

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: • 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

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i

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		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.

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.

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.

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.
- 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

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

Any drugs not listed in this print formulary are considered 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.

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iv

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5. Opioid Medications

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

7. Mail-order Option

If your plan covers medications through mail order, prescriptions can be obtained through the mail via Express Scripts Pharmacy. Refer to your plan document to determine if your plan covers medications through mail order. To have a current prescription filled with Express Scripts Pharmacy, you may contact your physician and have them send a new prescription to Express Scripts Pharmacy. You may also contact Express Scripts Pharmacy at 877-640-7940 if you would prefer Express Scripts Pharmacy to contact your physician for a new prescription. Online access to patient information and prescription ordering is also available through express-scripts.com.

Drug list created 1/1/2019. Updated 7/1/23 and took effect as of the start of the 2023/24 plan year. Next update will take effect at the start of the 2024–2025 plan year, based on updates made for 7/1/2024.

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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)

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vi

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Table of Contents

ANTI - INFECTIVES	2
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS	15
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH.....	22
CARDIOVASCULAR, HYPERTENSION & LIPIDS.....	44
DERMATOLOGICALS/TOPICAL THERAPY	58
DIAGNOSTICS & MISCELLANEOUS AGENTS	68
EAR, NOSE & THROAT MEDICATIONS.....	72
ENDOCRINE/DIABETES	73
GASTROENTEROLOGY	85
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY	92
IMMUNOLOGY	101
MUSCULOSKELETAL & RHEUMATOLOGY	101
OBSTETRICS & GYNECOLOGY.....	104
OPHTHALMOLOGY	116
RESPIRATORY, ALLERGY, COUGH & COLD	122
UROLOGICALS.....	129
VITAMINS, HEMATINICS & ELECTROLYTES	131
Index	137

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>miconazole 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>	1	SP; QL
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	3	ACA
APTIVUS ORAL CAPSULE 250 MG	2	QL
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	1	QL
BARACLUDE ORAL SOLUTION 0.05 MG/ML	2	SP; QL
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	2	QL
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	3	QL
<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	
<i>efavirenz oral tablet 600 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	QL
<i>emtricitabine oral capsule 200 mg</i>	1	ACA; QL
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	QL
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	1	ACA; QL
EMTRIVA ORAL SOLUTION 10 MG/ML	2	QL
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	SP; QL
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	2	PA; SP; QL
EPCLUSA ORAL TABLET 200-50 MG	2	SP; QL
<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	2	PA; SP; QL
HARVONI ORAL TABLET 45-200 MG	2	PA; SP; QL
INVIRASE ORAL TABLET 500 MG	2	QL
ISENTRESS HD ORAL TABLET 600 MG	2	QL
ISENTRESS ORAL POWDER IN PACKET 100 MG	2	QL
ISENTRESS ORAL TABLET 400 MG	2	QL
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	2	QL
JULUCA ORAL TABLET 50-25 MG	3	
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	3	ACA; QL
<i>lamivudine oral solution 10 mg/ml</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	1	QL
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	QL
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	1	PA; SP; QL
LEXIVA ORAL SUSPENSION 50 MG/ML	3	QL
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	1	QL
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	1	QL
<i>maraviroc oral tablet 150 mg, 300 mg</i>	1	QL
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	2	PA; SP; QL
MAVYRET ORAL TABLET 100-40 MG	2	PA; SP; QL
<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
<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

Drug Name	Drug Tier	Requirements / Limits
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	2	PA; QL
SELZENTRY ORAL SOLUTION 20 MG/ML	2	QL
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	QL
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	1	PA; SP; QL
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	3	SP; QL
SOVALDI ORAL TABLET 200 MG, 400 MG	3	SP; QL
<i>stavudine oral capsule 15 mg, 20 mg, 40 mg</i>	1	QL
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	2	PA; SP; 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	2	SP; QL
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	3	SP; QL
VIRACEPT ORAL TABLET 250 MG, 625 MG	2	

Drug Name	Drug Tier	Requirements / Limits
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	3	QL
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	3	QL
VOSEVI ORAL TABLET 400-100-100 MG	3	PA; SP
XOFLUZA ORAL TABLET 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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>cefboxitin 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	
<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	

Drug Name	Drug Tier	Requirements / Limits
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	2	PA; SP; QL
<i>atovaquone oral suspension 750 mg/5 ml</i>	1	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1	
<i>bacitracin intramuscular recon soln 50,000 unit</i>	1	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	1	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	2	PA; SP; QL
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<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	2	PA; SP; 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	2	PA; SP
KRINTAFEL ORAL TABLET 150 MG	2	QL
LAMPIT ORAL TABLET 120 MG, 30 MG	3	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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>	1	PA; SP
<i>quinine sulfate oral capsule 324 mg</i>	1	
RECARBRIO INTRAVENOUS RECON SOLN 1.25 GRAM	3	
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	2	PA; QL
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	3	
SIVEXTRO ORAL TABLET 200 MG	3	
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	1	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	2	PA; SP
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	1	PA; SP
<i>tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml</i>	1	
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	1	PA; SP
<i>tobramycin sulfate injection solution 40 mg/ml</i>	1	
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	1	PA; SP
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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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 NAACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK 400 MG/250 ML	2	
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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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

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

ADJUNCTIVE AGENTS

<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	1	
KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG	2	SP
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	3	SP

Drug Name	Drug Tier	Requirements / Limits
<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>	1	SP
MESNEX ORAL TABLET 400 MG	3	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	2	SP; QL
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT	2	SP
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	2	PA; SP; QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	1	SP; Och; QL
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	3	PA; SP
<i>anastrozole oral tablet 1 mg</i>	1	Och; ACA
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	3	SP
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	2	PA; SP; Och; QL
<i>azathioprine oral tablet 100 mg, 50 mg</i>	1	
<i>azathioprine sodium injection recon soln 100 mg</i>	1	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	3	PA; SP; Och; QL
<i>bexarotene oral capsule 75 mg</i>	1	PA; SP; QL
<i>bexarotene topical gel 1 %</i>	1	PA; SP; QL
<i>bicalutamide oral tablet 50 mg</i>	1	Och
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	2	PA; SP; Och; QL
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG	3	PA; SP; QL
BRUKINSA ORAL CAPSULE 80 MG	2	PA; SP; Och
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	2	PA; SP; Och; QL
<i>capecitabine oral tablet 150 mg, 500 mg</i>	1	SP; Och; QL
CAPRELSA ORAL TABLET 100 MG, 300 MG	2	PA; SP; Och; QL

Drug Name	Drug Tier	Requirements / Limits
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	2	PA; SP; Och; QL
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	3	PA; SP; Och; QL
COTELLIC ORAL TABLET 20 MG	2	PA; SP; Och; QL
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	SP; Och
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	1	Och
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	SP
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	SP
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	SP
DAURISMO ORAL TABLET 100 MG, 25 MG	3	PA; SP; QL
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	ST
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	2	PA; SP; QL
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	2	PA; SP; QL
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	2	PA; SP; QL
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	2	PA; SP; QL
EMCYT ORAL CAPSULE 140 MG	2	SP
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; SP
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	3	SP
ERIVEDGE ORAL CAPSULE 150 MG	2	PA; SP; QL
ERLEADA ORAL TABLET 60 MG	2	PA; SP; Och; QL
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	1	PA; SP; Och; QL
<i>etoposide oral capsule 50 mg</i>	1	Och
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	PA; SP; Och; QL
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	1	PA; SP; Och
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	SP

Drug Name	Drug Tier	Requirements / Limits
<i>everolimus (immunosuppressive) oral tablet 0.75 mg</i>	1	SP; Och
<i>exemestane oral tablet 25 mg</i>	1	Och; ACA
EXKIVITY ORAL CAPSULE 40 MG	3	PA; SP; Och; QL
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	3	PA; SP; QL
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	3	PA; SP; QL
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	3	PA; SP
GAVRETO ORAL CAPSULE 100 MG	3	PA; SP; Och; QL
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	2	PA; SP; Och; QL
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	PA; SP; Och
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	2	SP
<i>hydroxyurea oral capsule 500 mg</i>	1	Och
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	2	PA; SP; Och
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	2	PA; SP; Och
ICLUSIG ORAL TABLET 10 MG, 30 MG	2	PA; SP; Och
ICLUSIG ORAL TABLET 15 MG, 45 MG	2	PA; SP; Och; QL
IDHIFA ORAL TABLET 100 MG, 50 MG	3	PA; SP; QL
<i>imatinib oral tablet 100 mg, 400 mg</i>	1	SP; Och; QL
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	2	PA; SP; Och; QL
IMBRUVICA ORAL SUSPENSION 70 MG/ML	2	PA; SP; Och; QL
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	2	PA; SP; Och; QL
INLYTA ORAL TABLET 1 MG, 5 MG	2	PA; SP; Och; QL
INQOVI ORAL TABLET 35-100 MG	2	PA; SP; Och; QL
IRESSA ORAL TABLET 250 MG	2	PA; SP; Och; QL
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	2	PA; SP; QL
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	3	PA; SP

Drug Name	Drug Tier	Requirements / Limits
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	3	PA; SP; QL
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	3	PA; SP; Och; QL
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	2	PA; SP; Och; QL
KRAZATI ORAL TABLET 200 MG	3	PA; SP; Och; QL
<i>lapatinib oral tablet 250 mg</i>	1	PA; SP; Och; QL
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	1	PA; SP; QL
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	2	PA; SP; Och; QL
<i>letrozole oral tablet 2.5 mg</i>	1	Och
LEUKERAN ORAL TABLET 2 MG	2	SP; Och
LEUPROLIDE (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	1	PA; SP
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	1	PA; SP; QL
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	2	PA; SP; Och; QL
LORBRENA ORAL TABLET 100 MG, 25 MG	2	PA; SP; Och; QL
LUMAKRAS ORAL TABLET 120 MG	3	PA; SP; Och; QL
LUPKYNIS ORAL CAPSULE 7.9 MG	3	PA; SP
LYNPARZA ORAL TABLET 100 MG, 150 MG	2	PA; SP; Och; QL
LYSODREN ORAL TABLET 500 MG	2	SP; Och
LYTGOBI ORAL TABLET 4 MG	3	PA; SP; Och; QL
MATULANE ORAL CAPSULE 50 MG	2	SP; Och
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	
MEKINIST ORAL TABLET 0.5 MG, 2 MG	2	PA; SP; Och; QL
MEKTOVI ORAL TABLET 15 MG	3	PA; SP; Och; QL
<i>melphalan oral tablet 2 mg</i>	1	Och
<i>mercaptopurine oral tablet 50 mg</i>	1	Och

Drug Name	Drug Tier	Requirements / Limits
<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>	1	SP
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	3	SP
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	
<i>mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg</i>	1	
MYLERAN ORAL TABLET 2 MG	2	SP; Och
NERLYNX ORAL TABLET 40 MG	3	PA; SP; Och; QL
<i>nilutamide oral tablet 150 mg</i>	1	SP; Och; QL
NUBEQA ORAL TABLET 300 MG	2	PA; SP; Och; QL
NULOJIX INTRAVENOUS RECON SOLN 250 MG	2	SP
ODOMZO ORAL CAPSULE 200 MG	3	PA; SP; QL
ONUREG ORAL TABLET 200 MG, 300 MG	2	PA; SP; Och; QL
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	3	PA; SP; Och; QL
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	3	PA; SP; Och; QL
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	2	PA; SP; QL
PURIXAN ORAL SUSPENSION 20 MG/ML	2	ST; SP; Och
QINLOCK ORAL TABLET 50 MG	3	PA; SP; Och; QL
RETEVMO ORAL CAPSULE 40 MG, 80 MG	3	PA; SP; Och; QL
REZLIDHIA ORAL CAPSULE 150 MG	3	SP; Och; QL
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	2	PA; SP; Och; QL
RYDAPT ORAL CAPSULE 25 MG	3	PA; SP; Och; QL
SANDIMMUNE ORAL SOLUTION 100 MG/ML	2	SP
SCSEMBLIX ORAL TABLET 20 MG, 40 MG	3	PA; SP; Och; QL

Drug Name	Drug Tier	Requirements / Limits
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	2	PA; SP; QL
SIMULECT INTRAVENOUS RECON SOLN 20 MG	2	SP
<i>sirolimus oral solution 1 mg/ml</i>	1	SP
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	SP
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	2	SP
<i>sorafenib oral tablet 200 mg</i>	1	PA; SP; Och; QL
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	2	PA; SP; Och; QL
STIVARGA ORAL TABLET 40 MG	2	PA; SP; Och; QL
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	PA; SP; Och; QL
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	2	PA; SP; QL
TABLOID ORAL TABLET 40 MG	2	SP; Och
TABRECTA ORAL TABLET 150 MG, 200 MG	3	PA; SP; Och; QL
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	SP
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	2	PA; SP; QL
TAGRISSO ORAL TABLET 40 MG, 80 MG	2	PA; SP; Och; QL
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	2	PA; SP; Och; QL
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	Och; ACA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	2	PA; SP; Och; QL
TAZVERIK ORAL TABLET 200 MG	2	PA; SP; QL
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	1	PA; SP; Och
TEPMETKO ORAL TABLET 225 MG	3	PA; SP; Och
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	2	PA; SP; Och; QL
TIBSOVO ORAL TABLET 250 MG	3	PA; SP; QL
<i>toremifene oral tablet 60 mg</i>	1	PA; SP; Och; QL
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	1	SP; Och
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	3	Och

Drug Name	Drug Tier	Requirements / Limits
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	3	PA; SP; QL
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3)	3	PA; SP; Och
TUKYSA ORAL TABLET 150 MG, 50 MG	3	PA; SP; Och; QL
TURALIO ORAL CAPSULE 125 MG	3	PA; SP; Och; QL
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML	3	PA; SP; QL
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	2	PA; SP; QL
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	2	PA; SP; QL
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	PA; SP; Och; QL
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	3	PA; SP; QL
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	3	PA; SP; Och; QL
VITRAKVI ORAL SOLUTION 20 MG/ML	3	PA; SP; Och; QL
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	2	PA; SP; Och; QL
VONJO ORAL CAPSULE 100 MG	3	PA; SP; Och; QL
VOTRIENT ORAL TABLET 200 MG	2	PA; SP; Och; QL
WELIREG ORAL TABLET 40 MG	3	PA; SP; QL
XALKORI ORAL CAPSULE 200 MG, 250 MG	2	PA; SP; Och; QL
XERMELO ORAL TABLET 250 MG	2	PA; SP; QL
XOSPATA ORAL TABLET 40 MG	3	PA; SP; Och; QL
XTANDI ORAL CAPSULE 40 MG	2	PA; SP; Och; QL
XTANDI ORAL TABLET 40 MG, 80 MG	2	PA; SP; Och; QL
YONSA ORAL TABLET 125 MG	2	PA; SP; Och
ZEJULA ORAL CAPSULE 100 MG	3	PA; SP; Och; QL
ZELBORAF ORAL TABLET 240 MG	2	PA; SP; QL
ZOLINZA ORAL CAPSULE 100 MG	2	SP
ZYDELIG ORAL TABLET 100 MG, 150 MG	2	PA; SP; Och; QL
ZYKADIA ORAL TABLET 150 MG	2	PA; SP; Och; QL

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

Drug Name	Drug Tier	Requirements / Limits
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	3	PA; SP; QL
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	3	PA; SP; 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	2	PA; SP
<i>epitol oral tablet 200 mg</i>	1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	3	ST
<i>ethosuximide oral capsule 250 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	
<i>felbamate oral suspension 600 mg/5 ml</i>	1	ST; QL
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	ST; QL
FINTEPLA ORAL SOLUTION 2.2 MG/ML	3	PA; SP; QL
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	
<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

Drug Name	Drug Tier	Requirements / Limits
<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
<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

Drug Name	Drug Tier	Requirements / Limits
<i>topiramate oral capsule,sprinkle,er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1	ST; QL
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	2	QL
<i>vigabatrin oral powder in packet 500 mg</i>	1	ST; SP; QL
<i>vigadrone oral powder in packet 500 mg</i>	1	ST; SP; 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	3	PA; ST; SP; QL
ANTIPARKINSONISM AGENTS		
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	1	PA; SP; QL
<i>benztropine injection solution 1 mg/ml</i>	1	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine oral capsule 5 mg</i>	1	
<i>bromocriptine oral tablet 2.5 mg</i>	1	
<i>carbidopa oral tablet 25 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	3	PA; SP; QL
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	PA; SP; QL
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	ST; QL
NOURIANZ ORAL TABLET 20 MG, 40 MG	3	PA; QL
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1	ST; QL
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1	QL
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	ST; QL
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	3	ST; QL
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<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
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	2	PA
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	2	PA; QL

Drug Name	Drug Tier	Requirements / Limits
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
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	2	ST; QL

MISCELLANEOUS NEUROLOGICAL THERAPY

Drug Name	Drug Tier	Requirements / Limits
AMONDYS-45 INTRAVENOUS SOLUTION 50 MG/ML	3	
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	2	PA; SP; QL
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	1	PA; SP; QL
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	1	
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	1	
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	3	PA; SP
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	QL
<i>galantamine oral solution 4 mg/ml</i>	1	QL
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	QL
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	1	QL
<i>memantine oral solution 2 mg/ml</i>	1	QL
<i>memantine oral tablet 10 mg, 5 mg</i>	1	QL
NUEDEXTA ORAL CAPSULE 20-10 MG	2	PA; QL
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	3	
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML	2	SP; QL
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	2	SP
RELYVRIO ORAL POWDER IN PACKET 3-1 GRAM	3	PA; SP
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	1	QL
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	3	PA; SP; QL
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	1	PA; SP; QL
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	3	PA; SP; QL
ZEPOSIA ORAL CAPSULE 0.92 MG	2	PA; SP; QL
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46-0.92 MG	2	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	2	PA; SP; QL
ZOLGENSMA INTRAVENOUS KIT 2 X 10EXP13 VG/ML	3	PA; SP; 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	
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i>	1	ST; Opioid; QL

Drug Name	Drug Tier	Requirements / Limits
<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-bitalbital-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
<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

Drug Name	Drug Tier	Requirements / Limits
<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
<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

Drug Name	Drug Tier	Requirements / Limits
<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	2	SP; 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
<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; Opioid; QL

Drug Name	Drug Tier	Requirements / Limits
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)	2	PA; SP; QL
<i>fenoprofen oral tablet 600 mg</i>	2	
<i>flurbiprofen oral tablet 100 mg</i>	1	
FROTEK TOPICAL CREAM IN PACKET 10 %	3	ST
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	1	
INDOCIN RECTAL SUPPOSITORY 50 MG	3	QL
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral capsule, extended release 75 mg</i>	1	
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	2	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<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; Opioid; QL
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	3	ST; Opioid; QL
OLINVIK INTRAVENOUS SOLUTION 1 MG/ML	3	
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML	2	PA; QL
<i>oxaprozin oral tablet 600 mg</i>	1	
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	1	ST; Opioid; QL
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
<i>salsalate oral tablet 500 mg, 750 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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; Opioid; QL
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	1	ST; Opioid; QL
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	1	ST; Opioid; QL
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	ST; Opioid; QL
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML	3	PA
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	2	SP; 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	2	SP; QL
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	2	SP; QL
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	3	ST
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	2	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
<i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	PA; QL
<i>aripiprazole oral solution 1 mg/ml</i>	1	ST; QL
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	1	ST; QL
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	2	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	2	SP
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	QL
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	1	ST; QL
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	QL
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	ST; QL
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	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>buspirone 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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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	

Drug Name	Drug Tier	Requirements / Limits
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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	3	PA
HETLIOZ ORAL CAPSULE 20 MG	3	PA
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	2	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML	3	SP
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	3	SP
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	3	SP
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	
<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

Drug Name	Drug Tier	Requirements / Limits
<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	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
NUPLAZID ORAL CAPSULE 34 MG	3	PA; SP; QL
NUPLAZID ORAL TABLET 10 MG	3	PA; SP; QL
<i>olanzapine intramuscular recon soln 10 mg</i>	1	QL
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	\$0 Copay; QL

Drug Name	Drug Tier	Requirements / Limits
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	1	QL
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1	QL
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	2	ST; QL
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	2	
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	1	ST; QL
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	3	SP
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
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	2	SP
<i>risperidone oral solution 1 mg/ml</i>	1	QL
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	\$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

Drug Name	Drug Tier	Requirements / Limits
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	1	PA; SP; 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	
<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

Drug Name	Drug Tier	Requirements / Limits
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	3	ST; QL
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	2	QL
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	2	QL
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	3	PA; SP; QL
XYREM ORAL SOLUTION 500 MG/ML	3	PA; SP; QL
XYWAV ORAL SOLUTION 0.5 GRAM/ML	3	PA; SP
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	QL
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	1	
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	QL
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	1	QL
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	1	ST; QL
ZOLPIMIST ORAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	3	ST
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML	3	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	3	SP

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>bretylium tosylate injection solution 50 mg/ml</i>	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	3	ST
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	3	ST

Drug Name	Drug Tier	Requirements / Limits
<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-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	ST
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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	

Drug Name	Drug Tier	Requirements / Limits
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>	1	PA; SP
<i>epoprostenol intravenous recon soln 0.5 mg, 1.5 mg</i>	1	PA; SP
<i>eprosartan oral tablet 600 mg</i>	1	ST
<i>ethacrynic acid oral tablet 25 mg</i>	1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
FLOLAN INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG	3	PA; SP
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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

Drug Name	Drug Tier	Requirements / Limits
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	ST
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	3	PA; SP
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>phenoxybenzamine oral capsule 10 mg</i>	1	PA; SP; 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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>torse mide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	1	PA; SP
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	ST
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	2	PA; SP; QL
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	2	PA; SP; QL
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	2	PA; SP; QL
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
<i>veletri intravenous recon soln 0.5 mg, 1.5 mg</i>	3	PA; SP
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
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	

Drug Name	Drug Tier	Requirements / Limits
<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	2	SP
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	2	SP
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	2	SP
AGGRASTAT CONCENTRATE INTRAVENOUS CONCENTRATE 250 MCG/ML	3	SP
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	2	SP
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	2	SP
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	2	SP
<i>aminocaproic acid intravenous solution 250 mg/ml</i>	1	
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	1	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	1	
ANDEXXA INTRAVENOUS RECON SOLN 200 MG	3	PA; SP
<i>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

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

Drug Name	Drug Tier	Requirements / Limits
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG)	3	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	1	SP; QL
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML	2	SP; QL
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	2	SP; QL
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML	3	PA; SP
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	2	SP
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	2	SP
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	2	SP
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	2	SP
<i>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	
<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	2	SP
IDELVION INTRAVENOUS RECON SOLN 3,500 (+/-) UNIT	3	SP

Drug Name	Drug Tier	Requirements / Limits
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	2	SP
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	2	SP
KCENTRA INTRAVENOUS RECON SOLN 1,000 UNIT (800-1240 UNIT), 500 UNIT (400-620 UNIT)	3	SP
KENGREAL INTRAVENOUS RECON SOLN 50 MG	3	
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	3	SP
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	2	SP
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	2	SP
MEPHYTON ORAL TABLET 5 MG	3	
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	2	SP
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)	2	SP
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG	2	PA; SP
NPLATE SUBCUTANEOUS RECON SOLN 250 MCG, 500 MCG	2	PA; SP; QL
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	2	SP
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	
<i>prasugrel oral tablet 5 mg</i>	1	QL
PRAXBIND INTRAVENOUS SOLUTION 2.5 GRAM/50 ML	3	SP

Drug Name	Drug Tier	Requirements / Limits
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	2	SP
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	2	PA; SP; QL
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	2	PA; SP; QL
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 500 (+/-) UNIT	3	SP
REBINYN INTRAVENOUS RECON SOLN 3,000 (+/-) UNIT	3	
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	3	SP
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG)	3	SP
TRETEN INTRAVENOUS RECON SOLN 2,500 UNIT	2	SP
<i>vitamin k injection solution 1 mg/0.5 ml</i>	1	
VONVENDI INTRAVENOUS RECON SOLN 650 (+/-) UNIT RANGE	2	SP
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	2	SP
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	2	QL
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	2	QL
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	QL
ZONTIVITY ORAL TABLET 2.08 MG	3	QL
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	

Drug Name	Drug Tier	Requirements / Limits
<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
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	2	PA; SP; 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	

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

Drug Name	Drug Tier	Requirements / Limits
<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	
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	3	PA; SP; QL
<i>selenium sulfide topical lotion 2.5 %</i>	1	
<i>selenium sulfide topical shampoo 2.25 %</i>	2	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	PA; SP; QL
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
SORILUX TOPICAL FOAM 0.005 %	3	ST
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	2	PA; SP
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	2	PA; SP; QL
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	2	PA; SP; QL
<i>sulfacetamide sodium topical cleanser 10 %</i>	1	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	1	
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	2	PA; SP; QL
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	2	PA; SP; QL
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	2	PA; SP; QL
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	2	PA; SP; QL
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	2	PA; SP; QL
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; SP; QL
ZITHRANOL TOPICAL SHAMPOO 1 %	3	
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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	2	PA; SP; QL
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	2	PA; SP; QL
<i>emulsion sb topical emulsion</i>	1	
EUCRISA TOPICAL OINTMENT 2 %	3	ST
FLUOROURACIL TOPICAL CREAM 0.5 %	1	PA
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
HALUCORT TOPICAL GEL	3	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	3	
IODOSORB TOPICAL GEL 0.9 %	3	

Drug Name	Drug Tier	Requirements / Limits
LEVICYN ANTIPRURITIC SG TOPICAL SPRAY GEL	3	
LEVICYN ANTIPRURITIC TOPICAL GEL	3	
LEVULAN TOPICAL SOLUTION 20 %	3	
<i>luxamend topical cream</i>	3	
<i>mb hydrogel topical kit,cream and gel 96.53-3-0.4 -0.066 %</i>	1	
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	1	
<i>methyl salicylate oil</i>	1	
<i>methyl salicylate topical liquid</i>	1	
PANRETIN TOPICAL GEL 0.1 %	3	SP
<i>pimecrolimus topical cream 1 %</i>	1	ST
<i>podofilox topical solution 0.5 %</i>	1	
<i>pruclair topical cream</i>	1	
QBREXZA TOPICAL TOWELETTE 2.4 %	3	PA; QL
REGRANEX TOPICAL GEL 0.01 %	2	
SCENESSE SUBCUTANEOUS IMPLANT 16 MG	3	PA; SP; QL
SEBUDERM TOPICAL GEL	3	
<i>silver nitrate applicators topical stick 75-25 %</i>	1	
<i>silver nitrate topical solution 0.5 %, 10 %, 25 %, 50 %</i>	1	
<i>sonafine topical emulsion</i>	1	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	
<i>umecta topical foam 40 %</i>	1	
<i>urea nail stick topical solution 50 %</i>	1	
<i>urea topical cream 39 %, 40 %, 45 %, 47 %, 50 %</i>	1	
UREA TOPICAL CREAM 39.5 %	1	
<i>urea topical foam 35 %</i>	1	
<i>urea topical gel 45 %</i>	1	
VALCHLOR TOPICAL GEL 0.016 %	2	PA; SP
<i>wintergreen oil oil</i>	1	
THERAPY FOR ACNE		
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	QL
<i>adapalene topical cream 0.1 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>adapalene topical gel 0.3 %</i>	1	
<i>adapalene topical gel with pump 0.3 %</i>	1	
ADAPALENE TOPICAL LOTION 0.1 %	1	
<i>adapalene topical solution 0.1 %</i>	2	
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	2	QL
AVAR-E LS TOPICAL CREAM 10-2 %	3	
<i>azelaic acid topical gel 15 %</i>	1	ST
<i>benzepro topical towelette 6 %</i>	1	
<i>benzoyl peroxide topical cleanser 7 %</i>	1	
<i>benzoyl peroxide topical foam 9.8 %</i>	1	
<i>bp 10-1 topical cleanser 10-1 %</i>	1	
<i>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
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
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	

Drug Name	Drug Tier	Requirements / Limits
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	3	
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	QL
TOPICAL ANESTHETICS		
COCAINE NASAL SOLUTION 4 %	1	
ethyl chloride topical aerosol,spray 100 %	3	
GOPRELTO NASAL SOLUTION 4 %	3	
lidocaine hcl laryngotracheal solution 4 %	1	
lidocaine hcl topical cream 3 %	1	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	1	
lidocaine topical adhesive patch,medicated 5 %	1	
lidocaine topical ointment 5 %	1	QL
lidocaine viscous mucous membrane solution 2 %	1	
lidocaine-prilocaine topical cream 2.5-2.5 %	1	
lidocort topical cream 3-0.5 %	3	
lta pre-attached laryngotracheal solution 4 %	2	
NUMBRINO NASAL SOLUTION 4 %	1	
TOPICAL ANTIBACTERIALS		
corti-sav topical cream 1-1 %	1	
gentamicin topical cream 0.1 %	1	QL
gentamicin topical ointment 0.1 %	1	
hydrocortisone-iodoquinol topical cream 1-1 %	1	
hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %	1	
lugols topical solution 5-10 %	1	
mafenide acetate topical packet 50 gram	1	
mupirocin topical ointment 2 %	1	
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	3	ST
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	3	ST
QUINJA TOPICAL GEL 1.25-1 %	3	
strong iodine topical solution 5-10 %	1	
sulfacetamide sodium (acne) topical suspension 10 %	1	\$0 Copay

Drug Name	Drug Tier	Requirements / Limits
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	
<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	

Drug Name	Drug Tier	Requirements / Limits
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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANTIDOTES		
PROVAYBLUE INTRAVENOUS SOLUTION 5 MG/ML	1	
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation solution</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<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	SP
<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>	1	SP
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>	1	PA; SP
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	1	PA; SP
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	1	PA; SP
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	1	PA; SP
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	1	PA; QL
ENDARI ORAL POWDER IN PACKET 5 GRAM	3	PA; SP
FERRIPROX (2 TIMES A DAY) ORAL TABLET 1,000 MG	2	SP

Drug Name	Drug Tier	Requirements / Limits
FERRIPROX ORAL SOLUTION 100 MG/ML	2	PA; SP
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	3	PA; SP; QL
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	2	PA; SP
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	1	
LITHOSTAT ORAL TABLET 250 MG	3	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	1	PA; SP
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	2	PA; SP
ORFADIN ORAL CAPSULE 5 MG	2	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML	2	PA; SP
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	3	PA; SP; QL
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	3	PA; SP; QL
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	3	
RAVICTI ORAL LIQUID 1.1 GRAM/ML	2	PA; SP; QL
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	3	PA; SP
RILUTEK ORAL TABLET 50 MG	3	
<i>riluzole oral tablet 50 mg</i>	1	
<i>risedronate oral tablet 30 mg</i>	1	ST; QL
<i>sodium 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; SP; QL
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML	2	PA; SP; QL
TAVNEOS ORAL CAPSULE 10 MG	3	PA; SP; QL
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG	3	SP
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	3	PA; SP; QL
<i>tiopronin oral tablet 100 mg</i>	1	SP

Drug Name	Drug Tier	Requirements / Limits
<i>trientine oral capsule 250 mg</i>	1	SP; QL
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	3	PA; SP; QL
<i>water for irrigation, sterile irrigation solution</i>	1	
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	2	PA; SP; QL
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	2	SP
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	3	PA; SP
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
<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

Drug Name	Drug Tier	Requirements / Limits
<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		
<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	

Drug Name	Drug Tier	Requirements / Limits
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	
<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

Drug Name	Drug Tier	Requirements / Limits
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
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

Drug Name	Drug Tier	Requirements / Limits
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	
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

Drug Name	Drug Tier	Requirements / Limits
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
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	

Drug Name	Drug Tier	Requirements / Limits
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
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

Drug Name	Drug Tier	Requirements / Limits
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
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	QL
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	2	QL
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	QL
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	QL
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL

Drug Name	Drug Tier	Requirements / Limits
MYXREDLIN INTRAVENOUS SOLUTION 100 UNIT/100 ML (1 UNIT/ML)	3	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	ST; QL
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	QL
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	QL
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	QL
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	ST; QL
MISCELLANEOUS HORMONES		
ALDURAZIME INTRAVENOUS SOLUTION 2.9 MG/5 ML	2	SP
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	2	PA; QL
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2)	3	SP; QL
<i>cabergoline oral tablet 0.5 mg</i>	1	
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	1	
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
CERDELGA ORAL CAPSULE 84 MG	2	PA; SP; QL
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	2	PA; SP
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	2	SP
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	1	PA; SP
<i>clomid oral tablet 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>clomiphene citrate oral tablet 50 mg</i>	1	
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	3	PA; SP; QL
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
<i>desmopressin 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	2	SP
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	2	SP
GALAFOLD ORAL CAPSULE 123 MG	3	PA; SP; QL
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML	2	SP
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT	2	SP
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT	2	SP
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG	3	PA; SP; QL
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	3	PA; QL
<i>javygtor oral powder in packet 100 mg, 500 mg</i>	1	PA; SP
<i>javygtor oral tablet,soluble 100 mg</i>	1	PA; SP
JYNARQUE ORAL TABLET 15 MG, 30 MG	3	PA; SP; QL
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM)	3	PA; SP
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	3	PA; SP; QL
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	2	PA; SP
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	3	PA; SP

Drug Name	Drug Tier	Requirements / Limits
KUVAN ORAL TABLET,SOLUBLE 100 MG	3	PA; SP
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	2	PA; SP
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	2	SP
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	3	SP
<i>methyltestosterone oral capsule 10 mg</i>	1	ST
<i>miglustat oral capsule 100 mg</i>	1	PA; SP; QL
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	2	SP; QL
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	2	SP
NOC DURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	3	ST; QL
NOC DURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	3	ST; QL
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT, 5,000 UNIT	2	SP
ORILISSA ORAL TABLET 150 MG, 200 MG	2	PA; QL
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	2	SP
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1	PA
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	3	PA; SP; QL
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml)</i>	1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
PARSABIV INTRAVENOUS SOLUTION 5 MG/ML	3	PA; SP; QL
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	1	PA; SP
<i>sapropterin oral tablet,soluble 100 mg</i>	1	PA; SP
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	SP
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	2	PA; SP
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	2	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	3	PA; SP; QL
TESTONE CIK INTRAMUSCULAR KIT 200 MG/ML	3	PA
TESTOPEL IMPLANT PELLETT 75 MG	3	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA; QL
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	PA
TESTOSTERONE IMPLANT PELLETT 100 MG, 50 MG	1	PA
<i>testosterone transdermal gel 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
<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
tolvaptan oral tablet 15 mg, 30 mg	1	PA; SP; QL
<i>vasopressin intravenous solution 20 unit/ml</i>	1	
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	2	PA; SP
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	3	PA; SP; QL
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	3	PA; SP
ZAVESCA ORAL CAPSULE 100 MG	3	PA; SP; QL
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	1	SP
ZOLEDRONIC AC-MANNITOL-0.9NACL INTRAVENOUS PIGGYBACK 4 MG/100 ML	1	SP
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
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
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>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	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

Drug Name	Drug Tier	Requirements / Limits
<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	
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	

Drug Name	Drug Tier	Requirements / Limits
<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	
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	Opioid
<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	

Drug Name	Drug Tier	Requirements / Limits
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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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
<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>	1	SP
<i>budesonide oral capsule,delayed,extend.release 3 mg</i>	1	
<i>budesonide oral tablet,delayed and ext.release 9 mg</i>	1	
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	3	PA; SP; QL
BYLVAY ORAL PELLETT 200 MCG, 600 MCG	3	PA; SP; QL
CANASA RECTAL SUPPOSITORY 1,000 MG	3	
CHENODAL ORAL TABLET 250 MG	2	PA; SP; QL
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	2	PA; SP
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	3	PA; SP; QL
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	3	PA; SP; QL
CINVANTI INTRAVENOUS EMULSION 7.2 MG/ML	3	

Drug Name	Drug Tier	Requirements / Limits
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	
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	2	PA; SP; QL
<i>enulose oral solution 10 gram/15 ml</i>	1	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	3	PA; SP; QL
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	ACA
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	3	PA; SP; QL
<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
OALIVA ORAL TABLET 10 MG, 5 MG	2	PA; SP; QL
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	1	
<i>ondansetron hcl 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	

Drug Name	Drug Tier	Requirements / Limits
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	
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

Drug Name	Drug Tier	Requirements / Limits
<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)	2	PA; SP; 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	2	SP; QL
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	2	
SYMPROIC ORAL TABLET 0.2 MG	2	QL
SYNDROS ORAL SOLUTION 5 MG/ML	3	ST; QL
<i>trimethobenzamide oral capsule 300 mg</i>	1	
TRULANCE ORAL TABLET 3 MG	2	QL
UCERIS RECTAL FOAM 2 MG/ACTUATION	2	
<i>ursodiol oral capsule 200 mg, 300 mg, 400 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
VARUBI ORAL TABLET 90 MG	2	QL
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

Drug Name	Drug Tier	Requirements / Limits
<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	
<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	3	SP
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Drug Name	Drug Tier	Requirements / Limits
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA; SP
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	2	PA; SP; QL
LEUKINE INJECTION RECON SOLN 250 MCG	2	PA; SP
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	3	PA; SP
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	3	PA; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML	2	PA; SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	PA; SP
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG	3	PA; SP
RETACRIT INJECTION SOLUTION 2,000 UNIT/ML	2	PA; SP; QL
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML	2	PA; SP
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA; SP
GROWTH HORMONES		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	2	PA; SP; QL
GENOTROPIN MINIQUEL SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	2	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	2	PA; SP
NORDITROPIN FLEXPEN SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	2	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	2	PA; SP
INTERFERONS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	3	PA; SP; QL
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	3	PA; SP; QL
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	3	PA; SP; QL
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO ORAL TABLET 14 MG, 7 MG	2	PA; SP; QL
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	2	PA; SP; QL
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	2	PA; SP; QL
BETASERON SUBCUTANEOUS KIT 0.3 MG	2	PA; SP; QL
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	1	PA; SP; QL
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	1	PA; SP; QL
<i>glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	1	PA; SP; QL
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	3	PA; SP; QL
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	2	PA; SP; QL
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	3	PA; SP; QL
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	2	PA; SP; QL
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; SP; QL
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; SP; QL
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA; SP; QL
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; SP; QL
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; SP; QL
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
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
AFLURIA QUAD 2022-2023(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	3	ACA; QL
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	2	SP
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	ACA; QL; Age (Min 10 Years and Max 25 Years)
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	2	PA; SP
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	3	PA; SP
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	2	ACA
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT	3	PA; SP
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	ACA; QL; Age (Min 18 Years and Max 999 Years)
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	ACA; QL; Age (Min 18 Years and Max 999 Years)
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	ACA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 %	3	PA; SP

Drug Name	Drug Tier	Requirements / Limits
FLUAD QUAD 2022-23(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	3	ACA; QL
FLUARIX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	3	ACA; QL
FLUBLOK QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	3	ACA; QL
FLUCELVAX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	3	ACA; QL
FLUCELVAX QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	3	ACA; QL
FLULAVAL QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	3	ACA; QL
FLUMIST QUAD 2022-2023 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	3	ACA
FLUZONE HIGHDOSE QUAD 22-23 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	3	ACA; QL
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	3	ACA; QL
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	3	ACA; QL
FLUZONE QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	3	ACA; QL
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	2	PA; SP
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	2	PA; SP
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	2	PA; SP
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 5 GRAM	2	PA; SP
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	3	PA; SP

Drug Name	Drug Tier	Requirements / Limits
GAMMAPLEX INTRAVENOUS SOLUTION 10 %	3	PA; SP
GAMUNEX-C INJECTION SOLUTION 2.5 GRAM/25 ML (10 %)	2	PA; SP
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	ACA; QL; Age (Min 9 Years and Max 45 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	ACA; QL; Age (Min 9 Years and Max 45 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	ACA; QL; Age (Min 18 Years and Max 999 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	ACA
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	3	ACA; QL; Age (Min 18 Years and Max 999 Years)
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	ACA
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML)	2	
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML	2	
HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML	3	
HYPERTET (PF) INTRAMUSCULAR SYRINGE 250 UNIT/ML	2	
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	3	PA; SP
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	2	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	ACA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	2	ACA
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	2	ACA
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	ACA
JANSSEN COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 0.5 ML	3	ACA; QL

Drug Name	Drug Tier	Requirements / Limits
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
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	ACA; QL; Age (Min 11 Years and Max 23 Years)
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	3	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	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	ACA; QL
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	2	PA; SP
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
PANZYGA INTRAVENOUS SOLUTION 10 %	3	PA; SP

Drug Name	Drug Tier	Requirements / Limits
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 VACCN(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	3	ACA
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MCG/0.2 ML, 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; Age (Min 65 Years and Max 999 Years)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	3	ACA; QL; Age (Min 65 Years and Max 999 Years)
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	ACA; Age (Min 65 Years and Max 999 Years)
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

Drug Name	Drug Tier	Requirements / Limits
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 40 MCG/ML	3	ACA; QL; Age (Min 18 Years and Max 999 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	3	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	ACA; QL; Age (Min 18 Years and Max 999 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	ACA
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	2	ACA
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	2	ACA
ROTATEQ VACCINE ORAL SOLUTION 2 ML	2	ACA
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	3	ACA; QL; Age (Min 50 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
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	ACA; QL; Age (Min 10 Years and Max 25 Years)
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	ACA; QL
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	ACA
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	3	ACA
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	ACA

Drug Name	Drug Tier	Requirements / Limits
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	3	ACA; QL; Age (Min 18 Years and Max 999 Years)
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	ACA
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	3	ACA; QL; Age (Min 18 Years and Max 999 Years)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	ACA; QL
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	2	
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	2	ACA
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	2	ACA
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	Age (Min 65 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 %)	2	PA; SP
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
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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	

Drug Name	Drug Tier	Requirements / Limits
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)	2	SP; 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	
<i>ibandronate oral tablet 150 mg</i>	1	QL
<i>raloxifene oral tablet 60 mg</i>	1	ACA; QL
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	1	ST; QL
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	1	ST; QL
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	2	PA; SP; QL
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	2	PA; SP; QL
ACTEMRA INTRAVENOUS SOLUTION 80 MG/4 ML (20 MG/ML)	2	PA; SP; QL
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	2	PA; SP
AMJEVITA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	2	PA; QL
AMJEVITA SUBCUTANEOUS SYRINGE 20 MG/0.4 ML, 40 MG/0.8 ML	2	PA; QL
BENLYSTA INTRAVENOUS RECON SOLN 120 MG	2	SP; QL
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	3	PA; SP; QL
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	3	PA; SP; QL
DEPEN TITRATABS ORAL TABLET 250 MG	3	PA; SP; QL
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	2	PA; SP; QL
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	2	PA; SP; QL
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	2	PA; SP; QL
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	2	PA; SP; QL
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; SP; QL
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; SP; QL
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; SP; QL
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; SP; QL
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	2	PA; SP; QL
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA; SP; QL
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA; SP; QL
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	2	PA; SP; QL
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; SP; QL
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	2	PA; SP; QL
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	3	PA; SP; QL
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	3	PA; SP; QL
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	3	PA; SP; QL
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	3	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	3	PA; SP; QL
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	3	PA; SP; QL
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	3	PA; SP; QL
OTEZLA ORAL TABLET 30 MG	2	PA; SP; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	2	PA; SP; QL
<i>penicillamine oral capsule 250 mg</i>	1	PA; SP
<i>penicillamine oral tablet 250 mg</i>	1	PA; SP
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	2	ST; QL
RIDAURA ORAL CAPSULE 3 MG	2	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	2	PA; SP; QL
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	2	
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	2	
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	3	PA; SP; QL
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	3	PA; SP; QL
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	3	PA; SP; QL
XELJANZ ORAL SOLUTION 1 MG/ML	2	PA; SP
XELJANZ ORAL TABLET 10 MG, 5 MG	2	PA; SP; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	2	PA; SP; QL

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	3	ACA
CONDOMS-PREM LUBRICATED DEVICE	3	ACA; QL
DUREX AVANTI BARE REAL FEEL	3	ACA; QL

Drug Name	Drug Tier	Requirements / Limits
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
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

Drug Name	Drug Tier	Requirements / Limits
DUAVEE ORAL TABLET 0.45-20 MG	2	
<i>eemt hs oral tablet 0.625-1.25 mg</i>	1	
<i>eemt oral tablet 1.25-2.5 mg</i>	1	
<i>errin oral tablet 0.35 mg</i>	1	ACA
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal 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>	1	PA; SP; 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

Drug Name	Drug Tier	Requirements / Limits
<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
<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>yuvaferm vaginal tablet 10 mcg</i>	1	

MISCELLANEOUS OB/GYN

Drug Name	Drug Tier	Requirements / Limits
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
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

Drug Name	Drug Tier	Requirements / Limits
<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
<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

Drug Name	Drug Tier	Requirements / Limits
<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
<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

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

Drug Name	Drug Tier	Requirements / Limits
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	ACA
larin 1/20 (21) oral tablet 1-20 mg-mcg	1	ACA
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	ACA
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA
layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	1	ACA
leena 28 oral tablet 0.5/1/0.5-35 mg-mcg	1	ACA
lessina oral tablet 0.1-20 mg-mcg	1	ACA
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	ACA
levonorgestrel oral tablet 1.5 mg	1	ACA
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	1	ACA
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	ACA
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	ACA
levora-28 oral tablet 0.15-0.03 mg	1	ACA
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	2	ACA
lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	1	ACA
loryna (28) oral tablet 3-0.02 mg	1	ACA
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	1	ACA
lo-zumandimine (28) oral tablet 3-0.02 mg	1	ACA
lutra (28) oral tablet 0.1-20 mg-mcg	1	ACA
marlissa (28) oral tablet 0.15-0.03 mg	1	ACA
merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)	1	ACA
mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	1	ACA
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	ACA
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	1	ACA
microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	ACA
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	1	ACA
<i>my choice oral tablet 1.5 mg</i>	1	ACA
<i>my way oral tablet 1.5 mg</i>	1	ACA
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

Drug Name	Drug Tier	Requirements / Limits
<i>opcicon one-step oral tablet 1.5 mg</i>	1	ACA
<i>option-2 oral tablet 1.5 mg</i>	1	ACA
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	ACA
<i>pimtrea (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

Drug Name	Drug Tier	Requirements / Limits
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	1	ACA
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	1	ACA
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	1	ACA
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	ACA
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	ACA
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	ACA
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	ACA
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	1	ACA
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	ACA
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG	1	ACA
tydemy oral tablet 3-0.03-0.451 mg (21) (7)	1	ACA
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	1	ACA
vestura (28) oral tablet 3-0.02 mg	1	ACA
vienva oral tablet 0.1-20 mg-mcg	1	ACA
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA
vyfemla (28) oral tablet 0.4-35 mg-mcg	1	ACA
vylibra oral tablet 0.25-35 mg-mcg	1	ACA
wera (28) oral tablet 0.5-35 mg-mcg	1	ACA
wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	1	ACA
zarah oral tablet 3-0.03 mg	1	ACA
zovia 1-35 (28) oral tablet 1-35 mg-mcg	1	ACA
zumandimine (28) oral tablet 3-0.03 mg	1	ACA
OXYTOCICS		
methergine oral tablet 0.2 mg	3	
methylergonovine oral tablet 0.2 mg	1	

Drug Name	Drug Tier	Requirements / Limits
OPHTHALMOLOGY		
ANTIBIOTICS		
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	

Drug Name	Drug Tier	Requirements / Limits
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
BETA-BLOCKERS		
<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		

Drug Name	Drug Tier	Requirements / Limits
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	3	
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	3	ST
ALOMIDOPHTHALMIC (EYE) DROPS 0.1 %	3	ST
<i>altacaine ophthalmic (eye) drops 0.5 %</i>	1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %	2	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	1	
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	3	PA; QL
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %	1	QL
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	1	PA; QL
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	3	PA; SP; QL
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	2	PA; SP; QL
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	1	
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	3	PA; SP; QL
PREDNISOL ACE-GATIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.075 %	1	
PREDNISOLN SP-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS 1-0.5-0.075 %	1	
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.1 %	1	
PREDNISOLONE-MOXIFLO-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.1 %	1	
PREDNISOLONE-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.075 %	1	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	2	PA; QL

Drug Name	Drug Tier	Requirements / Limits
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 %	1	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	1	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	PA
ZERVIAE 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

Drug Name	Drug Tier	Requirements / Limits
DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 2 %	1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	1	ST; QL
DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS 2-0.5 %	1	ST
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
LATANOPROST (PF) OPHTHALMIC (EYE) DROPS 0.005 %	1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	
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	

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
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	

Drug Name	Drug Tier	Requirements / Limits
PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	1	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
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	

Drug Name	Drug Tier	Requirements / Limits
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
<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	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	Opioid; QL; Age (Min 12 Years and Max 999 Years)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	QL
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	1	QL; Age (Min 12 Years and Max 999 Years)
<i>hydromet oral syrup 5-1.5 mg/5 ml</i>	1	QL; Age (Min 12 Years and Max 999 Years)
<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	QL
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1	QL; Age (Min 12 Years and Max 999 Years)
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	2	QL
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i>	1	ST; QL
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	2	QL
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	1	PA; SP; QL
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	QL
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	1	QL
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	2	PA; SP; QL
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	
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	2	PA; SP
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	2	PA; SP
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	2	QL
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	QL
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	1	QL

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

Drug Name	Drug Tier	Requirements / Limits
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	2	PA; SP; QL
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	2	PA; SP; QL
OFEV ORAL CAPSULE 100 MG, 150 MG	2	PA; SP; QL
OPSUMIT ORAL TABLET 10 MG	2	PA; SP; QL
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	2	PA; SP; QL
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	2	PA; SP; QL
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	3	PA; SP
<i>pirfenidone oral capsule 267 mg</i>	1	PA; SP; QL
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	1	PA; SP; QL
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	2	QL
PULMOZYME INHALATION SOLUTION 1 MG/ML	2	PA; SP; QL
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	QL
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	QL
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	1	QL
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	2	PA; SP; 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>	1	PA; SP; QL
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	1	PA; QL
SINUVA SINUS IMPLANT 1,350 MCG	3	PA; QL
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	1	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	QL
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	QL

Drug Name	Drug Tier	Requirements / Limits
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	QL
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	2	QL
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	3	PA; SP; QL
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	1	PA; SP; QL
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	3	PA; SP; QL
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML	3	PA; QL
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	3	PA; SP; QL
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	1	
<i>theophylline oral elixir 80 mg/15 ml</i>	1	
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
TICANASE NASAL KIT, SPRAY SUSPENSION AND SPRAY 50 MCG- 0.9 %	3	ST
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	2	PA; SP; QL
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	QL
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	2	PA; SP; 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	2	PA; SP
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	2	PA; SP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	2	PA; SP
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	3	PA; SP
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	2	PA; SP; QL
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	2	PA; SP; QL
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
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<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>trospium oral capsule,extended release 24hr 60 mg</i>	1	ST
<i>trospium 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>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		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	2	PA; SP
ELMIRON ORAL CAPSULE 100 MG	2	
<i>hyophen oral tablet 81.6-0.12-10.8 mg</i>	1	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	2	
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	1	
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	3	PA; SP
<i>phosphasal oral tablet 81.6-10.8-40.8 mg</i>	1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	2	
<i>urimar-t oral tablet 120-0.12-10.8 mg</i>	1	
<i>uro-458 oral tablet 81-10.8-40.8 mg</i>	1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG)	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ	3	

Drug Name	Drug Tier	Requirements / Limits
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	
CALCIUM GLUC IN NA CL, ISO-OSM INTRAVENOUS SOLUTION 1 GRAM/50 ML	1	
<i>effe-r-k oral tablet, effervescent 25 meq</i>	1	
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	3	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	1	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	1	
<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	

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

Drug Name	Drug Tier	Requirements / Limits
<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	
<i>m-natal plus oral tablet 27 mg iron- 1 mg</i>	1	ACA
MONOFERRIC INTRAVENOUS SOLUTION 100 MG IRON/ML	3	
<i>mynatal oral capsule 65 mg iron- 1 mg</i>	1	
<i>mynatal plus oral tablet 65 mg iron- 1 mg</i>	1	
<i>mynatal-z oral tablet 65 mg iron- 1 mg</i>	1	
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET,CHEWABLE 28 MG IRON -1 MG	3	
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG	3	
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG	3	
NESTABS ORAL TABLET 32-1,000 MG-MCG	3	
<i>newgen oral tablet 32-1,000 mg-mcg</i>	1	
OB COMPLETE ONE ORAL CAPSULE 40-10- 1-300 MG	3	
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG	3	
OB COMPLETE PREMIER ORAL TABLET 30- 20-1 MG	3	
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>prena1 chew oral tablet,chew,ir - dr,biphase 1.4 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>prena1 pearl oral capsule,ir - delay rel,biphase 30-1.4-200 mg</i>	1	
<i>prena1 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
<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	

Drug Name	Drug Tier	Requirements / Limits
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	
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	

Drug Name	Drug Tier	Requirements / Limits
<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		ALTAFLUOR BENOX.....	121
abacavir-lamivudine	4	FLOW-VU.....	76	altavera (28).....	111
ABELCET	3	AEROCHAMBER PLUS Z		alvimopan	89
ABILIFY MAINTENA.....	37	STAT	76	alyacen 1/35 (28)	111
abiraterone	17	AEROTRACH PLUS.....	76	alyacen 7/7/7 (28)	112
acamprosate	71	AEROVENT PLUS.....	76	alyq	127
acarbose	85	afirmelle.....	111	amabelz.....	108
ACCOLATE.....	127	AFLURIA QD 2022-23(3YR		amantadine hcl.....	4
ACCU-CHEK COMBO		UP)(PF)	97	ambrisentan.....	127
SYSTEM	77	AFLURIA QUAD 2022-		AMELUZ	62
accutane	63	2023(6MO UP).....	97	amethia	112
ACE AEROSOL CLOUD		AFREZZA	79	amethyst (28)	112
ENHANCER	76	AFSTYLA	53	amikacin	10
acebutolol	46	after pill	111	amiloride.....	47
acetaminophen-caff-		AFTERA	111	amiloride-hydrochlorothiazide	
dihydrocod.....	32	AGGRASTAT		.....	47
acetaminophen-codeine.....	32	CONCENTRATE.....	53	aminocaproic acid.....	53
acetazolamide	122	AIMOVIG AUTOINJECTOR		aminophylline	127
acetazolamide sodium	122	.....	29	amiodarone	46
acetic acid.....	71, 74	AJOVY AUTOINJECTOR..	29	AMITIZA	89
acetylcysteine	127	AJOVY SYRINGE.....	29	amitriptyline	38
acitretin.....	60	AKTEN (PF)	120	amitriptyline-chlordiazepoxide	
ACTEMRA	105	AKYNZEO		.....	38
ACTEMRA ACTPEN.....	105	(FOSNETUPITANT)	89	AMJEVITA	105
ACTHIB (PF).....	97	ALA-QUIN	66	AMJEVITA	
ACTIMMUNE	96	albendazole	10	AUTOINJECTOR	105
ACULAR	122	ALBUMINEX	134	amlodipine	47
ACULAR LS.....	122	albuterol sulfate	127	amlodipine-atorvastatin	57
acyclovir	4, 67	alclometasone	68	amlodipine-benazepril	47
acyclovir sodium	4	ALDURAZYME	81	amlodipine-olmesartan	47
ADACEL(TDAP		alendronate	104	amlodipine-valsartan	47
ADOLESN/ADULT)(PF) 97		alfuzosin	133	amlodipine-valsartan-hcthiazid	
ADAKVEO	17	ALINIA	10	.....	47
adapalene.....	63	aliskiren	47	amnestem	63
ADAPALENE	63	allopurinol	104	AMONDYS-45.....	30
adefovir.....	4	allopurinol sodium.....	104	amoxapine.....	38
ADEMPAS.....	127	ALLZITAL.....	32	amoxicil-clarithromy-lansopraz	
ADRENALIN.....	127	almotriptan malate.....	29	.....	94
ADVAIR HFA	127	ALOCRI.....	121	amoxicillin	13
ADVANCED ALLERGY		ALOMIDE.....	121	amoxicillin-pot clavulanate .13,	
COLLECT KIT	68	alosetron	89	14	
ADVATE	52	ALPHANATE	53	amphetamine sulfate	38
ADYNOVATE.....	52	ALPHANINE SD	53	amphotericin b	3
ADZENYS XR-ODT	38	alprazolam	38	ampicillin	14
AEMCOLO	10	alprazolam intensol.....	38	ampicillin sodium	14
AEROCHAMBER MINI	76	ALPROLIX	53	anagrelide	71
		ALREX.....	124	ANA-LEX KIT.....	89
		altacaine.....	121	anastrozole	17

ANDEXXA	53	ATROPINE	120	BASAGLAR KWIKPEN U-	
ANDRODERM	81	ATROPINE IN 0.9 % SOD		100 INSULIN	79
ANGELIQ	108	CHLORIDE	87	BASAGLAR TEMPO PEN(U-	
ANNOVERA	110	ATROVENT HFA	128	100)INSLN	79
ANORO ELLIPTA	127	AUBAGIO.....	96	BAXDELA	15
anucort-hc.....	89	aubra	112	BD ULTRA-FINE NANO	
ANZEMET	89	aubra eq	112	PEN NEEDLE	77
APIDRA SOLOSTAR U-100		aurovela 1.5/30 (21)	112	BD VERITOR SYSTEM	
INSULIN	79	aurovela 1/20 (21)	112	SARS-COV-2	76
APIDRA U-100 INSULIN...	79	aurovela 24 fe	112	belladonna alkaloids-opium..	87
apomorphine.....	27	aurovela fe 1.5/30 (28)	112	BELSOMRA	38
apraclonidine	125	aurovela fe 1-20 (28)	112	benazepril	47
aprepitant	89	AURYXIA.....	88	benazepril-hydrochlorothiazide	
APRETUDE	4	AUSTEDO	30	.....	47
apri.....	112	AUTOSOFT 30	77	BENEFIX	53
APTIVUS	4	AUTOSOFT 90	77	BENLYSTA	105
aqua care sodium chloride....	71	AUTOSOFT XC INFUSION		benzepro	64
aqua care sterile water	71	SET 23.....	77	BENZNIDAZOLE	10
ARAKODA.....	10	AVAR-E LS	63	benzonatate	126
aranelle (28).....	112	AVELOX IN NA CL (ISO-		benzoyl peroxide	64
ARCALYST.....	95	OSMOTIC).....	15	benztropine	27
arformoterol.....	127	aviane.....	112	bepotastine besilate.....	121
ARIKAYCE	10	avidoxy	15	BESIVANCE.....	119
aripiprazole.....	38	avo cream	62	BESREMI.....	96
ARISTADA.....	38	AVONEX	96	BETADINE OPHTHALMIC	
ARISTADA INITIO	38	AVYCAZ	8	PREP.....	119
armodafinil	38	AYGESTIN	108	betaine.....	89
ARMOUR THYROID	87	ayuna	112	betamethasone dipropionate .	68
ARNUITY ELLIPTA.....	127	AYVAKIT.....	17	betamethasone valerate.....	68
ascomp with codeine	32	AZASITE	118	betamethasone, augmented...	68
asenapine maleate.....	38	azathioprine	17	BETASERON.....	96
ashlyna.....	112	azathioprine sodium	17	betaxolol	47, 120
ASMANEX HFA	127	azelaic acid	64	bethanechol chloride.....	133
ASMANEX TWISTHALER		azelastine	74, 121	BETIMOL	120
.....	128	azelastine-fluticasone	128	BETOPTIC S.....	120
aspirin.....	35	AZESCO	135	BEVESPI AEROSPHERE .	128
aspirin-dipyridamole	53	azithromycin	9	bexarotene.....	17
ASPIRIN-OMEPRAZOLE ..	53	azurette (28).....	112	BEXSERO	97
ASTAGRAF XL	17	B		bicalutamide	17
atazanavir	4	bacitracin	10, 119	BICILLIN C-R	14
atenolol.....	47	bacitracin-polymyxin b.....	119	BICILLIN L-A	14
atenolol-chlorthalidone.....	47	baclofen	31	BIJUVA.....	108
ATGAM	97	bal-care dha	135	BIKTARVY	4
atomoxetine	38	balsalazide	89	bimatoprost	122
atorvastatin	57	BALVERSA.....	17	BINAXNOW COVID-19 AG	
atovaquone	10	balziva (28).....	112	CARD	76
atovaquone-proguanil.....	10	BAQSIMI	77	bisoprolol fumarate.....	47
atracurium.....	31	BARACLUDE.....	4	bisoprolol-hydrochlorothiazide	
ATRAPRO HYDROGEL	62	BARHEMSYS.....	89	.....	47
atropine.....	87, 120			bivalirudin.....	53

blisovi 24 fe.....	112	C		cefepime	8
blisovi fe 1.5/30 (28)	112	CABENUVA.....	4	CEFEPIME IN DEXTROSE 5	
blisovi fe 1/20 (28)	112	cabergoline	81	%.....	8
BOOSTRIX TDAP	97	CABLIVI.....	53	cefepime in dextrose,iso-osm .8	
bosentan.....	128	CABOMETYX.....	18	cefixime	8, 9
BOSULIF	17	caffeine citrate	71	CEFOTAN.....	9
BOTOX	97	calcipotriene	60	cefoxitin	9
bp 10-1.....	64	calcipotriene-betamethasone	60	cefoxitin in dextrose, iso-osm.9	
BRAFTOVI.....	18	calcitonin (salmon).....	81	cefpodoxime	9
BREATHERITE MDI		calcitriol.....	60, 81	cefprozil	9
SPACER.....	76	calcium acetate(phosphat bind)		CEFTAZIDIME IN D5W.....	9
BREO ELLIPTA.....	128	.....	134	ceftriaxone	9
bretylum tosylate.....	46	CALCIUM GLUC IN NACL,		ceftriaxone in dextrose,iso-os.9	
briellyn	112	ISO-OSM.....	134	cefuroxime axetil	9
BRILINTA	53	CALDOLOR	35	cefuroxime sodium	9
brimonidine	64, 125	camila	108	celecoxib.....	35
BRIMONIDINE-		camrese	112	CELONTIN	24
DORZOLAMIDE (PF) ..	122	camrese lo.....	112	cem-urea	62
brimonidine-timolol	122	CANASA.....	89	cephalexin.....	9
BRINEURA	81	candesartan	47	CEPROTIN (BLUE BAR) ...	53
brinzolamide.....	122	candesartan-hydrochlorothiazid		CEPROTIN (GREEN BAR) 53	
BRIVIACT	24	.....	47	CEQUA	121
BROMFED DM	126	capecitabine	18	CEQUR SIMPLICITY	77
bromfenac.....	122	CAPRELSA.....	18	CERACADE.....	62
bromocriptine	27, 28	captopril.....	47	CERAMAX	62
brompheniramine-pseudoeph-		captopril-hydrochlorothiazide		CERDELGA.....	81
dm.....	126	.....	47	CEREZYME.....	81
BROMSITE.....	122	carbamazepine	24	CERVIDIL	110
BRUKINSA	18	carbidopa	28	CETROTIDE	82
budesonide.....	89, 128	carbidopa-levodopa	28	cevimeline.....	71
bumetanide	47	carbidopa-levodopa-		charlotte 24 fe	112
buprenorphine.....	32	entacapone	28	chateal (28)	113
buprenorphine hcl.....	32	carbinoxamine maleate	125	chateal eq (28)	113
buprenorphine-naloxone.....	35	CARDURA XL	47	CHEMET.....	71
bupropion hcl.....	38, 39	carglumic acid	71	CHENODAL	89
BUPROPION HCL	39	carisoprodol.....	31	chloramphenicol sod succinate	
bupropion hcl (smoking deter)		CARNITOR.....	71	.....	11
.....	73	carteolol	120	chlordiazepoxide hcl.....	39
buspirone	39	cartia xt	47	chlordiazepoxide-clidinium ..	88
butalbital compound w/codeine		carvedilol	47	chlorhexidine gluconate.....	74
.....	32	carvedilol phosphate.....	48	chloroquine phosphate.....	11
butalbital-acetaminop-caf-cod		CAYA CONTOURED.....	107	chlorothiazide sodium	48
.....	32	CAYSTON	11	chlorpromazine	39
butalbital-acetaminophen	32	caziant (28).....	112	chlorthalidone	48
butalbital-acetaminophen-caff		cefaclor	8	chlorzoxazone.....	31
.....	32	cefadroxil.....	8	CHOLBAM	90
butalbital-aspirin-caffeine ...	32,	cefazolin	8	cholestyramine (with sugar) .57	
33		cefazolin in dextrose (iso-os) .8		cholestyramine light	57
butorphanol.....	35	cefdinir.....	8	ciclopirox	67
BYLVAY	89	cefditoren pivoxil	8	cidofovir	4

cilostazol.....	53	COAGADEX.....	54	CYCLOPHOSPHAMIDE	18
CIMDUO.....	4	COARTEM	11	CYCLOSERINE.....	11
cimetidine	94	COCAINE	65	cyclosporine.....	18, 121
cimetidine hcl	94	codeine sulfate.....	33	CYCLOSPORINE IN	
CIMZIA.....	90	codeine-butalbital-asa-caff ...	33	KLARITY	121
CIMZIA POWDER FOR		colchicine.....	104	cyclosporine modified	18
RECONST	90	COLCHICINE.....	104	cyproheptadine	125
cinacalcet.....	82	colesevelam	57	cyred	113
CINRYZE.....	128	colestipol	57	cyred eq	113
CINVANTI.....	90	COMBIPATCH.....	108	CYSTADROPS	121
CIPRO HC.....	74	COMBIVENT RESPIMAT	128	CYSTAGON	133
ciprofloxacin hcl.....	15, 74, 119	COMETRIQ	18	CYSTARAN.....	121
ciprofloxacin in 5 % dextrose		COMPACT SPACE		CYTOTEC.....	94
.....	15	CHAMBER	76	D	
ciprofloxacin-dexamethasone		complete natal dha.....	135	dalfampridine.....	30
.....	74	completenate.....	135	DALVANCE	11
CIPROFLOXACIN-		compro.....	90	danazol.....	82
FLUOCINOLONE	74	CONCEPT DHA	135	dantrolene	31
citalopram.....	39	CONDOMS-PREM		dapsone	11, 64
CITRANATAL B-CALM (FE		LUBRICATED.....	107	DAPTACEL (DTAP	
GLUC).....	135	constulose	90	PEDIATRIC) (PF).....	98
claravis	64	CONTOUR TEST STRIPS ..	75	darifenacin	132
clarithromycin	10	COPIKTRA	18	dasetta 1/35 (28)	113
cleansing wash.....	64	CORIFACT	54	dasetta 7/7/7 (28)	113
clemastine.....	125	CORLANOR	59	DAURISMO.....	18
CLENPIQ.....	90	corti-sav	66	daysee	113
clindamycin hcl	11	cortisone	75	DEBACTEROL.....	74
CLINDAMYCIN IN 0.9 %		COSOPT (PF).....	122	deblitane	108
SOD CHLOR	11	COTELLIC.....	18	deferasirox	71
clindamycin in 5 % dextrose	11	covaryx	108	deferiprone.....	71
clindamycin pediatric	11	covaryx h.s.....	108	DEFITELIO.....	54
clindamycin phosphate .	64, 110	COVID19 TEST ADM.BY		DELZICOL.....	90
clindamycin-benzoyl peroxide		PHARMACIST	76	demeclocycline	15
.....	64	COVID-19 TEST SPECIMEN		DEPEN TITRATABS	105
clindamycin-tretinoin	64	COLLECT	76	DEPO-ESTRADIOL	108
clobazam.....	24	CREON	90	DEPO-PROVERA.....	108
clobetasol.....	68	CRESEMBA	3	DEPO-SUBQ PROVERA	104
clobetasol-emollient	68	cromolyn.....	90, 121, 128	.....	108
clomid.....	82	crotan	70	DESCOVY	4
clomiphene citrate	82	cryselle (28).....	113	desipramine.....	39
clomipramine.....	39	CRYSVITA	82	desloratadine.....	125
clonazepam.....	24	CUE COVID-19 HOME TEST		desmopressin	82
clonidine	48	.....	76	DESMOPRESSIN	82
clonidine hcl	39, 48	CUVITRU	98	desog-e.estradiol/e.estradiol	
clopidogrel.....	53	cyclobenzaprine.....	31	.....	113
clorazepate dipotassium	39	CYCLOMYDRIL.....	125	desogestrel-ethinyl estradiol	
clotrimazole	3	cyclopentolate.....	120	.....	113
clotrimazole-betamethasone .	67	CYCLOPEN-TROPIC-		desonide	68
clozapine.....	39	PHENYLEPH-WATR....	120	desoximetasone.....	68, 69
c-nate dha	135	cyclophosphamide	18	desvenlafaxine succinate	39

dexamethasone	75	diskets	33	EASIVENT HOLDING	
dexamethasone intensol.....	75	disopyramide phosphate	46	CHAMBER	76
dexamethasone sodium		disulfiram.....	71	econazole	67
phosphate.....	124	divalproex.....	24	econtra ez.....	113
dexchlorpheniramine maleate		dofetilide.....	46	econtra one-step.....	113
.....	125	DOJOLVI	135	EDARBI	48
DEXCOM G6 RECEIVER ..	77	dolishale.....	113	EDARBYCLOR.....	48
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 ..	77	dorzolamide	123	eemt	108
DEXCOM G7 SENSOR	77	DORZOLAMIDE (PF).....	123	eemt hs.....	108
DEXERYL	62	dorzolamide-timolol	123	efavirenz	5
dexlansoprazole	94	dorzolamide-timolol (pf)	123	efavirenz-lamivu-tenofov disop	
dexmethylphenidate	39	DORZOLAMIDE-TIMOLOL		.....	5
dexrazoxane hcl.....	17	(PF).....	123	effer-k	134
dextroamphetamine sulfate .39,		dotti.....	108	EGRIFTA SV	95
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.....	113
diazoxide	77	drithocreme hp.....	60	ELIQUIS.....	54
DICLOFENAC EPOLAMINE		dronabinol.....	90	ELIQUIS DVT-PE TREAT	
.....	35	drospirenone-e.estradiol-lm.fa		30D START.....	54
diclofenac potassium	35	.....	113	ELLA.....	113
diclofenac sodium ..35, 62, 122		drospirenone-ethinyl estradiol		ELMIRON.....	133
diclofenac-misoprostol	35	.....	113	ELOCTATE	54
DICLOFONO.....	35	DROXIA	18	eluryng.....	110
dicloxacillin.....	14	droxidopa.....	71	EMCYT	18
dicyclomine	88	DRYSOL DAB-O-MATIC ..	62	EMERPHEd.....	59
didanosine.....	4	DUAVEE.....	108	EMGALITY PEN.....	29
DIFICID	10	DUET DHA BALANCED.....	135	EMGALITY SYRINGE	29
diflunisal.....	35	DUET DHA WITH OMEGA-3		EMSAM	40
difluprednate.....	124	.....	135	emtricitabine	5
digitek.....	52	DULERA.....	128	emtricitabine-tenofovir (tdf)...	5
digox.....	52	duloxetine	40	EMTRIVA.....	5
digoxin.....	52	DUOBRII	69	emulsion sb.....	62
dihydroergotamine	29	DUPIXENT PEN	62	EMVERM.....	11
DILANTIN.....	24	DUPIXENT SYRINGE.....	62	enalapril maleate.....	48
diltiazem	48	DUREX AVANTI BARE		enalapril-hydrochlorothiazide	
dilt-xr.....	48	REAL FEEL	107	.....	48
dimethyl fumarate	96	dutasteride	133	ENBREL.....	105
DIPENTUM	90	dutasteride-tamsulosin.....	133	ENBREL MINI	105
diphenhydramine hcl	125	DYSPORT	98	ENBREL SURECLICK	105
diphenoxylate-atropine.....	88	E		ENDARI	71
dipyridamole.....	54	e.e.s. 400	10	endocet.....	33
DISALCID	35			ENGERIX-B (PF)	98

ENGERIX-B PEDIATRIC (PF).....	98	estazolam	40	FASENRA PEN	128
enoxaparin	54	estradiol	108, 109	FC2 FEMALE CONDOM	107
enpresse	113	estradiol valerate.....	109	febuxostat	104
enskyce	113	estradiol-norethindrone acet	109	FEIBA NF	54
ENSPRYNG.....	18	ESTRING	109	felbamate	25
entacapone	28	estrogens-methyltestosterone	109	felodipine	48
entecavir	5	eszopiclone	40	FEMCAP	107
ENTEREG.....	90	ethacrynic acid.....	48	fenofibrate.....	58
ENTRESTO	59	ethambutol	11	FENOFIBRATE	58
ENTYVIO	90	ethosuximide	25	fenofibrate micronized.....	58
enulose.....	90	ethyl chloride.....	66	fenofibrate nanocrystallized	58
ENVARUS XR	18	ethynodiol diac-eth estradiol	113	fenofibric acid.....	58
EPCLUSA	5	etodolac	35	fenofibric acid (choline)	58
EPIDIOLEX	25	etonogestrel-ethinyl estradiol	110	fenopropfen.....	35
epinastine.....	121	etoposide.....	18	FENSOLVI.....	19
epinephrine	126	etravirine.....	5	fentanyl	33
epinephrine hcl	128	EUCRISA.....	62	fentanyl citrate	33
EPINEPHRINE HCL (PF)	126	EUFLEXXA.....	35	FERRIPROX	71
epitol.....	25	EURAX	70	FERRIPROX (2 TIMES A DAY)	71
epiphenone	48	euthyrox.....	87	fesoterodine	132
epoprostenol	48	EVERLYWELL COVID19 HOM COLLECT.....	76	FETROJA	9
epoprostenol (glycine).....	48	everolimus (antineoplastic) ..	19	FETZIMA.....	40
eprosartan	48	everolimus (immunosuppressive)	19	FIBRYGA.....	54
eptifibatide.....	54	EVERSENSE SENSOR-HOLDER.....	77	finasteride	133
EQUETRO	25	EVERSENSE SMART TRANSMITTER	77	FINTEPLA	25
ERAXIS(WATER DILUENT)	3	EVRYSDI.....	30	finzala	113
ergocalciferol (vitamin d2)	135	EVUSHELD (EUA).....	5	flavoxate	132
ergoloid.....	40	exemestane	19	FLEBOGAMMA DIF	98
ERGOMAR.....	29	EXKIVITY	19	flecainide	46
ergotamine-caffeine.....	29	ezetimibe	57	FLEXICHAMBER	76
ERIVEDGE	18	ezetimibe-simvastatin	58	FLOLAN	49
ERLEADA	18	F		FLOVENT DISKUS	128
erlotinib	18	FABRAZYME	82	FLOVENT HFA.....	128
errin	108	FACTIVE	15	FLUAD QUAD 2022-23(65Y UP)(PF).....	98
ERTACZO	67	falmina (28)	113	FLUARIX QUAD 2022-2023 (PF).....	98
ery pads	64	famciclovir.....	5	FLUBLOK QUAD 2022-2023 (PF).....	98
ery-tab.....	10	famotidine.....	94	FLUCELVAX QUAD 2022-2023.....	98
ERYTHROCIN	10	famotidine (pf).....	94	FLUCELVAX QUAD 2022-2023 (PF).....	98
erythrocin (as stearate)	10	FANAPT	40	fluconazole	3
erythromycin	10, 119	FARXIGA	85	fluconazole in nacl (iso-osm)	3
erythromycin ethylsuccinate	10	FARYDAK.....	19	flucytosine	3
erythromycin with ethanol ...	64	FASENRA.....	128	fludrocortisone.....	75
erythromycin-benzoyl peroxide	64			FLULAVAL QUAD 2022-2023 (PF).....	98
escitalopram oxalate	40				
esomeprazole magnesium ...	94				
ESPEROCT	54				
estarylla	113				

FLUMIST QUAD 2022-2023		FREESTYLE LIBRE 2		GIVLAARI.....71
.....98		READER.....77		glatiramer.....96
flunisolide.....128		FREESTYLE LIBRE 2		glatopa.....96
fluocinolone.....69		SENSOR.....77		GLEOSTINE.....19
fluocinolone acetone oil ....74		FREESTYLE LIBRE 3		glimepiride.....85
fluocinolone and shower cap 69		SENSOR.....78		glipizide.....85
fluocinonide.....69		FROTEK.....36		glipizide-metformin.....85
fluocinonide-e.....69		frovatriptan.....29		GLUCAGON (HCL)
fluorescein-proparacaine ....121		FULPHILA.....95		EMERGENCY KIT.....77
fluoride (sodium).....136		furosemide.....49		GLUCAGON EMERGENCY
fluorometholone.....124		FUZEON.....5		KIT (HUMAN).....77
fluorouracil.....62		fyavolv.....109		glyburide.....85
fluoetine.....40, 41		FYCOMPA.....25		glyburide micronized.....85
fluphenazine decanoate.....41		G		glyburide-metformin.....85
fluphenazine hcl.....41		gabapentin.....25		glycopyrrolate.....88
flurandrenolide.....69		GALAFOLD.....82		GLYCOPYRROLATE (PF) IN
flurbiprofen.....35		galantamine.....30		WATER.....88
flurbiprofen sodium.....122		GALZIN.....134		GLYRX-PF.....88
fluticasone propionate ..69, 128		GAMASTAN.....99		GLYXAMBI.....85
fluticasone propion-salmeterol		GAMASTAN S/D.....99		GOJJI KETONE CONTROL
.....129		GAMIFANT.....19		SOLN-L1.....78
FLUTICASONE PROPION-		GAMMAGARD LIQUID ....99		GOLYTELY.....90
SALMETEROL.....129		GAMMAGARD S-D (IGA < 1		GONAL-F.....82
fluvastatin.....58		MCG/ML).....99		GONAL-F RFF.....82
fluvoxamine.....41		GAMMAPLEX.....99		GONAL-F RFF REDI-JECT82
FLUZONE HIGHDOSE		GAMMAPLEX (WITH		GOPRELTO.....66
QUAD 22-23 PF.....98		SORBITOL).....99		granisetron (pf).....90
FLUZONE QUAD 2022-2023		GAMUNEX-C.....99		granisetron hcl.....90
.....99		GANCICLOVIR.....5		griseofulvin microsize.....3
FLUZONE QUAD 2022-2023		ganciclovir sodium.....5		griseofulvin ultramicrosize.....3
(PF).....99		GARDASIL 9 (PF).....99		guanfacine.....41, 49
folic acid.....136		gatifloxacin.....119		GUARDIAN CONNECT
folivane-ob.....136		GATTEX 30-VIAL.....90		TRANSMITTER.....78
fondaparinux.....54		gavilyte-c.....90		GUARDIAN LINK 3
formoterol fumarate.....129		gavilyte-g.....90		TRANSMITTER.....78
FORTEO.....104		GAVRETO.....19		GUARDIAN SENSOR 3.....78
FOSAMAX PLUS D.....104		GELNIQUE.....132		GVOKE.....77
fosamprenavir.....5		gemfibrozil.....58		GVOKE HYPOPEN 2-PACK
foscarnet.....5		gemmily.....113		77
fosfomycin tromethamine ....16		generlac.....90		GVOKE PFS 2-PACK
fosinopril.....49		GENOTROPIN.....96		SYRINGE.....77
fosinopril-hydrochlorothiazide		GENOTROPIN MINQUICK		GYNAZOLE-1.....110
.....49		96		H
FRAGMIN.....54		gentamicin.....11, 66, 119		HAEGARDA.....129
FREESTYLE LIBRE 14 DAY		gentamicin in nacl (iso-osm) 11		hailey.....114
READER.....77		GENTAMICIN SULFATE		hailey 24 fe.....113
FREESTYLE LIBRE 14 DAY		(PF).....11		hailey fe 1.5/30 (28).....113
SENSOR.....77		GENVOYA.....5		hailey fe 1/20 (28).....114
		GIAPREZA.....59		halcinonide.....69
		GILOTRIF.....19		halobetasol propionate.....69

haloette	110	HUMIRA(CF) PEDI		hydroxyprogesterone caproate	
haloperidol.....	41	CROHNS STARTER.....	106	.....	109
haloperidol decanoate.....	41	HUMIRA(CF) PEN.....	106	hydroxyurea	19
haloperidol lactate	41	HUMIRA(CF) PEN		hydroxyzine hcl	126
HALUCORT	62	CROHNS-UC-HS	106	hydroxyzine pamoate.....	126
HARVONI	5	HUMIRA(CF) PEN		hyophen	133
HAVRIX (PF)	99	PEDIATRIC UC.....	106	hyoscyamine sulfate	88
heather	109	HUMIRA(CF) PEN PSOR-		hyosyne.....	88
HEMLIBRA	55	UV-ADOL HS.....	106	HYPERHEP B.....	99
HEMOFIL M HIGH.....	55	HUMULIN 70/30 U-100		HYPERHEP B NEONATAL	
HEMOFIL M LOW	55	INSULIN	80	.....	99
HEMOFIL M MID.....	55	HUMULIN 70/30 U-100		HYPERRAB (PF).....	100
HEMOFIL M SUPER HIGH	55	KWIKPEN.....	80	HYPER-SAL	129
heparin (porcine)	55	HUMULIN N NPH INSULIN		HYPERTET (PF).....	100
heparin (porcine) in 5 % dex	55	KWIKPEN.....	80	HYQVIA	100
heparin (porcine) in nacl (pf)	55	HUMULIN N NPH U-100		I	
heparin(porcine) in 0.45% nacl		INSULIN	80	ibandronate	104
.....	55	HUMULIN R REGULAR U-		IBRANCE.....	19
heparin, porcine (pf).....	55	100 INSULN	80	ibu	36
HEPARIN, PORCINE (PF) .	55	HUMULIN R U-500 (CONC)		ibuprofen.....	36
HEPLISAV-B (PF)	99	INSULIN	80	ibuprofen-famotidine	36
her style	114	HUMULIN R U-500 (CONC)		icatibant	129
HETLIOZ	41	KWIKPEN.....	80	iclevia	114
HETLIOZ LQ.....	41	HYCAMTIN	19	ICLUSIG	19
HIBERIX (PF).....	99	HYCODAN (WITH		icosapent ethyl	58
homatropaire.....	120	HOMATROPINE).....	126	ID NOW COVID-19 TEST	
HUMALOG JUNIOR		hydralazine	49	KIT	76
KWIKPEN U-100	79	hydrochlorothiazide.....	49	IDELVION	55
HUMALOG KWIKPEN		hydrocodone bitartrate.....	33	IDHIFA.....	19
INSULIN	79	hydrocodone-acetaminophen	33	ILARIS (PF)	95
HUMALOG MIX 50-50		hydrocodone-chlorpheniramine		ILEVRO	122
INSULN U-100	79	.....	126	ILUMYA	60
HUMALOG MIX 50-50		hydrocodone-homatropine..	126	imatinib.....	19
KWIKPEN	79	hydrocodone-ibuprofen	33	IMBRUVICA	19
HUMALOG MIX 75-25		hydrocortisone	69, 75, 91	imipramine hcl.....	41
KWIKPEN	80	hydrocortisone acetate.....	91	imipramine pamoate	41
HUMALOG MIX 75-25(U-		hydrocortisone butyrate.....	69	imiquimod.....	104
100)INSULN.....	80	hydrocortisone butyr-emollient		IMOGAM RABIES-HT (PF)	
HUMALOG TEMPO PEN(U-		.....	69	.....	100
100)INSULN.....	80	hydrocortisone valerate	69	IMOVAX RABIES VACCINE	
HUMALOG U-100 INSULIN		hydrocortisone-acetic acid...	74	(PF).....	100
.....	80	hydrocortisone-iodoquinol ...	66	IMPAVIDO	11
HUMATE-P	55	hydrocortisone-iodoquinol-aloe		IMVEXXY MAINTENANCE	
HUMIRA.....	106	.....	66	PACK	109
HUMIRA PEN	106	hydrocortisone-pramoxine...	60, 91	IMVEXXY STARTER PACK	
HUMIRA PEN CROHNS-UC-		hydromet.....	126	.....	109
HS START	105	hydromorphone	33	INBRIJA	28
HUMIRA PEN PSOR-		hydromorphone (pf)	33	incassia	109
UVEITS-ADOL HS	105	hydroxychloroquine.....	11	INCRELEX	72
HUMIRA(CF)	106			INCRUSE ELLIPTA.....	129

indapamide	49	JATENZO	82	KOSELUGO.....	20
INDOCIN	36	javygtor.....	82	KOVALTRY	56
indomethacin	36	jencycla.....	109	K-PHOS ORIGINAL	133
INFANRIX (DTAP) (PF)...	100	jinteli.....	109	kpn	136
INLYTA	19	JIVI.....	55	KRAZATI.....	20
INPEN (FOR HUMALOG)		jolessa	114	KRINTAFEL	11
PINK.....	78	juleber	114	kurvelo (28)	114
INPEN (NOVOLOG OR		JULUCA.....	6	KUVAN.....	83
FIASP) PINK	78	junel 1.5/30 (21)	114	KYLEENA	107
INQOVI.....	19	junel 1/20 (21)	114	KYNMOBI	28
INSPIRACHAMBER	76	junel fe 1.5/30 (28)	114	L	
INVEGA HAFYERA.....	41	junel fe 1/20 (28)	114	l norgest/e.estradiol-e.estrad	
INVEGA SUSTENNA.....	41	junel fe 24	114	.....	114
INVEGA TRINZA.....	41	JUXTAPID	58	labetalol	49
INVELTYS	124	JYNARQUE.....	82	lacosamide	25
INVIRASE	5	JYNNEOS (PF)(STOCKPILE)		lactated ringers.....	70
IODOFLEX	62	.....	100	lactulose	91
IODOSORB	62	K		LAGEVRIO (EUA).....	6
IPOL	100	kaitlib fe.....	114	lamivudine	6
ipratropium bromide.....	74, 129	kalliga	114	lamivudine-zidovudine	6
ipratropium-albuterol	129	KALYDECO	129	lamotrigine.....	25
irbesartan	49	KANUMA	83	LAMPIT	11
irbesartan-hydrochlorothiazide		kariva (28)	114	LANCING DEVICE	78
.....	49	KCENTRA	55	lansoprazole	94
IRESSA	19	KEDRAB (PF)	100	lanthanum	88
ISENTRESS	5	kelnor 1/35 (28)	114	LANTUS SOLOSTAR U-100	
ISENTRESS HD	5	kelnor 1-50 (28).....	114	INSULIN	80
isibloom	114	KENGREAL	55	LANTUS U-100 INSULIN ..	80
isoniazid	11	KEPIVANCE	17	lapatinib	20
isosorbide dinitrate	59	KERYDIN	67	larin 1.5/30 (21)	114
isosorbide mononitrate	59	KESIMPTA PEN	96	larin 1/20 (21)	114
isotretinoin.....	64	ketoconazole.....	3, 67	larin 24 fe.....	114
isoxsuprine	111	ketodan	67	larin fe 1.5/30 (28)	114
isradipine	49	ketodan kit	67	larin fe 1/20 (28)	115
ISTURISA.....	82	ketoprofen.....	36	latanoprost	123
itraconazole	3	ketorolac	36, 122	LATANOPROST (PF)	123
ivermectin.....	11	KEVZARA	106	LATUDA.....	41
IXIARO (PF).....	100	KHAPZORY	17	layolis fe	115
IXINITY	55	KINERET	106	LEDIPASVIR-SOFOSBUVIR	
J		KINRIX (PF).....	100	.....	6
jaimiess.....	114	KISQALI	20	leena 28.....	115
JAKAFI	20	KISQALI FEMARA CO-		leflunomide.....	106
JANSSEN COVID-19		PACK	20	LEMTRADA	96
VACCINE (EUA)	100	KITABIS PAK	11	lenalidomide	20
jantoven	55	klor-con m10	134	LENVIMA.....	20
JANUMET	85	klor-con m15	134	lessina	115
JANUMET XR.....	85	klor-con m20	134	letrozole	20
JANUVIA.....	85	KLOXXADO	36	leucovorin calcium	17
JARDIANCE.....	85	KOATE	56	LEUKERAN.....	20
jasmiel (28).....	114	KOGENATE FS.....	56	LEUKINE.....	95

leuprolide.....	20	liothyronine	87	LYSODREN.....	20
LEUPROLIDE (3 MONTH)	20	lisinopril.....	49	LYTGOBI.....	20
levalbuterol hcl.....	129	lisinopril-hydrochlorothiazide		lyza	109
LEVEMIR FLEXPEN.....	80	.....	49	M	
LEVEMIR FLEXTOUCH U-		LITEAIRE MDI CHAMBER		mafenide acetate	66
100 INSULN	80	.....	76	malathion	70
LEVEMIR U-100 INSULIN	81	lithium carbonate.....	42	maraviroc	6
levetiracetam	25, 26	LITHOSTAT	72	marlissa (28)	115
levetiracetam in nacl (iso-os)	25	LIVMARLI	91	MARPLAN.....	42
LEVICYN ANTIPRURITIC	62	LO LOESTRIN FE.....	115	MATULANE.....	20
LEVICYN ANTIPRURITIC		lojaimiess.....	115	matzim la	49
SG.....	62	LOKELMA	89	MAVYRET	6
levobunolol.....	120	LONHALA MAGNAIR		MAXITROL	123
levocarnitine	72	REFILL	129	mb hydrogel.....	62
levocarnitine (with sugar).....	72	LONHALA MAGNAIR		meclofenamate.....	36
levofloxacin.....	15	STARTER	129	medroxyprogesterone	109
levofloxacin in d5w	15	LONSURF.....	20	mefenamic acid.....	36
levoleucovorin calcium	17	lopinavir-ritonavir	6	mefloquine	12
levonest (28).....	115	lorazepam	42	megestrol	20
levonorgestrel	115	lorazepam intensol.....	42	MEKINIST	21
levonorgestrel-ethinyl estrad		LORBRENA	20	MEKTOVI.....	21
.....	115	loryna (28)	115	meloxicam	36
levonorg-eth estrad triphasic		losartan	49	melphalan	21
.....	115	losartan-hydrochlorothiazide	49	memantine	30
levora-28.....	115	LOTEMAX	124	MENACTRA (PF).....	100
levorphanol tartrate	33	LOTEMAX SM.....	124	MENEST	110
levo-t.....	87	loteprednol etabonate	124	MENOPUR.....	83
levothyroxine.....	87	lovastatin	58	MENQUADFI (PF)	100
LEVOTHYROXINE.....	87	low-ogestrel (28)	115	MENVEO A-C-Y-W-135-DIP	
levoxyl.....	87	loxapine succinate	42	(PF)	100
LEVULAN	62	lo-zumandimine (28)	115	meperidine	33
LEXIVA	6	lta pre-attached	66	MEPHYTON.....	56
LICART	36	lubiprostone	91	meprobamate	31
lidocaine	66	LUCEMYRA.....	36	MEPSEVII.....	83
lidocaine hcl	66	LUCIRA CHECK-IT COVID		mercaptopurine	21
lidocaine hcl-hydrocortison ac		HOME TST	76	meropenem	12
.....	66, 91	ludent fluoride	136	MEROPENEM-0.9%	
LIDOCAINE HCL-		lugols	66, 134	SODIUM CHLORIDE	12
HYDROCORTISON AC	91	LULICONAZOLE	67	merzee.....	115
lidocaine viscous	66	LUMAKRAS.....	20	mesalamine	91
lidocaine-hydrocortisone-aloe		LUMIGAN	123	mesalamine with cleansing	
.....	91	LUMIZYME	83	wipe	91
lidocaine-prilocaine	66	LUPKYNIS	20	MESNEX.....	17
lidocort	66	lurasidone	42	metaxalone.....	31
LILETTA	107	lutra (28)	115	metformin	85
lindane	70	luxamend	62	methadone.....	33
linezolid.....	12	LYBALVI	42	methadose	33
linezolid-0.9% sodium chloride		lyleq	109	methamphetamine.....	42
.....	12	lyllana	109	methazolamide.....	122
LINZESS	91	LYNPARZA.....	20	methenamine hippurate	16

methenamine mandelate	16	mimvey	110	MULTAQ	46
methen-sod phos-meth blue-		MINIMED 770G INSULIN		mupirocin.....	66
hyos	133	PUMP	78	my choice.....	116
methergine	118	MINIMED MIO ADVANCE		my way	116
methimazole	75	INF SET23	78	MYALEPT	83
methocarbamol	31	MINIMED QUICK SET 43	78	MYCAPSSA.....	21
methotrexate sodium	21	MINIMED SILHOUETTE 23		mycophenolate mofetil	21
methotrexate sodium (pf)	21	.....	78	mycophenolate sodium	21
methoxsalen.....	63	MINIMED SURE T 32	78	MYDAYIS	43
methscopolamine.....	88	minocycline	16	MYLERAN	21
methyl salicylate.....	63	minoxidil	50	mynatal	136
methyldopa.....	49	MIRENA	107	mynatal plus.....	136
methyldopa-		mirtazapine	42, 43	mynatal-z	136
hydrochlorothiazide.....	49	MIRVASO.....	64	MYOBLOC	101
methylergonovine.....	118	misoprostol	94	MYRBETRIQ.....	132
methylphenidate hcl	42	MITIGARE	104	MYXREDLIN	81
METHYLPHENIDATE HCL		mitomycin.....	21	N	
.....	42	MKO (MIDAZOLAM-		NABI-HB	101
methylprednisolone	75	KETAMINE-ONDAN)	43	nabumetone.....	36
methyltestosterone.....	83	M-M-R II (PF).....	100	nadolol	50
metoclopramide hcl	91	m-natal plus	136	nafcillin.....	14
metolazone	49	modafinil	43	nafcillin in dextrose iso-osm	14
metoprolol succinate	49	MODERNA COVID		naftifine.....	67
metoprolol ta-hydrochlorothiaz		BIVAL(6M-5Y)-PF.....	100	NAGLAZYME.....	83
.....	50	MODERNA COVID		nalbuphine	36
metoprolol tartrate	50	BIVAL(6Y UP)(PF)	101	naloxone	36
metro i.v.	12	MODERNA COVID(6M-5Y)		naltrexone	36
metronidazole	12, 64, 111	VACC(EUA).....	101	naproxen	36
metyrosine	50	MODERNA COVID-19 (6-		naproxen sodium	36
mexiletine	46	11YR)(EUA)	101	naratriptan.....	29
mibelas 24 fe	115	MODERNA COVID-19		NATACHEW (FE BIS-	
micafungin.....	3	VACCINE (EUA)	101	GLYCINATE).....	136
miconazole-3	111	moexipril	50	NATACYN.....	119
MICROCHAMBER	76	molindone	43	NATAZIA	116
microgestin 1.5/30 (21)	115	mometasone.....	69, 70, 129	nateglinide	85
microgestin 1/20 (21)	115	mondoxylene nl	16	NAYZILAM.....	26
microgestin 24 fe	115	MONOFERRIC.....	136	nebivolol	50
microgestin fe 1.5/30 (28)	115	mono-lynyah.....	115	NEBUPENT	12
microgestin fe 1/20 (28)	115	MONOVISC.....	36	nebusal	129
MICROSPACER.....	76	montelukast	129	NEBUSAL.....	129
midazolam	42	morphine.....	34	necon 0.5/35 (28).....	116
midodrine	72	MORPHINE	34	nefazodone.....	43
MIFEPREX	111	morphine (pf).....	34	neomycin	12
mifepristone.....	111	morphine concentrate	34	neomycin-bacitracin-poly-hc	
migergot	29	MOTEGRITY	92	.....	123
miglitol	85	MOUNJARO.....	85	neomycin-bacitracin-	
miglustat.....	83	MOVANTIK	92	polymyxin.....	119
mili	115	moxifloxacin.....	15, 119	neomycin-polymyxin b gu....	70
millipred	75	MOXIFLOXACIN-		neomycin-polymyxin b-	
millipred dp	75	SOD.ACE,SUL-WATER.15		dexameth.....	124

neomycin-polymyxin-gramicidin.....	119	nitro-time	60	nylia 1/35 (28)	116
neomycin-polymyxin-hc	74, 124	NITYR.....	72	nylia 7/7/7 (28)	116
neo-polycin.....	119	NIVESTYM	95	NYMALIZE	50
neo-polycin hc	124	nizatidine	94	nymyo	116
neostigmine methylsulfate....	31	NOCDURNA (MEN).....	83	nystatin	3, 67
NEO-SYNALAR	66	NOCDURNA (WOMEN)	83	nystatin-triamcinolone	67
NEO-SYNALAR KIT	66	nora-be.....	110	nystop	67
NERLYNX.....	21	NORDITROPIN FLEXPOR ..	96	O	
NESTABS	136	noreth-ethinyl estradiol-iron	116	OB COMPLETE ONE	136
NESTABS ABC.....	136	norethindrone (contraceptive)	110	OB COMPLETE PETITE ..	136
NESTABS DHA	136	norethindrone acetate	110	OB COMPLETE PREMIER	136
neuac.....	64	norethindrone ac-eth estradiol	110, 116	OB COMPLETE WITH DHA	136
NEUAC KIT	64	norethindrone-e.estradiol-iron	116	OBIZUR	56
NEULASTA.....	95	NORGESIC FORTE	31	OCALIVA	92
NEULASTA ONPRO	95	norgestimate-ethinyl estradiol	116	ocella.....	116
NEUPRO.....	28	NORPACE CR.....	46	OCREVUS	97
nevirapine	6	nortrel 0.5/35 (28).....	116	ODEFSEY	6
new day	116	nortrel 1/35 (21).....	116	ODOMZO.....	21
newgen	136	nortrel 1/35 (28).....	116	OFEV.....	130
NEXLETOL	58	nortrel 7/7/7 (28)	116	ofloxacin	15, 74, 119
NEXLIZET.....	58	nortriptyline	43	olanzapine.....	43
NEXPLANON	111	NORVIR.....	6	olanzapine-fluoxetine	43
NEXTSTELLIS.....	116	NOURIANZ	28	OLINVYK.....	37
niacin	58	NOVAREL.....	83	olmesartan.....	50
nicardipine	50	NOVAVAX COVID-19 VACC,ADJ(EUA).....	101	olmesartan-amlodipin-hcthiiazid	50
NICODERM CQ.....	73	NOVOEIGHT	56	olmesartan-hydrochlorothiazide	50
nicorette.....	73	NOVOPEN ECHO	78	olopatadine	74
NICORETTE.....	73	NOVOSEVEN RT	56	OLUMIANT.....	106
nicotine	73	NOXAFIL	3	omega-3 acid ethyl esters	58
nicotine (polacrilex)	73	np thyroid	87	omeprazole	94
NICOTROL.....	73	NPLATE.....	56	OMNIPOD 5 G6 INTRO KIT (GEN 5)	78
NICOTROL NS.....	73	NUBEQA	21	OMNIPOD 5 G6 PODS (GEN 5).....	78
nifedipine.....	50	NUCALA	130	OMNIPOD CLASSIC PODS (GEN 3)	78
nikki (28).....	116	NUCORT.....	70	OMNIPOD DASH INTRO KIT (GEN 4).....	78
nilutamide.....	21	NUCYNTA	37	OMNIPOD DASH PODS (GEN 4)	78
nimodipine.....	50	NUCYNTA ER	37	ondansetron.....	92
nisoldipine	50	NUEDEXTA	30	ondansetron hcl.....	92
nitazoxanide	12	NULIBRY	30	ondansetron hcl (pf).....	92
nitisinone	72	NULOJIX	21	ONETOUCH ULTRA CONTROL	78
nitro-bid.....	59	NUMBRINO	66		
NITRO-DUR.....	59	NUPLAZID	43		
nitrofurantoin.....	16	NURTEC ODT.....	29		
nitrofurantoin macrocrystal ..	16	NUZYRA	16		
nitrofurantoin monohyd/m-cryst	16	nyamyc	67		
nitroglycerin	59, 60				
NITROLINGUAL	60				
NITROMIST	60				

ONETOUCH ULTRA TEST	75	OXLUMO	133	permethrin.....	70
ONETOUCH ULTRA2		OXTELLAR XR	26	perphenazine.....	43
METER	78	oxybutynin chloride....	132, 133	perphenazine-amitriptyline...	43
ONETOUCH ULTRAMINI	78	oxycodone	34	PERSERIS	43
ONETOUCH VERIO FLEX		OXYCODONE.....	34	PERTZYE.....	92
METER	78	oxycodone-acetaminophen...	34	PEXEVA	44
ONETOUCH VERIO MID		OXYCONTIN	34	PFIZER COVID BIVAL(12Y	
CONTROL	78	oxymorphone.....	34	UP)(PF).....	101
ONETOUCH VERIO TEST		OZEMPIC	86	PFIZER COVID BIVAL(5-	
STRIPS.....	75	P		11YR)(PF)	101
ONUREG	21	pacerone.....	46	PFIZER COVID	
opcicon one-step.....	116	paliperidone	43	BIVAL(6MO-4Y)(PF) ...	101
opium tincture	88	PALONOSETRON	92	PFIZER COVID-19 TRIS	
OPSUMIT	130	PALYNZIQ	83	VACCN(PF)	101, 102
OPTICHAMBER DIAMOND		pamidronate	83	PFIZER COVID-19	
VHC	76	PANCREAZE	92	VACCINE (EUA)	102
option-2	116	PANRETIN	63	pfizerpen-g.....	14
oralone.....	74	pantoprazole	94	phenazopyridine	134
ORBACTIV	12	PANZYGA.....	101	phenelzine.....	44
ORENCIA	106	PARAGARD T 380A.....	107	phenobarb-hyoscy-atropine-	
ORENCIA (WITH		paricalcitol	83	scop.....	88
MALTOSE).....	106	paroex oral rinse	74	phenobarbital	26
ORENCIA CLICKJECT ...	106	paromomycin.....	12	phenoxybenzamine	50
ORENITRAM	50	paroxetine hcl	43	phenylephrine hcl	59, 125
ORFADIN	72	paroxetine		PHENYLEPH-	
ORIAHNN	111	mesylate(menop.sym).....	43	TROPICAMIDE IN	
ORILISSA.....	83	PARSABIV	83	WATER.....	120
ORKAMBI.....	130	PASER.....	12	phenytoin	26
ORLADEYO.....	130	PEDIARIX (PF)	101	phenytoin sodium	26
orphenadrine citrate.....	31	PEDVAX HIB (PF).....	101	phenytoin sodium extended ..	26
orphenadrine-asa-caffeine ...	31	peg 3350-electrolytes	92	PHEXXI	111
ORTHOVISC	37	peg3350-sod sul-nacl-kcl-asb-c		philit.....	116
oscimin	88	.....	92	PHOSLYRA	134
oscimin sl.....	88	PEGASYS	96	phosphasal	133
oseltamivir	6	peg-electrolyte soln	92	PHOSPHOLINE IODIDE ..	120
OSPHENA	111	PEMAZYRE	21	PHYSIOLYTE	70
OTEZLA	106	penciclovir.....	68	PHYSIOSOL IRRIGATION	71
OTEZLA STARTER.....	106	penicillamine	106, 107	phytonadione (vitamin k1) ...	56
OVIDREL	83	PENICILLIN G POT IN		pilocarpine hcl	72, 74, 120
oxacillin.....	14	DEXTROSE	14	pimecrolimus	63
oxacillin in dextrose(iso-osm)		penicillin g procaine	14	pimozide	44
.....	14	penicillin g sodium	14	pimtrea (28)	116
oxandrolone	83	penicillin v potassium.....	14	pindolol.....	50
oxaprozin.....	37	PENTACEL (PF)	101	pioglitazone	86
oxazepam.....	43	pentamidine	12	pioglitazone-glimepiride.....	86
oxcarbazepine.....	26	PENTASA	92	pioglitazone-metformin	86
OXERVATE	121	pentazocine-naloxone	37	PIPERACILLIN-	
oxiconazole.....	67	pentoxifylline.....	56	TAZOBACTAM	14
OXISTAT	67	perindopril erbumine	50	PIQRAY	21
		perio gard.....	74	pirfenidone.....	130

pirmella.....	117	PREDNISOLONE-	PREZISTA	6
piroxicam.....	37	MOXIFLO-NEPAFENAC	PRIFTIN	12
PIXEL COVID19 HOME		.....	PRIMACARE.....	138
COLLECT KIT	76	PREDNISOLONE-	primaquine	12
plasmanate.....	135	MOXIFLOXACIN HCL	PRIMEAIRE.....	76
PLEGRIDY	97	124	primidone.....	26
PLENVU	92	PREDNISOLONE-	PRIORIX (PF)	102
PNEUMOVAX-23.....	102	MOXIFLOX-BROMFEN	probenecid	104
pnv-dha.....	136	.....	probenecid-colchicine.....	104
pnv-omega.....	136	prednisone	procainamide	46
pnv-select	136	75	PROCHAMBER.....	76
POCKET CHAMBER	76	prednisone intensol.....	prochlorperazine	92
podofilox	63	75	prochlorperazine edisylate....	92
polycin.....	119	pregabalin	prochlorperazine maleate.....	92
polymyxin b sulfate.....	12	26	procto-med hc	92
polymyxin b sulf-trimethoprim		PREGENNA.....	proctosol hc	92
.....	119	137	proctozone-hc	92
POMALYST	21	PREMARIN	PROFILNINE.....	56
portia 28.....	117	110	progesterone	110
posaconazole	3	PREMPHASE	progesterone micronized	110
POTABA.....	135	110	PROLATE	34
potassium chloride.....	135	PREMPRO	PROLENSA	122
potassium citrate.....	133	110	PROMACTA.....	56
PR BENZOYL PEROXIDE.	65	prena1 chew.....	promethazine	126
pr natal 400.....	137	prena1 pearl.....	promethazine vc.....	126
pr natal 400 ec	136	prena1 true.....	promethazine vc-codeine....	126
pr natal 430.....	137	137	promethazine-codeine.....	126
pr natal 430 ec	137	PRENATA.....	promethazine-dm	127
pramipexole.....	28	137	promethegan	126
prasugrel	56	prenatabs fa.....	PROMETRIUM	110
pravastatin	58	137	propafenone	46
PRAXBIND	56	prenatabs rx	proparacaine	121
praziquantel	12	137	propranolol	50, 51
prazosin	50	PRENATAL	propranolol-hydrochlorothiazid	
prednicarbate	70	137	.....	51
PREDNISOL ACE-		prenatal 19.....	propylthiouracil	75
GATIFLOX-BROMFEN	121	137	PROQUAD (PF).....	102
PREDNISOLN SP-		prenatal plus	protriptyline	44
MOXIFLOX-BROMFEN		137	PROVAYBLUE	70
.....	121	PRENATAL PLUS DHA... 137	PROVERA	110
prednisolone	75	PRENATAL PLUS	PROVIDA OB.....	138
prednisolone acetate	125	VITAMIN-MINERAL ... 137	pruclair.....	63
PREDNISOLONE ACETATE		prenatal vitamin plus low iron	PULMICORT FLEXHALER	
(PF).....	125	.....	.....	130
PREDNISOLONE ACETATE-		137	PULMOZYME.....	130
NEPAFENAC	121	prenatal vitamin with minerals	PURIXAN	21
PREDNISOLONE SOD PH-		.....	pyrazinamide	12
MOXIFLOX.....	124	137	pyridostigmine bromide..	31, 32
prednisolone sodium phosphate		PRENATE DHA (FERR ASP	PYRIDOSTIGMINE	
.....	75, 125	GLYCIN).....	BROMIDE.....	31
		137		
		PRENATE ELITE (IRON ASP		
		GLYC).....		
		137		
		PRENATE ENHANCE		
		137		
		PRENATE MINI (FERR ASP		
		GLYCIN).....		
		137		
		PRENATE PIXIE.....		
		138		
		PRENATE RESTORE		
		138		
		PRENATE STAR.....		
		138		
		PREPIDIL		
		111		
		PRESTALIA		
		50		
		PRETOMANID.....		
		12		
		prevalite		
		58		
		PREVNAR 13 (PF)		
		102		
		PREVYMIS.....		
		6		
		PREZCOBIX.....		
		6		

pyrimethamine.....	12	RELYVRIO.....	30	RUKOBIA.....	7
PYRUKYND.....	72	RENACIDIN	134	RYBELSUS.....	86
Q		RENFLEXIS	93	RYDAPT	22
QBREXZA.....	63	repaglinide	86	RYTARY.....	28
QINLOCK.....	21	repaglinide-metformin.....	86	S	
QNASL.....	130	REPATHA PUSHTRONEX	58	SAFE-CLIP NEEDLE	
QUADRACEL (PF)	102	REPATHA SURECLICK	59	STORAGE DEV	78
QUAZEPAM.....	44	REPATHA SYRINGE	59	sajazir.....	130
QUESTRAN LIGHT.....	58	RESPA-AR.....	127	salicylic acid	61
quetiapine	44	RESTASIS MULTIDOSE .	121	salicylic acid-ceramides no.	161
QUICKVUE SARS ANTIGEN		RETACRIT	95	salimez	61
.....	76	RETEVMO.....	21	SALIMEZ FORTE	61
quinapril	51	RETROVIR.....	6	salsalate.....	37
quinapril-hydrochlorothiazide		REVCovi	72	salvax.....	62
.....	51	REYATAZ	6	SANCUSO	93
quinidine gluconate	46	REZLIDHIA.....	21	SANDIMMUNE.....	22
quinidine sulfate	46	RHOPRESSA.....	123	SANTYL	70
quinine sulfate	12	ribavirin	7, 95	SAPHRIS.....	44
QUINJA	66	RIDAURA.....	107	sapropterin	83
quit 2.....	73	rifabutin	12	SAVELLA.....	107
quit 4.....	73	rifampin	12	SCSEMBLIX.....	22
QUZYTIR.....	126	RILUTEK.....	72	SCENESSE.....	63
QVAR REDIHALER.....	130	riluzole.....	72	scopolamine base	93
R		rimantadine	7	SEBUDERM	63
RABAVERT (PF)	102	ringer's	71	SECUADO	44
rabeprazole	94	RINVOQ	107	SEGLUROMET	86
RADICAVA.....	30	risedronate	72, 104, 105	SELECT-OB + DHA.....	138
RADICAVA ORS STARTER		RISPERDAL CONSTA	44	selegiline hcl	28
KIT SUSP.....	30	risperidone	44	selenium sulfide.....	60
RADIOGARDASE	72	RITEFLO AEROCHAMBER		SELZENTRY	7
raloxifene.....	104	.....	76	se-natal 19 chewable.....	138
ramelteon.....	44	ritonavir	7	se-natal-19	138
ramipril.....	51	rivastigmine	30	SEREVENT DISKUS	130
ranolazine	59	rivastigmine tartrate.....	30	SEROSTIM	96
rasagiline	28	rivelsa	117	sertraline	44
RASUVO (PF)	107	RIXUBIS	57	setlakin.....	117
RAVICTI.....	72	rizatriptan.....	29	sevelamer carbonate	89
REBIF (WITH ALBUMIN).97		ROCKLATAN	123	SEVENFACT	57
REBIF REBIDOSE	97	roflumilast	130	sharobel.....	110
REBIF TITRATION PACK	97	ropinirole	28	SHINGRIX (PF).....	103
REBINYN	56	rosadan.....	65	SIGNIFOR.....	22
REBLOZYL	95	rosula cleansing cloths.....	65	sildenafil (pulm.hypertension)	
RECARBRIO	12	rosuvastatin.....	59	.....	130
reclipsen (28).....	117	ROTARIX	102	silodosin.....	133
RECOMBIVAX HB (PF) ..	102	ROTATEQ VACCINE.....	102	silver nitrate	63
RECTIV	93	roweepra	26	silver nitrate applicators	63
regonol.....	32	ROXYBOND	34	silver sulfadiazine	61
REGANEX	63	ROZLYTREK	22	SIMBRINZA	123
RELENZA DISKHALER.....	6	RUCONEST.....	130	simliya (28).....	117
RELISTOR.....	93	rufinamide	26	simpesse.....	117

SIMPONI	107	SPIRIVA RESPIMAT	131	sumatriptan succinate	29, 30
SIMPONI ARIA.....	107	SPIRIVA WITH		sumatriptan-naproxen	30
SIMULECT	22	HANDIHALER.....	131	sunitinib malate	22
simvastatin.....	59	spironolactone	51	SUNLENCA.....	7
SINUVA.....	130	spironolacton-hydrochlorothiaz		SUNOSI.....	44
sirolimus	22	.....	51	SUPREP BOWEL PREP KIT	
SIRTURO.....	12	sprintec (28).....	117	.....	93
SIVEXTRO	13	SPRITAM.....	26	syeda	117
SKYLA.....	108	SPRYCEL	22	SYMAX DUOTAB	88
SKYRIZI	60, 93	sps (with sorbitol).....	89	SYMBICORT	131
SLYND.....	117	sronyx	117	SYMDEKO	131
sodium chlor 0.9% bacteriostat		ssd.....	61	SYMFI.....	7
.....	72	SSKI	75	SYMFI LO.....	7
sodium chloride	72, 130	sss 10-5	65	SYMLINPEN 120	86
sodium chloride 3 %		STAMARIL (PF)	103	SYMLINPEN 60	86
hypertonic.....	135	stavudine.....	7	SYMPAZAN	27
sodium chloride 5 %		STEGLATRO.....	86	SYMPROIC.....	93
hypertonic.....	135	STEGLUJAN	86	SYMTUZA.....	7
SODIUM OXYBATE	44	STELARA	60	SYNAGIS.....	7
sodium phenylbutyrate	72	STIOLTO RESPIMAT	131	SYNAREL.....	84
sodium polystyrene sulfonate		STIVARGA.....	22	SYNDROS	93
.....	89	stop smoking aid.....	73	SYNJARDY	86
sodium,potassium,mag sulfates		STRENSIQ.....	84	SYNJARDY XR.....	86
.....	93	STREPTOMYCIN	13	SYNRIBO.....	22
SOFIA SARS ANTIGEN FIA		STRIVERDI RESPIMAT ..	131	SYNTHROID	87
.....	76	strong iodine	66, 135	T	
SOFIA2 FLU-SARS		SUBLOCADE	34	T	
ANTIGEN FIA.....	76	subvenite.....	26	FLEX	78
SOFOSBUVIR-		subvenite starter (blue) kit....	26	SLIM X2.....	79
VELPATASVIR.....	7	subvenite starter (green) kit..	26	SLIM X2 BASAL-IQ	
solifenacin	133	subvenite starter (orange) kit	27	INSULIN PMP	79
SOLIQUA 100/33	81	SUCRAID	93	SLIM X2 CONTROL-IQ .	79
SOLIRIS.....	72	sucrafate	94, 95	TABLOID.....	22
SOLOSEC	13	SULCONAZOLE	67	TABRECTA	22
SOMATULINE DEPOT	22	sulfacetamide sodium	60, 61,	tacrolimus	22, 63
SOMAVERT	83	125		tadalafil (pulm. hypertension)	
sonafine	63	sulfacetamide sodium (acne) 66		.....	131
sorafenib	22	sulfacetamide sodium-sulfur 65		TAFINLAR	22
SORBITOL	71	sulfacetamide sod-sulfur-urea		tafluprost (pf).....	123
SORBITOL-MANNITOL....	71	.....	65	TAGRISSO.....	22
SORILUX.....	60	sulfacetamide-prednisolone 125		TAKE ACTION	117
sorine	46	sulfacleanse 8-4	65	TAKHZYRO	131
sotalol	46	sulfadiazine.....	15	TALTZ AUTOINJECTOR ..	61
SOTALOL.....	46	sulfamethoxazole-trimethoprim		TALTZ AUTOINJECTOR (2	
sotalol af	46	.....	15	PACK)	61
SOTYLIZE.....	46	SULFAMYLON.....	66	TALTZ AUTOINJECTOR (3	
SOVALDI	7	sulfasalazine	93	PACK)	61
SPACE CHAMBER.....	76	sulfatrim.....	15	TALTZ SYRINGE	61
SPIKEVAX (PF)	103	sulindac.....	37	TALZENNA.....	22
spinosad.....	70	sumatriptan	29	tamoxifen	22

tamsulosin.....	133	tiadylt er.....	51	TOVIAZ	133
tarina 24 fe.....	117	tiagabine	27	TRACLEER	131
tarina fe 1/20 (28).....	117	TIBSOVO.....	23	tramadol	37
taron-c dha.....	138	TICANASE	131	tramadol-acetaminophen	37
TASIGNA	22	TIGLUTIK	72	trandolapril	51
tasimelteon	44	tilia fe.....	117	trandolapril-verapamil	51
tavaborole	67	TIMOL-BRIMON-DORZO- LATANOP(PF)	123	tranexamic acid.....	111
TAVNEOS	72	timolol maleate	51, 120	tranylcypromine.....	44
taysofy	117	timolol maleate (pf)	120	travoprost	123
TAYTULLA.....	117	TIMOLOL-BRIMONIDI- DORZOLAM(PF)	123	trazodone	45
tazarotene	65	TIMOLOL-DORZOLAMID- LATANOP(PF)	123	TRECTOR	13
tazicef	9	TIMOLOL- LATANOPROST(PF)	123	TRELEGY ELLIPTA.....	131
TAZORAC	65	tinidazole	13	TREMFYA	61
taztia xt	51	tiopronin	72	treprostinil sodium.....	51
TAZVERIK.....	22	tis-u-sol pentalyte	71	TRESIBA FLEXTOUCH U- 100	81
TDVAX.....	103	TIVICAY.....	7	TRESIBA FLEXTOUCH U- 200	81
TEFLARO	9	TIVICAY PD	7	TRESIBA U-100 INSULIN .	81
TEGSEDI	31	tizanidine	32	tretinoin.....	65
telmisartan	51	TLANDO.....	84	tretinoin (antineoplastic).....	23
telmisartan-amlodipine.....	51	TOBI PODHALER	13	tretinoin microspheres	65
telmisartan-hydrochlorothiazid	51	TOBRADEX	124	TRETTEN	57
temazepam.....	44	TOBRADEX ST.....	124	TREXALL	23
TEMIXYS	7	tobramycin.....	13, 119	triamcinolone acetonide..	70, 74
temozolomide	22	tobramycin in 0.225 % nacl..	13	triamterene	51
tencon	35	tobramycin in 0.9 % nacl.....	13	triamterene-hydrochlorothiazid	51
TENIVAC (PF)	103	tobramycin sulfate	13	triazolam	45
tenofovir disoproxil fumarate.	7	TOBRAMYCIN WITH NEBULIZER.....	13	TRICARE	138
TEPEZZA.....	84	tobramycin-dexamethasone	124	triderm	70
TEPMETKO.....	22	TOBRAMYCIN- VANCOMYCIN	119	trientine.....	72
terazosin	51	TOBREX.....	119	tri-estarylla.....	117
terbinafine hcl.....	3	TODAY CONTRACEPTIVE SPONGE	111	TRIFERIC	138
terbutaline.....	131	tolcapone	28	trifluoperazine.....	45
terconazole	111	tolterodine.....	133	trifluridine.....	119
teriflunomide	97	tolvaptan	84	trihexyphenidyl.....	28, 29
TESTONE CIK	84	topiramate.....	27	TRIJDY XR	86
TESTOPEL	84	toremifene.....	23	TRIKAFTA	131
testosterone.....	84	TORONOVA II SUIK.....	37	tri-legest fe.....	117
TESTOSTERONE	84	TORONOVA SUIK	37	tri-lynyah	117
testosterone cypionate	84	torsemide	51	tri-lo-estarylla	117
testosterone enanthate	84	TOUJEO MAX U-300 SOLOSTAR	81	tri-lo-marzia	117
tetrabenazine.....	31	TOUJEO SOLOSTAR U-300 INSULIN	81	tri-lo-mili	117
tetracaine hcl	122			tri-lo-sprintec	117
TETRACAINE HCL (PF)..	122			trimethobenzamide	93
tetracycline	16			trimethoprim	16
THALOMID.....	22			tri-mili.....	118
theophylline	131			trimipramine	45
THIOLA EC.....	72			TRIMO-SAN JELLY	111
thioridazine.....	44				
thiothixene	44				

trinatal rx 1	138	urea	63	velettri	52
trinate.....	138	UREA	63	velivet triphasic regimen (28)	
TRINAZ	138	urea nail stick.....	63	.....	118
TRINTELLIX.....	45	urimar-t.....	134	VELPHORO.....	89
tri-nymyo.....	118	uro-458	134	VEMLIDY.....	7
TRIPTODUR	23	UROCIT-K 10.....	134	VENCLEXTA	23
tri-sprintec (28).....	118	UROCIT-K 15.....	134	VENCLEXTA STARTING	
TRISTART DHA	138	UROCIT-K 5.....	134	PACK	23
TRIUMEQ.....	7	urogesic-blue	134	venlafaxine	45
TRIUMEQ PD.....	7	uro-mp	134	VENTAVIS	132
trivora (28).....	118	ursodiol.....	93	verapamil	52
tri-vylibra.....	118	uryl.....	134	VERITOR SARS-COV-2	
tri-vylibra lo.....	118	ustell	134	AND FLU A-B	76
TROGARZO	7	V		VERQUVO.....	59
tropicamide.....	120	VABOMERE.....	13	VERZENIO	23
trospium.....	133	valacyclovir	7	vestura (28).....	118
TRULANCE.....	93	VALCHLOR	63	VFEND.....	4
TRULICITY	86	valganciclovir	7	V-GO 20	79
TRUMENBA	103	valproate sodium	27	V-GO 30	79
TRUSELTIQ	23	valproic acid	27	V-GO 40	79
TRUSTEEL INFUSION SET		valproic acid (as sodium salt)		VIBATIV.....	16
23.....	79	.....	27	VIBERZI	93
TRUSTEX-RIA NON-LUB		valsartan.....	52	VICTOZA 2-PAK	86
CONDOMS	108	valsartan-hydrochlorothiazide		VICTOZA 3-PAK	86
TUKYSA.....	23	.....	52	VIEKIRA PAK.....	8
tulana	110	VALTOCO	27	vienva	118
TURALIO	23	VANCOCIN	16	vigabatrin	27
TUZISTRA XR.....	127	vancomycin	16	vigadrone	27
TWINRIX (PF)	103	VANCOMYCIN IN 0.9 %		VIIBRYD	45
TWIRLA	111	SODIUM CHL	16	VIJOICE	23
TYBLUME.....	118	VANCOMYCIN IN		vilazodone.....	45
TYBOST	7	DEXTROSE 5 %.....	16	VIMIZIM.....	84
tydemy	118	VANCOMYCIN-DILUENT		VIOKACE	93
TYMLOS	105	COMBO NO.1.....	16	viorele (28)	118
TYPHIM VI	103	VANOXIDE-HC	65	VIRACEPT.....	8
TYSABRI.....	31	VAQTA (PF).....	103	VIREAD	8
TYVASO.....	132	varenicline	73	virt-nate dha.....	138
TYVASO DPI	132	VARISOFT INFUSION SET		virt-pn dha	138
TYVASO REFILL KIT	132	23.....	79	VISCO-3.....	37
TYVASO STARTER KIT	132	VARIVAX (PF)	103	VISTOGARD	17
U		VARIZIG.....	103	VITAFOL FE PLUS.....	138
UBRELVY	30	VARUBI.....	93	VITAFOL ULTRA.....	138
UCERIS.....	93	vasopressin	84	VITAFOL-OB	138
ULESFIA	70	VAXELIS (PF).....	103	VITAFOL-ONE	138
ULTOMIRIS	72	VAXNEUVANCE (PF)	104	VITAMED MD ONE RX	138
ULTRASAL-ER.....	62	VCF CONTRACEPTIVE		VITAMEDMD REDICHEW	
umecta	63	FILM	111	RX.....	138
unithroid	87	VCF CONTRACEPTIVE GEL		vitamin k.....	57
UPLIZNA.....	23	.....	111	VITAPEARL.....	139
UPTRAVI.....	52	VECAMYL	59	VITATRUE	139

VITRAKVI.....	23	XCOPRI MAINTENANCE		zenatane	65
VIVITROL	37	PACK	27	ZENPEP	94
VIVOTIF	104	XCOPRI TITRATION PACK		zenzedi	45
VIZIMPRO.....	23	.....	27	ZEPOSIA.....	31
volnea (28).....	118	XELJANZ	107	ZEPOSIA STARTER KIT ...	31
VONJO.....	23	XELJANZ XR.....	107	ZEPOSIA STARTER PACK	
VONVENDI.....	57	XEMBIFY	104	.....	31
VOQUEZNA DUAL PAK...95		XENLETA.....	13	ZERBAXA	9
VOQUEZNA TRIPLE PAK 95		XEPI	66	ZERViate.....	122
VORAXAZE	17	XERAVA	16	zidovudine	8
voriconazole	4	XERMELO.....	23	ZIEXTENZO	95
VORTEX HOLDING		XGEVA	17	zileuton	132
CHAMBER	76	XIGDUO XR.....	86	zingiber	139
VOSEVI	8	XIIDRA	122	ZIPHEX	139
VOTRIENT	23	XOFLUZA	8	ziprasidone hcl	45
VOXZOGO	84	XOLAIR.....	132	ziprasidone mesylate	45
VPRIV	84	XOSPATA.....	23	ZIRGAN	119
VRAYLAR.....	45	XTANDI.....	23	ZITHRANOL	61
vyfemla (28)	118	xulane	111	ZOKINVY	73
vylibra.....	118	XULTOPHY 100/3.6	81	zoledronic acid.....	85
VYNDAMAX	59	XURIDEN	73	ZOLEDRONIC AC-	
VYNDAQEL.....	59	XYREM.....	45	MANNITOL-0.9NACL....	85
VYVANSE.....	45	XYWAV	45	ZOLGENSMA	31
VYZULTA	123	Y		ZOLINZA.....	24
W		YF-VAX (PF).....	104	zolmitriptan.....	30
WAKIX	45	YONSA	23	zolpidem	45, 46
warfarin	57	YUPELRI	132	ZOLPIMIST	46
water for irrigation, sterile....	73	yuvaferm	110	zonisamide	27
WELIREG	23	Z		ZONTIVITY.....	57
wera (28)	118	zafemy	111	ZOSYN IN DEXTROSE (ISO-	
westab plus	139	zafirlukast	132	OSM)	14
WIDE-SEAL DIAPHRAGM		zaleplon	45	zovia 1-35 (28)	118
.....	108	ZALVIT.....	139	ZTALMY	27
WILATE.....	57	zarah	118	ZUBSOLV.....	37
wintergreen oil.....	63	ZARXIO	95	ZULRESSO.....	46
wixela inhub	132	zatean-pn dha.....	139	zumandimine (28).....	118
wymzya fe	118	zatean-pn plus.....	139	ZYDELIG.....	24
X		ZAVESCA.....	84	ZYFLO	132
XALKORI.....	23	zebutal	35	ZYKADIA.....	24
XARELTO	57	ZEJULA	23	ZYLET	124
XARELTO DVT-PE TREAT		ZELBORAF	24	ZYPREXA RELPREVV	46
30D START	57	ZEMAIRA.....	73		
XCOPRI	27	ZEMDRI.....	13		