51	raloxifene.....	106	.....	77
propranolol-hydrochlorothiazid		ramelteon	44	ritonavir	7
.....	51	ramipril	51	rivastigmine	30
propylthiouracil	75	ranolazine	59	rivastigmine tartrate.....	30
PROQUAD (PF)	103	rasagiline	28	rivelsa	118
protriptyline.....	44	RASUVO (PF)	108	RIXUBIS	57
PROVAYBLUE.....	71	RAVICTI.....	72	rizatriptan.....	29
PROVERA	111	REBIF (WITH ALBUMIN).97		ROCKLATAN	124
PROVIDA OB.....	139	REBIF REBIDOSE	97	roflumilast.....	131
pruclair	63	REBIF TITRATION PACK.97		ropinirole	28
PULMICORT FLEXHALER		REBINYN	56	rosadan.....	65
.....	131	REBLOZYL	95	rosula cleansing cloths.....	65
PULMOZYME.....	131	RECARBRIO	12	rosuvastatin.....	59
PURIXAN	21	reclipsen (28).....	118	ROTARIX	103, 104
pyrazinamide	12	RECOMBIVAX HB (PF) ..	103	ROTATEQ VACCINE.....	104
pyridostigmine bromide .31, 32		RECTIV.....	93	roweepra	26
PYRIDOSTIGMINE		regonol.....	32	ROXYBOND	34
BROMIDE	31	REGANEX	63	ROZLYTREK	22
pyrimethamine.....	12	RELENZA DISKHALER	6	RUCONEST	131
PYRUKYND.....	72	RELISTOR.....	93	rufinamide.....	26
Q		RELYVRIO.....	30	RUKOBIA	7
QBREXZA	63	RENACIDIN	135	RYBELSUS.....	86
QINLOCK.....	21	RENFLEXIS	93	RYDAPT	22
QNASL.....	131	repaglinide	86	RYTARY	28
QSYMIA	70	repaglinide-metformin.....	86	S	
QUADRACEL (PF)	103	REPATHA PUSHTRONEX	58	SAFE-CLIP NEEDLE	
QUAZEPAM.....	44	REPATHA SURECLICK	59	STORAGE DEV	79
QUESTRAN LIGHT.....	58	REPATHA SYRINGE	59	sajazir.....	131
quetiapine	44	RESPA-AR.....	128	salicylic acid	61
QUICKVUE SARS ANTIGEN		RESTASIS MULTIDOSE .	123	salicylic acid-ceramides no.1	61
.....	76	RETACRIT	95	salimez	61
quinapril	51	RETEVMO.....	21	SALIMEZ FORTE	61
quinapril-hydrochlorothiazide		RETROVIR	6	salsalate.....	37
.....	51	REVCovi	72	salvax	62
quinidine gluconate	46	REYATAZ	7	SANCUSO	93

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

SANDIMMUNE	22	sodium chloride	72, 132	sss 10-5	65
SANTYL	70	sodium chloride 3 % hypertonic	136	STAMARIL (PF).....	104
SAPHRIS	44	sodium chloride 5 % hypertonic	136	stavudine.....	7
sapropterin.....	84	SODIUM OXYBATE	44	STEGLATRO.....	86
SAVELLA.....	108	sodium phenylbutyrate	72	STEGLUJAN	86
SAXENDA.....	70	sodium polystyrene sulfonate	89	STELARA	60
SCSEMBLIX.....	22	sodium,potassium,mag sulfates	93	STIOLTO RESPIMAT	132
SCENESSE	63	SOFIA SARS ANTIGEN FIA	77	STIVARGA.....	22
scopolamine base.....	93	SOFIA2 FLU-SARS ANTIGEN FIA.....	77	stop smoking aid.....	74
SEBUDERM	63	SOFOSBUVIR- VELPATASVIR.....	7	STRENSIQ	84
SECUADO	44	solifenacin	134	STREPTOMYCIN	13
SEGLUROMET	86	SOLQUA 100/33	81	STRIVERDI RESPIMAT ..	132
SELECT-OB + DHA	139	SOLIRIS	72	strong iodine	66, 137
selegiline hcl.....	28	SOLOSEC	13	SUBLOCADE	34
selenium sulfide.....	60	SOMATULINE DEPOT	22	subvenite.....	26
SELZENTRY	7	SOMAVERT	84	subvenite starter (blue) kit	26
se-natal 19 chewable	139	sonafine	63	subvenite starter (green) kit ..	26
se-natal-19	139	sorafenib	22	subvenite starter (orange) kit	27
SEREVENT DISKUS	131	SORBITOL	71	SUCRAID.....	93
SEROSTIM	96	SORBITOL-MANNITOL....	71	sucrafate.....	95
sertraline	44	SORILUX.....	60	SULCONAZOLE	67
setlakin	118	sorine	46	sulfacetamide sodium	60, 61, 126
sevelamer carbonate	89	sotalol	46	sulfacetamide sodium (acne)	66
SEVENFACT	57	SOTALOL.....	46	sulfacetamide sodium-sulfur	65
sharobel	111	sotalol af	46	sulfacetamide sod-sulfur-urea	65
SHINGRIX (PF).....	104	SOTYLIZE.....	46	sulfacetamide-prednisolone	126
SIGNIFOR	22	SOVALDI	7	sulfacleanse 8-4	65
sildenafil	135	SPACE CHAMBER.....	77	sulfadiazine.....	15
sildenafil (pulm.hypertension)	131, 132	SPIKEVAX (PF)	104	sulfamethoxazole-trimethoprim	15
silodosin	134	spinosad.....	70	SULFAMYLON	66
silver nitrate.....	63	SPIRIVA RESPIMAT	132	sulfasalazine	93
silver nitrate applicators	63	SPIRIVA WITH HANDIHALER.....	132	sulfatrim.....	15
silver sulfadiazine.....	61	spironolactone	51	sulindac.....	37
SIMBRINZA.....	124	spironolacton-hydrochlorothiaz	51	sumatriptan	29
simliya (28)	118	sprintec (28).....	118	sumatriptan succinate	29, 30
simpesse	118	SPRITAM.....	26	sumatriptan-naproxen	30
SIMPONI	108	SPRYCEL	22	sunitinib malate	22
SIMPONI ARIA.....	108	sps (with sorbitol).....	89	SUNLENCA.....	7
SIMULECT	22	sronyx	118	SUNOSI.....	44
simvastatin.....	59	ssd.....	61	SUPREP BOWEL PREP KIT	93
SINUVA.....	132	SSKI	76	syeda	118
sirolimus	22			SYMAM DUOTAB	89
SIRTURO.....	12			SYMBICORT	132
SIVEXTRO	13			SYMDEKO	132
SKYLA.....	109			SYMFI.....	7
SKYRIZI	60, 93			SYMFI LO.....	7
SLYND.....	118				
sodium chlor 0.9% bacteriostat	72				

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

SYMLINPEN 120.....	86	TAZORAC.....	65	TIMOLOL-BRIMONIDI-	
SYMLINPEN 60.....	86	taztia xt.....	51	DORZOLAM(PF).....	124
SYMPAZAN.....	27	TAZVERIK.....	22	TIMOLOL-DORZOLAMID-	
SYMPROIC.....	93	TDVAX.....	104	LATANOP(PF).....	124
SYMTUZA.....	7	TEFLARO.....	9	TIMOLOL-	
SYNAGIS.....	7	TEGSEDI.....	31	LATANOPROST(PF).....	124
SYNAREL.....	84	telmisartan.....	51	tinidazole.....	13
SYNDROS.....	93	telmisartan-amlodipine.....	51	tiopronin.....	73
SYNJARDY.....	86	telmisartan-hydrochlorothiazid		tis-u-sol pentalyte.....	71
SYNJARDY XR.....	86	.....	51	TIVICAY.....	7
SYNRIBO.....	22	temazepam.....	44	TIVICAY PD.....	7
SYNTHROID.....	87	TEMIXYS.....	7	tizanidine.....	32
T		temozolomide.....	22	TLANDO.....	85
T		tencon.....	35	TOBI PODHALER.....	13
FLEX.....	79	TENIVAC (PF).....	104	TOBRADEX.....	125
SLIM X2.....	79	tenofovir disoproxil fumarate.....	7	TOBRADEX ST.....	125
SLIM X2 BASAL-IQ		TEPEZZA.....	84	tobramycin.....	13, 120
INSULIN PMP.....	79	TEPMETKO.....	22	tobramycin in 0.225 % nacl.....	13
SLIM X2 CONTROL-IQ.....	79	terazosin.....	51	tobramycin in 0.9 % nacl.....	13
TABLOID.....	22	terbinafine hcl.....	3	tobramycin sulfate.....	13
TABRECTA.....	22	terbutaline.....	132	TOBRAMYCIN WITH	
tacrolimus.....	22, 63	terconazole.....	112	NEBULIZER.....	13
tadalafil.....	134, 135	teriflunomide.....	97	tobramycin-dexamethasone.....	125
tadalafil (pulm. hypertension)		TESTONE CIK.....	84	TOBRAMYCIN-	
.....	132	TESTOPEL.....	84	VANCOMYCIN.....	120
TAFINLAR.....	22	testosterone.....	84, 85	TOBREX.....	120
tafluprost (pf).....	124	TESTOSTERONE.....	84	TODAY CONTRACEPTIVE	
TAGRISSE.....	22	testosterone cypionate.....	84	SPONGE.....	112
TAKE ACTION.....	118	testosterone enanthate.....	84	tolcapone.....	28
TAKHZYRO.....	132	tetrabenazine.....	31	tolterodine.....	134
TALTZ AUTOINJECTOR.....	61	tetracaine hcl.....	123	tolvaptan.....	85
TALTZ AUTOINJECTOR (2		TETRACAINE HCL (PF).....	123	topiramate.....	27
PACK).....	61	tetracycline.....	16	toremifene.....	23
TALTZ AUTOINJECTOR (3		THALOMID.....	22	TORONOVA II SUIK.....	37
PACK).....	61	theophylline.....	132	TORONOVA SUIK.....	37
TALTZ SYRINGE.....	61	THIOLA EC.....	73	torsemide.....	51
TALZENNA.....	22	thioridazine.....	44	TOUJEO MAX U-300	
tamoxifen.....	22	thiothixene.....	44	SOLOSTAR.....	81
tamsulosin.....	134	tiadylt er.....	51	TOUJEO SOLOSTAR U-300	
tarina 24 fe.....	118	tiagabine.....	27	INSULIN.....	81
tarina fe 1/20 (28).....	118	TIBSOVO.....	23	TOVIAZ.....	134
taron-c dha.....	139	TICANASE.....	132	TRACLEER.....	132
TASIGNA.....	22	TICOVAC.....	104	tramadol.....	37
tasimelteon.....	44	TIGLUTIK.....	73	tramadol-acetaminophen.....	37
tavaborole.....	67	tilia fe.....	118	trandolapril.....	51
TAVNEOS.....	73	TIMOL-BRIMON-DORZO-		trandolapril-verapamil.....	51
taysofy.....	118	LATANOP(PF).....	124	tranexamic acid.....	112
TAYTULLA.....	118	timolol maleate.....	51, 121	tranylcypromine.....	44
tazarotene.....	65	timolol maleate (pf).....	121	travoprost.....	124
tazicef.....	9			trazodone.....	45

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

TRECTOR.....	13	TRIUMEQ.....	7	urogesic-blue	135
TRELEGY ELLIPTA	133	TRIUMEQ PD.....	7	uro-mp	135
TREMFYA.....	61	trivora (28).....	119	ursodiol	94
treprostinil sodium.....	51	tri-vylibra.....	119	uryl.....	135
TRESIBA FLEXTOUCH U-		tri-vylibra lo.....	119	ustell	136
100.....	81	TROGARZO	7	V	
TRESIBA FLEXTOUCH U-		tropicamide.....	121	VABOMERE.....	13
200.....	81	tropium.....	134	valacyclovir	7
TRESIBA U-100 INSULIN .	81	TRULANCE.....	93	VALCHLOR	63
tretinoin	65	TRULICITY.....	87	valganciclovir	7, 8
tretinoin (antineoplastic)	23	TRUMENBA.....	104	valproate sodium	27
tretinoin microspheres	65	TRUSELTIQ	23	valproic acid	27
TRETTEN	57	TRUSTEEL INFUSION SET		valproic acid (as sodium salt)	
TREXALL.....	23	23.....	79	.....	27
triamcinolone acetonide .	70, 74	TRUSTEX-RIA NON-LUB		valsartan.....	52
triamterene.....	51	CONDOMS	109	valsartan-hydrochlorothiazide	
triamterene-hydrochlorothiazid		TUKYSA.....	23	.....	52
.....	51	tulana	111	VALTOCO	27
triazolam.....	45	TURALIO	23	VANCOGIN	16
TRICARE.....	139	TUZISTRA XR	128	vancomycin.....	16
triderm	70	TWINRIX (PF).....	104	VANCOMYCIN IN 0.9 %	
trientine.....	73	TWIRLA	112	SODIUM CHL	16
tri-estarylla	118	TYBLUME.....	119	VANCOMYCIN IN	
TRIFERIC	140	TYBOST	7	DEXTROSE 5 %	16
trifluoperazine	45	tydemy	119	VANCOMYCIN-DILUENT	
trifluridine.....	121	TYMLOS.....	106	COMBO NO.1.....	16
trihexyphenidyl.....	28, 29	TYPHIM VI	104	VANOXIDE-HC	65
TRIJARDY XR.....	87	TYSABRI.....	31	VAQTA (PF).....	104
TRIKAFTA	133	TYVASO.....	133	varenicline	74
tri-legest fe.....	118	TYVASO DPI	133	VARISOFT INFUSION SET	
tri-linyah.....	118	TYVASO REFILL KIT.....	133	23.....	79
tri-lo-estarylla	118	TYVASO STARTER KIT .	133	VARIVAX (PF).....	104
tri-lo-marzia.....	119	U		VARIZIG.....	104
tri-lo-mili	119	UBRELVY	30	VARUBI.....	94
tri-lo-sprintec.....	119	UCERIS.....	94	vasopressin	85
trimethobenzamide	93	ULESFIA.....	70	VAXELIS (PF).....	105
trimethoprim.....	16	ULTOMIRIS	73	VAXNEUVANCE (PF)	105
tri-mili.....	119	ULTRASAL-ER.....	62	VCF CONTRACEPTIVE	
trimipramine	45	umecta	63	FILM.....	112
TRI-MIX (PAPAVRN-		unithroid	88	VCF CONTRACEPTIVE GEL	
PHNTLMN-PGE1)	135	UPLIZNA.....	23	.....	112
TRIMO-SAN JELLY	112	UPTRAVI.....	52	VECAMYL	59
trinatal rx 1	140	urea	63	veletri.....	52
trinate.....	140	UREA	63	velivet triphasic regimen (28)	
TRINAZ	140	urea nail stick.....	63	.....	119
TRINTELLIX.....	45	urimar-t.....	135	VELPHORO.....	89
tri-nymyo.....	119	uro-458	135	VEMLIDY.....	8
TRIPTODUR	23	UROCIT-K 10.....	135	VENCLEXTA	23
tri-sprintec (28).....	119	UROCIT-K 15.....	135	VENCLEXTA STARTING	
TRISTART DHA	140	UROCIT-K 5.....	135	PACK	23

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

venlafaxine	45	VOQUEZNA TRIPLE PAK	95	XOLAIR	133
VENTAVIS	133	VORAXAZE	17	XOSPATA.....	23
verapamil.....	52	voriconazole	4	XTANDI.....	23
VERITOR SARS-COV-2		VORTEX HOLDING		xulane	112
AND FLU A-B.....	77	CHAMBER	77	XULTOPHY 100/3.6	81
VERQUVO	59	VOSEVI	8	XURIDEN	73
VERZENIO.....	23	VOTRIENT	23	XYREM.....	45
vestura (28).....	119	VOXZOGO	85	XYWAV	45
VFEND.....	4	VPRIV	85	Y	
V-GO 20.....	79	VRAYLAR.....	45	YF-VAX (PF).....	105
V-GO 30.....	79	vyfemla (28).....	119	YONSA	23
V-GO 40.....	79	vylibra.....	119	YUPELRI	133
VIBATIV	16	VYNDAMAX	59	yuvaferm	111
VIBERZI.....	94	VYNDAQEL.....	59	Z	
VICTOZA 2-PAK.....	87	VYVANSE.....	45	zafemy	112
VICTOZA 3-PAK.....	87	VYZULTA	124	zafirlukast	133
VIEKIRA PAK	8	W		zaleplon.....	45
vienna	119	WAKIX	45	ZALVIT.....	140
vigabatrin.....	27	warfarin	57	zarah	119
vigadrone.....	27	water for irrigation, sterile....	73	ZARXIO	96
VIIBRYD	45	WELIREG	23	zatean-pn dha.....	140
VIJOICE.....	23	wera (28).....	119	zatean-pn plus	140
vilazodone	45	westab plus	140	ZAVESCA.....	85
VIMIZIM	85	WIDE-SEAL DIAPHRAGM		zebutal.....	35
VIOKACE.....	94	.....	109	ZEJULA	23
viorele (28).....	119	WILATE.....	57	ZELBORAF	24
VIRACEPT	8	wintergreen oil.....	63	ZEMAIRA	73
VIREAD.....	8	wixela inhub	133	ZEMDRI.....	13
virt-nate dha.....	140	wymzya fe	119	zenatane	65
virt-pn dha	140	X		ZENPEP	94
VISCO-3.....	37	XALKORI.....	23	zenzedi.....	45
VISTOGARD.....	17	XARELTO	57	ZEPOSIA.....	31
VITAFOL FE PLUS	140	XARELTO DVT-PE TREAT		ZEPOSIA STARTER KIT ...	31
VITAFOL ULTRA	140	30D START	57	ZEPOSIA STARTER PACK	
VITAFOL-OB.....	140	XCOPRI	27	.....	31
VITAFOL-ONE	140	XCOPRI MAINTENANCE		ZERBAXA	9
VITAMED MD ONE RX ..	140	PACK	27	ZERVIATE.....	123
VITAMEDMD REDICHEW		XCOPRI TITRATION PACK		zidovudine	8
RX	140	.....	27	ZIEXTENZO	96
vitamin k.....	57	XELJANZ	108	zileuton	133
VITAPEARL.....	140	XELJANZ XR.....	108	zingiber	140
VITATRUE.....	140	XEMBIFY	105	ZIPHEX.....	140
VITRAKVI.....	23	XENLETA.....	13	ziprasidone hcl.....	45
VIVITROL	37	XEPI.....	66	ziprasidone mesylate	45
VIVOTIF.....	105	XERAVA	16	ZIRGAN	121
VIZIMPRO.....	23	XERMELO.....	23	ZITHRANOL	61
volnea (28).....	119	XGEVA	17	ZOKINVY	73
VONJO.....	23	XIGDUO XR.....	87	zoledronic acid.....	85
VONVENDI.....	57	XIIDRA	123	ZOLEDRONIC AC-	
VOQUEZNA DUAL PAK...95		XOFLUZA	8	MANNITOL-0.9NACL...85	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ZOLGENSMA	31	ZOSYN IN DEXTROSE (ISO-OSM)	14	ZYDELIG	24
ZOLINZA	24	zovia 1-35 (28)	119	ZYFLO	133
zolmitriptan	30	ZTALMY	27	ZYKADIA	24
zolpidem	45, 46	ZUBSOLV	37	ZYLET	125
ZOLPIMIST	46	ZULRESSO	46	ZYPREXA RELPREVV	46
zonisamide	27	zumandimine (28)	119		
ZONTIVITY	57				

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.