



**WELLFLEET**<sup>®</sup>  
RX PLAN

# Student Formulary

**For California plans issued by**

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

**This formulary applies to the following plans:**

University of California Berkeley

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

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

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

Drug list created 1/1/2019. Updated 1/1/2025. Next planned update 7/1/2025

All Previous versions of this document are no longer active or in effect.

Wellfleet is the marketing name used to refer to the insurance and administrative operations of Wellfleet Insurance Company, Wellfleet New York Insurance Company, and Wellfleet Group, LLC. All insurance products are administered or managed by Wellfleet Group, LLC. Product availability is based on regulatory approval and may differ among companies. The Wellfleet Rx Student Formulary is proprietary to Wellfleet Group, LLC and protected by applicable copyright, trademark, and trade secrets laws. Information contained therein may not be published, distributed, or reproduced, in part or whole, without express written consent of Wellfleet Group, LLC.



## University of California Berkeley Student Formulary – January 2025

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

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

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

- “Brand name drug” means a drug that is marketed under a proprietary, trademark-protected name. A brand name drug is listed in this formulary in all CAPITAL letters.
- “Coinsurance” means a percentage of the cost of a covered health care benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.
- “Copayment” means a fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible, if a deductible applies to the health care benefit.
- “Deductible” means the amount you pay for covered health care benefits that are subject to the deductible before your health insurer begins to pay. If your health insurance policy has a deductible, it may have either one deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. Your insurance company pays the rest.
- “Drug Tier” means a group of prescription drugs that correspond to a specified cost sharing tier in your health insurance policy. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.

---

PO Box 15369, Springfield, MA 01115

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

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

i

*Wellfleet is the marketing name used to refer to the insurance and administrative operations of Wellfleet Insurance Company, Wellfleet New York Insurance Company, and Wellfleet Group, LLC. All insurance products are administered or managed by Wellfleet Group, LLC. Product availability is based on regulatory approval and may differ among companies. The Wellfleet Rx Student Formulary is proprietary to Wellfleet Group, LLC and protected by applicable copyright, trademark, and trade secrets laws. Information contained therein may not be published, distributed, or reproduced, in part or whole, without express written consent of Wellfleet Group, LLC.*



- “Exception request” means a request for coverage of a non-formulary drug. If you, your designee, or your prescribing health care provider submits a request for coverage of a non-formulary drug, your insurer must cover the non-formulary drug when it is medically necessary for you to take the drug.
- “Exigent circumstances” means when you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.
- “Formulary” or “prescription drug list” means the list of drugs that is covered by your health insurance policy under the prescription drug benefit of the policy.
- “Generic drug” means a drug that is the same as its brand name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in this formulary in italicized lowercase letters.
- “Medically Necessary” means health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Health insurance usually does not cover health care benefits that are not medically necessary.
- “Non-formulary drug” means a prescription drug that is not listed on this formulary.
- “Out-of-pocket costs” means your expenses for health care benefits that aren’t reimbursed by your health insurance. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.
- “Prescribing provider” means a health care provider who can write a prescription for a drug to diagnose, treat, or prevent a medical condition.
- “Prescription” means an oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.
- “Prescription drug” means a drug that by law requires a prescription.
- “Prior Authorization” means a decision by your health insurer that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in this formulary, your prescribing provider must request approval from your health insurer to cover the drug before you fill your prescription. Your health insurer must grant a prior authorization request when it is medically necessary for you to take the drug.
- “Step therapy” means a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition. If your prescribing provider submits a request for an exception to the step therapy

requirement, your health insurer must grant the request when it is medically necessary for you to take the drug.

### How to Use the Formulary

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

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

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

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

Symbol	Name	Description
Age	Age Edit	Drug may not be recommended for some patients based on age.
OCh	Oral Chemotherapy	Drug subject to a maximum cost sharing amount of \$250.
PA	Prior Authorization	Requires your doctor to request prior authorization to support use of this drug.
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period.
Specialty	Specialty Medications	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



		<p>injectable or non-injectable medications may possess more than one of the following attributes:</p> <ul style="list-style-type: none"> <li>• Requires specialized storage, distribution, and/or handling</li> <li>• Frequent dosing adjustments and clinical monitoring to decrease potential for drug toxicity and improve clinical outcomes</li> <li>• Involves additional patient education, adherence, and/or support</li> <li>• May include generic or biosimilar products</li> <li>• Limited or exclusive drug distribution restrictions</li> </ul>
ST	Step Therapy	Coverage may depend on previous use of another drug.
ACA	ACA Preventative Medications	ACA Preventative Medications. These products will have \$0 cost-share for specific populations.
Opioid	Opioid Medications	These medications have additional limitations and rules. See below under ‘Opioid Medications’ for more information.
HDC \$0 Copay	Hypertension, Diabetes, and Cervical Cancer \$0 Medications	These medications are offered at a \$0 copay for the various conditions notated. For a full listing of the categories included, please see page ix

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

**Benefit Coverage and Limitations**

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

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

PO Box 15369, Springfield, MA 01115

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

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



## University of California Berkeley Student Formulary – January 2025

preferred formulary brand medications and high cost generics, and Tier 3 medications are non-preferred formulary brand and generic as well as excluded.

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

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

For members utilizing disability policies, under California State law, the following is required to be covered: all FDA-approved, contraceptive drugs, devices, and other contraceptive products, including all FDA-approved

---

PO Box 15369, Springfield, MA 01115

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

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

V

*Wellfleet is the marketing name used to refer to the insurance and administrative operations of Wellfleet Insurance Company, Wellfleet New York Insurance Company, and Wellfleet Group, LLC. All insurance products are administered or managed by Wellfleet Group, LLC. Product availability is based on regulatory approval and may differ among companies. The Wellfleet Rx Student Formulary is proprietary to Wellfleet Group, LLC and protected by applicable copyright, trademark, and trade secrets laws. Information contained therein may not be published, distributed, or reproduced, in part or whole, without express written consent of Wellfleet Group, LLC.*

contraceptive drugs, devices, and products available over the counter, as prescribed by the member's health care provider; voluntary sterilization procedures, patient education and counseling on contraception; follow-up services related to the drugs, devices, products, and procedures including management of side-effects, counseling for continued adherence, and device insertion and removal; and up to a 12-month supply of FDA-approved, self-administered hormonal contraceptives are required to be covered.

### Maximum Cost Sharing by Drug Tier

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

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

The Formulary applies only to outpatient drugs provided to members and does not apply to medications used in inpatient settings. Medications used in an inpatient setting are usually covered under the medical benefit. If a member has any specific questions regarding their coverage, they should contact Wellfleet at 877.657.5030.

### Utilization Management (UM) tools

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

#### 1. Generic Substitution

When available, FDA approved generic drugs must be used in most situations, regardless of the brand name indicated. Members usually have lower copays and or co-insurance when they use generic drugs. This policy is not meant to preclude or supplant any state statutes that may exist. All drugs that are or become available

generically are subject to review by the P&T Committee. The P&T Committee approves such multi- source drugs for addition to the MAC list based on the following criteria:

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

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

## **2. Medication Request Process**

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

### *A. Formulary Drugs*

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

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

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

- The use of formulary drugs is contraindicated in the patient.
- The patient has failed an appropriate trial of formulary or related agents.
- The choices available in the formulary are not suited for the present patient care need, and the drug selected is required for patient safety.



- The use of a formulary drug may provoke an underlying condition, which would be detrimental to patient care.

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

### *C. Obtaining Coverage*

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

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

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

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

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

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

---

PO Box 15369, Springfield, MA 01115

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

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

viii

*Wellfleet is the marketing name used to refer to the insurance and administrative operations of Wellfleet Insurance Company, Wellfleet New York Insurance Company, and Wellfleet Group, LLC. All insurance products are administered or managed by Wellfleet Group, LLC. Product availability is based on regulatory approval and may differ among companies. The Wellfleet Rx Student Formulary is proprietary to Wellfleet Group, LLC and protected by applicable copyright, trademark, and trade secrets laws. Information contained therein may not be published, distributed, or reproduced, in part or whole, without express written consent of Wellfleet Group, LLC.*

required to try previously met steps from previous coverage but may be required to try any pre-requisite medication that has not been previously tried before coverage of a medication is approved.

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

#### **4. Quantity Limits**

Drugs that are listed in the Formulary with associated Quantity Limits (QL) are subject to those limits. Approval for a quantity of a drug outside of an established QL requires evaluation, per P&T Committee guidelines prior to dispensing at a network pharmacy. Each request will be reviewed on an individual patient need basis. If the request does not meet the guidelines established by the P&T Committee, the request will not be approved, and alternative therapy may be recommended.

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

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

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

**6. Opioid Medications**

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

**8. Pharmacist and Physician Communication**

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

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

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



## University of California Berkeley Student Formulary – January 2025

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

### **Formulary Changes**

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

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

---

PO Box 15369, Springfield, MA 01115

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

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

xi

*Wellfleet is the marketing name used to refer to the insurance and administrative operations of Wellfleet Insurance Company, Wellfleet New York Insurance Company, and Wellfleet Group, LLC. All insurance products are administered or managed by Wellfleet Group, LLC. Product availability is based on regulatory approval and may differ among companies. The Wellfleet Rx Student Formulary is proprietary to Wellfleet Group, LLC and protected by applicable copyright, trademark, and trade secrets laws. Information contained therein may not be published, distributed, or reproduced, in part or whole, without express written consent of Wellfleet Group, LLC.*

## **Hypertension, Diabetes, and Cervical Cancer \$0 Drugs**

In addition to the ACA Preventive Care medications available at \$0 copay on the formulary, the drug categories listed below are covered at no cost to you. Please refer to the formulary for particular drug products that are covered under the plan in each category and for any Utilization Management techniques that may be applicable.

- Antihypertensive Therapy (High-Blood Pressure Agents) – See page 54
- Blood glucose Monitoring Devices & Supplies – See page 85
- Glucose Elevating Agents – See page 86
- Insulin Syringes and Durable Medical Equipment – See page 87
- Insulin Therapy – See page 89
- Non-Insulin Hypoglycemic Agents – See page 94
- Cervical Cancer Antineoplastics & Immunosuppressant Drugs – See page 18

*Drug list created 1/1/2019. Updated 1/1/2025. Next planned update 7/1/2025.*

---

PO Box 15369, Springfield, MA 01115

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

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

xii

*Wellfleet is the marketing name used to refer to the insurance and administrative operations of Wellfleet Insurance Company, Wellfleet New York Insurance Company, and Wellfleet Group, LLC. All insurance products are administered or managed by Wellfleet Group, LLC. Product availability is based on regulatory approval and may differ among companies. The Wellfleet Rx Student Formulary is proprietary to Wellfleet Group, LLC and protected by applicable copyright, trademark, and trade secrets laws. Information contained therein may not be published, distributed, or reproduced, in part or whole, without express written consent of Wellfleet Group, LLC.*

## How can you save money on medications?

Wellfleet Rx aims to help remove cost as a barrier to care as much as possible so you can achieve your health and well-being goals. The following programs may help you reduce your out-of-pocket expenses on important medications.

- **Discounts on non-covered OTC products –**
  - Sometimes prescribers will write a prescription for over-the-counter (OTC) products if they are recommended as part of your treatment. OTC products are generally not covered under the Wellfleet Rx Student Formulary. However, your prescription for an OTC product may be eligible for a discount off the retail price. You should try to obtain a prescription for OTC products you use and present it to the pharmacy to determine if it may be eligible under Wellfleet Rx's discount program.
  - Eligible categories of OTC products may include pain relief, allergy, topical (skin) treatments, vitamins, supplements, laxatives, and more.
- **Wellfleet Rx Copay Assistance Program –**
  - If you have a complex or chronic condition that requires treatment with a high-cost specialty medication, your medication may be eligible for copay assistance from the drug manufacturer. For a full listing of the eligible medications and to determine if your plan is eligible for the program, please review “Copay Assistance Program Drug List and Frequently Asked Questions” document under “Current Wellfleet Rx Formularies” on the [Wellfleet Rx](#) website. If you receive a prescription for one of these medications, a professional from the Copay Assistance Program team will contact you to enroll you in the assistance program so you may receive the medication at little to no cost.
- **Manufacturer assistance programs –**
  - If your plan is not eligible for the Copay Assistance Program (see above), you may still be eligible for manufacturer assistance. Manufacturer assistance is available directly from many drug companies. Services provided range from cost sharing assistance to therapeutic resource pharmacists available to answer clinical questions you may have. [NeedyMeds](#) is a valuable resource that aggregates information on these programs.\*

\* Wellfleet is not affiliated with, endorsed by, or in any way officially connected with NeedyMeds.org or any of its subsidiaries or affiliates. The information about NeedyMeds.org is provided for informational purposes only and does not constitute an endorsement or recommendation by Wellfleet. Wellfleet does not guarantee the accuracy, completeness, or usefulness of any information provided by or obtained from NeedyMeds.org.



## January 2025 Student Formulary – Preventive Care Medications with \$0 Copay Updates Effective 1/1/2025

### U.S. Preventative Services Task Force A & B Recommendations

The Patient Protection and Affordable Care Act (PPACA) requires that certain health plans cover essential health benefits (EHB) without charging a copayment, coinsurance, or deductible. EHBs include a variety of preventative services and medications and are outlined by US Preventive Services Task Force (USPSTF) recommendations with an A or B rating. Based on the recommendations of USPSTF and the Centers for Disease Control and Prevention (CDC), Wellfleet Rx has identified preventative medications to be covered under the pharmacy benefit and updates this list of medications and coverage criteria as needed.

USPSTF and CDC recommendation updates can occur at any time, and health plans have specified timelines to implement these recommendations in compliance with federal law. Plans that meet the definition of a “grandfathered” plan are not subject to EHB requirements. State specific requirements may vary. Wellfleet Rx will monitor for ACA-related guidance and updates to ensure compliance with all regulations.

### Standard EHB Zero Copay Table

All medications, including specified OTC items (e.g., aspirin, contraceptives, folic acid), included on the Wellfleet Rx EHB Zero Copay table are covered at zero copay if the member has a valid prescription; however, some medications are only covered at a zero copay for the population specified (e.g., specified age range). The table below contains the specific drug list contained in the EHB Zero Copay Table.

Drug or Vaccine	Edit	Comments
<b>EHB Aspirin Drug List</b>		
Aspirin	N/A	Generics only
<b>EHB Fluoride Drug List</b>		
Fluoride	Age 6 months to 6 years	Generics only
<b>EHB Folic Acid Drug List</b>		
Folic acid 0.4 mg, 0.8 mg, 1 mg	N/A	Generics only
<b>EHB Contraceptives Drug List</b>		
Oral and ring hormonal contraceptives	• Step therapy (if applicable)	Generics and single-source brands (SSB)
Transdermal contraceptives	N/A	Generics only (Xulane by Mylan)

Wellfleet, Wellfleet Student, Wellfleet Special Risk and Wellfleet Workplace are marketing names used to refer to the insurance and administrative operations of Wellfleet Insurance Company, Wellfleet New York Insurance Company and Wellfleet Group, LLC (known in California only as Wellfleet Group, LLC dba Wellfleet Administrators, LLC). All insurance products are administered or managed by Wellfleet Group, LLC. Product availability is based upon business and/or regulatory approval and may differ among states.

Other contraceptive forms	<ul style="list-style-type: none"> <li>• Nexplanon: Limited to 1 per year</li> <li>• Depo-Provera: Limited to 1 per 90 days</li> </ul>	Covered products include the following: <ul style="list-style-type: none"> <li>• Depo-Provera</li> <li>• Liletta</li> <li>• Mirena</li> <li>• Nexplanon</li> <li>• ParaGard</li> <li>• Skyla</li> <li>• Phexxi</li> </ul>
<b>EHB Barrier Contraceptives Drug List</b>		
Barrier contraceptives	<ul style="list-style-type: none"> <li>• Female condoms: 30 per 30 days</li> </ul>	<ul style="list-style-type: none"> <li>• Cervical cap</li> <li>• Diaphragms</li> <li>• Nonoxynol 9</li> <li>• Female condoms</li> </ul>
<b>EHB Breast Cancer Prevention Drug List</b>		
<ul style="list-style-type: none"> <li>• Raloxifene</li> <li>• Tamoxifen</li> <li>• Soltamox</li> <li>• Anastrozole</li> <li>• Exemestane</li> </ul>	<ul style="list-style-type: none"> <li>• Anastrozole: Age ≥ 35 years; limited to 1 per day</li> <li>• Exemestane: Age ≥ 35 years; limited to 1 per day</li> <li>• Raloxifene: Limited to 1 per day</li> </ul>	Brands and generics
<b>EHB Bowel Preparation Drug List</b>		
FDA-approved bowel preparations, <i>including but not limited to the following</i> : <ul style="list-style-type: none"> <li>• Bisacodyl</li> <li>• Clenpiq</li> <li>• PEG 3350 plus electrolytes (e.g., Colyte, Golytely, MoviPrep, Nulytely)</li> <li>• Magnesium citrate</li> <li>• Magnesium hydroxide</li> <li>• OsmoPrep</li> <li>• Plenvu</li> <li>• Prepopik</li> <li>• Sodium phosphate</li> <li>• Suclear</li> <li>• Suprep</li> <li>• Sutab</li> </ul>	<ul style="list-style-type: none"> <li>• Age 45-75 years</li> <li>• Quantity limit of 2 per year</li> </ul>	Brands and generics



EHB Pre-Diabetes Drug List		
<ul style="list-style-type: none"> <li>• Metformin immediate-release tablets, extended-release tablets, and solution</li> </ul>		Generic products; for members aged 35 years or older who have been diagnosed with pre-diabetes
EHB HIV Pre-Exposure Prophylaxis (PrEP) Drug List		
<ul style="list-style-type: none"> <li>• Descovy (emtricitabine/tenofovir alafenam)</li> <li>• Truvada (emtricitabine, FTC/tenofovir disoproxil fumarate, TDF)</li> <li>• Apretude (cabotegravir) extended-release injectable suspension</li> </ul>	<ul style="list-style-type: none"> <li>• Descovy: Quantity limit of 1 tablet per day</li> <li>• Generic Truvada: Quantity limit of 1 tablet per day</li> <li>• Apretude: Quantity limit of 1 injection every 8 weeks</li> <li>• No concurrent use of HIV medications for the treatment of HIV</li> </ul>	N/A
EHB Statin Drug List		
<p>Low-moderate intensity statins</p> <ul style="list-style-type: none"> <li>• Atoprev (lovastatin ER) 20-60 mg</li> <li>• Crestor (rosuvastatin) 5-10 mg</li> <li>• Ezallor Sprinkle (rosuvastatin) 5-10mg</li> <li>• Flolipid (simvastatin suspension) 20mg/5mL, 40mg/5mL</li> <li>• Lescol (fluvastatin) 20-40 mg, 40 mg twice daily</li> <li>• Lescol XL (fluvastatin) 80 mg</li> <li>• Lipitor (atorvastatin) 10-20 mg</li> <li>• Livalo (pitavastatin calcium) 1-4 mg</li> <li>• Mevacor (lovastatin) 20-40 mg</li> <li>• Pravachol (pravastatin) 10-80 mg</li> <li>• Zocor (simvastatin) 10-40 mg</li> <li>• Zypitamag (pitavastatin magnesium) 1-4 mg</li> </ul>	<ul style="list-style-type: none"> <li>• Age 40-75 years</li> <li>• No concurrent use of secondary prevention medications*</li> <li>• Quantity limited to statin dosages at low- to moderate-intensity</li> <li>• Prior Authorization (Ezallor Sprinkle and Flolipid)</li> <li>• Step Therapy (Atoprev, Ezallor Sprinkle, Lescol, Lescol XL, and Zypitamag)</li> </ul> <p><i>*Secondary prevention medications include:</i></p> <ul style="list-style-type: none"> <li>• aspirin/dipyridamole</li> <li>• clopidogrel</li> <li>• dipyridamole</li> <li>• nitroglycerin – oral, sublingual, transdermal, translingual</li> <li>• prasugrel</li> <li>• Praluent</li> <li>• Repatha</li> <li>• ticagrelor (Brilinta)</li> <li>• ticlopidine</li> <li>• vorapaxar (Zontivity)</li> </ul>	Generics and Livalo

Wellfleet, Wellfleet Student, Wellfleet Special Risk and Wellfleet Workplace are marketing names used to refer to the insurance and administrative operations of Wellfleet Insurance Company, Wellfleet New York Insurance Company and Wellfleet Group, LLC (known in California only as Wellfleet Group, LLC dba Wellfleet Administrators, LLC). All insurance products are administered or managed by Wellfleet Group, LLC. Product availability is based upon business and/or regulatory approval and may differ among states.

EHB Smoking Cessation Drug List		
bupropion (Zyban)	<ul style="list-style-type: none"> <li>Age ≥ 18 years</li> <li>Quantity limit</li> </ul>	Generic only
Varenicline (Chantix)	<ul style="list-style-type: none"> <li>Age ≥ 18 years</li> <li>Quantity limit</li> </ul>	Brand and generic
nicotine inhaler	<ul style="list-style-type: none"> <li>Age ≥ 18 years</li> <li>Quantity limit</li> <li>Step Therapy: trial of nicotine transdermal patch required</li> </ul>	OTC
nicotine spray	<ul style="list-style-type: none"> <li>Age ≥ 18 years</li> <li>Quantity limit</li> <li>Step Therapy: trial of nicotine transdermal patch required</li> </ul>	OTC
nicotine gum or lozenge	<ul style="list-style-type: none"> <li>Age ≥ 18 years</li> <li>Quantity limit</li> </ul>	OTC
nicotine transdermal patches	<ul style="list-style-type: none"> <li>Age ≥ 18 years</li> <li>Quantity limit</li> </ul>	OTC
EHB Vaccines – Influenza		
Influenza vaccines	<ul style="list-style-type: none"> <li>1 dose per 180 days</li> </ul>	Flublok, Fluzone High Dose, Fluzone Intradermal, and Fludax will continue to have adult age edits
EHB Vaccines – Other		
COVID-19 Moderna [mRNA] [SpikeVax] Pfizer [mRNA] (Comirnaty) Novavax [Ad]	N/A	N/A
Diphtheria, tetanus, pertussis [DTaP] (Infanrix, Daptacel)	N/A	N/A
Diphtheria, tetanus, pertussis [DTaP]/Polio (Quadracel, Kinrix)	N/A	N/A
Diphtheria, tetanus, pertussis [DTaP]/Hepatitis B/Polio (Pediarix)	N/A	N/A
Diphtheria, tetanus, pertussis [DTaP]/ Polio/ <i>Haemophilus influenzae</i> type B/ Hepatitis B (Vaxelis)	N/A	N/A

Wellfleet, Wellfleet Student, Wellfleet Special Risk and Wellfleet Workplace are marketing names used to refer to the insurance and administrative operations of Wellfleet Insurance Company, Wellfleet New York Insurance Company and Wellfleet Group, LLC (known in California only as Wellfleet Group, LLC dba Wellfleet Administrators, LLC). All insurance products are administered or managed by Wellfleet Group, LLC. Product availability is based upon business and/or regulatory approval and may differ among states.



Diphtheria, tetanus, pertussis [DTaP]/Polio/ <i>Haemophilus influenzae</i> type B (Pentacel)	N/A	N/A
Human papillomavirus (Gardasil, Gardasil 9)	<ul style="list-style-type: none"> <li>Age 9-45 years</li> <li>3 doses per 365 days</li> </ul>	N/A
Hepatitis A (Vaqta, Havrix)	<ul style="list-style-type: none"> <li>2 doses per 365 days</li> </ul>	N/A
Hepatitis B (Engerix-B, Recombivax HB, Heplisav-B)	<ul style="list-style-type: none"> <li>3 doses per 365 days (Engerix-B Adult; Recombivax HB)</li> <li>2 doses per 365 days (Heplisav-B)</li> </ul>	N/A
Hepatitis B/Hepatitis A combo (TwinRix)	<ul style="list-style-type: none"> <li>Age <math>\geq</math>18 years</li> <li>4 doses per 365 days</li> </ul>	N/A
<i>Haemophilus influenzae</i> type B (ActHIB, Hiberix, PedvaxHIB)	N/A	N/A
Japanese Encephalitis (Ixiaro)	N/A	N/A
Measles, mumps, rubella (M-M-R II, Priorix)	<ul style="list-style-type: none"> <li>2 doses per 365 days</li> </ul>	N/A
Measles, mumps, rubella, varicella [MMRV](ProQuad)	N/A	N/A
Meningococcal serogroup B [MenB (Bexsero, Trumenba)]	<ul style="list-style-type: none"> <li>Age 10-25 years</li> <li>2 doses per 365 days (Bexsero)</li> <li>3 doses per 365 days (Trumenba)</li> </ul>	N/A
Meningococcal quadrivalent conjugate [MenACWY (Menactra, Menveo, MenQuadfi)]	<ul style="list-style-type: none"> <li>Age 11-23 years, <u>unless required upon freshman admission</u></li> <li>1 dose per 365 days</li> </ul>	N/A
Pneumococcal polysaccharide (Pneumovax 23)	<ul style="list-style-type: none"> <li>1 dose per 365 days</li> <li>Age <math>\geq</math> 19 years, if immunocompromised</li> </ul>	N/A
Pneumococcal conjugate (Prenar 13, Prenar 20, Vaxneuvance)	<ul style="list-style-type: none"> <li>Prenar 20, Vaxneuvance:</li> <li>Age <math>\geq</math> 65 years</li> <li>Age <math>\geq</math> 19 years, if immunocompromised</li> </ul>	N/A
Poliovirus (Ipol)	N/A	N/A
Respiratory syncytial virus (Arexvy, Abrysvo) – new as of 1/1/24	<ul style="list-style-type: none"> <li>Arexvy: Age <math>\geq</math> 60 years</li> <li>Abrysvo: Age <math>\geq</math> 60 years OR in pregnant individuals between 32-36 weeks gestational age</li> </ul>	N/A
Rotavirus (Rotarix, Rotateq)	N/A	N/A
Tetanus, diphtheria, pertussis [Tdap (Adacel, Boostrix)]	<ul style="list-style-type: none"> <li>1 dose per 365 days</li> </ul>	N/A

Wellfleet, Wellfleet Student, Wellfleet Special Risk and Wellfleet Workplace are marketing names used to refer to the insurance and administrative operations of Wellfleet Insurance Company, Wellfleet New York Insurance Company and Wellfleet Group, LLC (known in California only as Wellfleet Group, LLC dba Wellfleet Administrators, LLC). All insurance products are administered or managed by Wellfleet Group, LLC. Product availability is based upon business and/or regulatory approval and may differ among states.

[Wellfleetrx.com](http://Wellfleetrx.com)

CSP-SHIP-AUGUST-2023-4



Tetanus, diphtheria [Td (Tenivac, Tdvax)]	<ul style="list-style-type: none"> <li>• 1 dose per 365 days</li> </ul>	N/A
Varicella (Varivax)	<ul style="list-style-type: none"> <li>• 2 doses per 365 days</li> </ul>	N/A
Zoster vaccine, recombinant (Shingrix)	<ul style="list-style-type: none"> <li>• Age ≥ 50 years</li> <li>• Age ≥ 19 years, if immunocompromised</li> <li>• 2 doses per 365 days</li> </ul>	N/A

Wellfleet, Wellfleet Student, Wellfleet Special Risk and Wellfleet Workplace are marketing names used to refer to the insurance and administrative operations of Wellfleet Insurance Company, Wellfleet New York Insurance Company and Wellfleet Group, LLC (known in California only as Wellfleet Group, LLC dba Wellfleet Administrators, LLC). All insurance products are administered or managed by Wellfleet Group, LLC. Product availability is based upon business and/or regulatory approval and may differ among states.

[Wellfleetrx.com](http://Wellfleetrx.com)

## Table of Contents

<b>ANTI - INFECTIVES</b> .....	2
<b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b> .....	17
<b>AUTONOMIC &amp; CNS DRUGS, NEUROLOGY &amp; PSYCH</b> .....	26
<b>CARDIOVASCULAR, HYPERTENSION &amp; LIPIDS</b> .....	53
<b>DERMATOLOGICALS/TOPICAL THERAPY</b> .....	68
<b>DIAGNOSTICS &amp; MISCELLANEOUS AGENTS</b> .....	79
<b>EAR, NOSE &amp; THROAT MEDICATIONS</b> .....	83
<b>ENDOCRINE/DIABETES</b> .....	84
<b>GASTROENTEROLOGY</b> .....	97
<b>IMMUNOLOGY, VACCINES &amp; BIOTECHNOLOGY</b> .....	105
<b>IMMUNOLOGY</b> .....	115
<b>MUSCULOSKELETAL &amp; RHEUMATOLOGY</b> .....	115
<b>OBSTETRICS &amp; GYNECOLOGY</b> .....	119
<b>OPHTHALMOLOGY</b> .....	129
<b>RESPIRATORY, ALLERGY, COUGH &amp; COLD</b> .....	135
<b>UROLOGICALS</b> .....	142
<b>VITAMINS, HEMATINICS &amp; ELECTROLYTES</b> .....	144
<b>Index</b> .....	149

Drug Name	Drug Tier	Requirements / Limits
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	2	
<i>amphotericin b injection recon soln 50 mg</i>	1	
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i>	1	
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i>	1	
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
CRESEMBA INTRAVENOUS RECON SOLN 372 MG	2	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	2	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	2	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	1	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	2	
<i>itraconazole oral capsule 100 mg</i>	1	QL
<i>itraconazole oral solution 10 mg/ml</i>	1	QL
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	1	
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
<i>posaconazole intravenous solution 300 mg/16.7 ml</i>	1	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	1	
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole intravenous recon soln 200 mg</i>	1	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	1	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	
<b>ANTIVIRALS</b>		
<i>abacavir oral solution 20 mg/ml</i>	1	QL
<i>abacavir oral tablet 300 mg</i>	1	QL
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	1	QL
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	
<i>adefovir oral tablet 10 mg</i>	1	Specialty; QL
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	3	ACA
APTIVUS ORAL CAPSULE 250 MG	2	QL
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	1	QL
ATRIPLA ORAL TABLET 600-200-300 MG	3	PA; QL
BARACLUDE ORAL SOLUTION 0.05 MG/ML	2	Specialty; QL
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	2	
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
COMPLERA ORAL TABLET 200-25-300 MG	3	PA; QL
<i>darunavir oral tablet 600 mg, 800 mg</i>	1	QL
DELSTRIGO ORAL TABLET 100-300-300 MG	3	PA; QL
DESCOVY ORAL TABLET 200-25 MG	2	ACA; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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	QL
<i>efavirenz oral tablet 600 mg</i>	1	QL
<i>efavirenz-lamivu-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	QL
<i>emtricitabine oral capsule 200 mg</i>	1	ACA; QL
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	QL
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	1	ACA; QL
EMTRIVA ORAL SOLUTION 10 MG/ML	2	QL
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	Specialty; QL
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	2	PA; Specialty; QL
EPCLUSA ORAL TABLET 200-50 MG	2	PA; Specialty; QL
<i>etravirine oral tablet 100 mg, 200 mg</i>	1	QL
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<i>fosamprenavir oral tablet 700 mg</i>	1	QL
<i>foscarnet intravenous solution 24 mg/ml</i>	1	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	2	ST; QL
GANCICLOVIR INTRAVENOUS SOLUTION 500 MG/250 ML (2 MG/ML)	3	
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	1	
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	1	
GENVOYA ORAL TABLET 150-150-200-10 MG	2	QL
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	2	PA; Specialty; QL
HARVONI ORAL TABLET 45-200 MG	2	PA; Specialty; QL
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	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	2	ACA; QL; Age Limit (Min 18 Years and Max 999 Years)
<i>lamivudine oral solution 10 mg/ml</i>	1	QL
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	1	QL
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	QL
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	2	PA; Specialty; QL
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	1	QL
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	1	QL
<i>maraviroc oral tablet 150 mg, 300 mg</i>	1	QL
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	2	PA; Specialty; QL
MAVYRET ORAL TABLET 100-40 MG	2	PA; Specialty; QL
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	QL
<i>nevirapine oral tablet 200 mg</i>	1	QL
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	1	QL
NORVIR ORAL POWDER IN PACKET 100 MG	3	QL
ODEFSEY ORAL TABLET 200-25-25 MG	2	QL
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	1	QL
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1	QL
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	3	QL; Age Limit (Min 12 Years and Max 999 Years)
PIFELTRO ORAL TABLET 100 MG	3	QL
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML, 480 MG/24 ML	3	QL
PREVYMIS ORAL TABLET 240 MG, 480 MG	3	QL
PREZCOBIX ORAL TABLET 800-150 MG-MG	3	QL
PREZISTA ORAL SUSPENSION 100 MG/ML	2	QL
PREZISTA ORAL TABLET 150 MG, 75 MG	2	QL
RAPIVAB (PF) INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	2	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	2	QL
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
REYATAZ ORAL POWDER IN PACKET 50 MG	3	QL
<i>ribavirin inhalation recon soln 6 gram</i>	1	
<i>rimantadine oral tablet 100 mg</i>	1	
<i>ritonavir oral tablet 100 mg</i>	1	QL
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	2	PA; QL
SELZENTRY ORAL SOLUTION 20 MG/ML	2	QL
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	2	PA; Specialty; QL
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	3	Specialty; QL
SOVALDI ORAL TABLET 200 MG, 400 MG	3	Specialty; QL
STRIBILD ORAL TABLET 150-150-200-300 MG	3	PA; QL
SUNLENCA ORAL TABLET 300 MG	3	PA; QL
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	3	PA; QL
SYMTUZA ORAL TABLET 800-150-200-10 MG	3	QL
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	2	PA; Specialty; QL
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	ACA; QL
TIVICAY ORAL TABLET 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	QL
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	3	
TYBOST ORAL TABLET 150 MG	3	PA; QL
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1	
<i>valganciclovir oral recon soln 50 mg/ml</i>	1	
<i>valganciclovir oral tablet 450 mg</i>	1	
VEKLURY INTRAVENOUS RECON SOLN 100 MG	3	
VEMLIDY ORAL TABLET 25 MG	3	Specialty; QL
VIRACEPT ORAL TABLET 250 MG, 625 MG	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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; Specialty
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	QL
<i>zidovudine oral capsule 100 mg</i>	1	QL
<i>zidovudine oral syrup 10 mg/ml</i>	1	QL
<i>zidovudine oral tablet 300 mg</i>	1	QL
<b>CEPHALOSPORINS</b>		
AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM	2	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet 1 gram</i>	1	
<i>cefazolin in 0.9% sod chloride intravenous piggyback 3 gram/100 ml</i>	1	
<i>cefazolin in 0.9% sod chloride intravenous solution 2 gram/100 ml</i>	1	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML	1	
<i>cefazolin in dextrose 5 % intravenous solution 2 gram/100 ml</i>	1	
CEFAZOLIN IN STERILE WATER INTRAVENOUS SYRINGE 1 GRAM/10 ML, 2 GRAM/20 ML, 3 GRAM/30 ML	1	
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 20 gram, 3 gram, 300 gram, 500 mg</i>	1	
CEFAZOLIN INJECTION RECON SOLN 2 GRAM	1	
<i>cefazolin intravenous recon soln 1 gram</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM	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	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	3	
<i>cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	2	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	1	
CEFEPIME INTRAVENOUS RECON SOLN 100 GRAM	1	
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
CEFOTAN INJECTION RECON SOLN 1 GRAM, 2 GRAM	3	
<i>cefotaxime injection recon soln 1 gram, 2 gram</i>	1	
<i>cefotetan injection recon soln 1 gram, 2 gram</i>	1	
<i>cefotetan intravenous recon soln 10 gram</i>	1	
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	1	
<i>ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	
CEFTRIAXONE INJECTION RECON SOLN 100 GRAM	1	
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	\$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, 600 MG	2	
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	2	
<b>ERYTHROMYCINS &amp; OTHER MACROLIDES</b>		
<i>azithromycin intravenous recon soln 500 mg</i>	1	
<i>azithromycin oral packet 1 gram</i>	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg</i>	1	\$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	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	ST; QL
DIFICID ORAL TABLET 200 MG	3	ST; QL
<i>e.e.s. 400 oral tablet 400 mg</i>	1	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg</i>	1	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin lactobionate intravenous recon soln 500 mg</i>	1	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	2	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg</i>	1	
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC) 194 MG	3	PA
<i>albendazole oral tablet 200 mg</i>	1	QL
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	2	
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	
ARAKODA ORAL TABLET 100 MG	3	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	3	PA; QL
<i>atovaquone oral suspension 750 mg/5 ml</i>	1	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1	
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	1	
<i>bacitracin intramuscular recon soln 50,000 unit</i>	1	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	1	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	2	PA; Specialty; QL
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML	3	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	1	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>clindamycin phosphate injection solution 150 mg/ml</i>	1	
COARTEM ORAL TABLET 20-120 MG	2	
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	1	
CYCLOSERINE ORAL CAPSULE 250 MG	1	
DALVANCE INTRAVENOUS SOLUTION 500 MG	2	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	Och
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	1	
EMVERM ORAL TABLET,CHEWABLE 100 MG	2	PA; QL
<i>ertapenem injection recon soln 1 gram</i>	1	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	1	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	1	
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	1	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	1	
<i>hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	1	
IMPAVIDO ORAL CAPSULE 50 MG	3	PA; 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	
KRINTAFEL ORAL TABLET 150 MG	2	QL
LAMPIT ORAL TABLET 120 MG, 30 MG	3	
<i>lincomycin injection solution 300 mg/ml</i>	1	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>linezolid oral tablet 600 mg</i>	1	
<i>linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml</i>	1	
<i>mefloquine oral tablet 250 mg</i>	1	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	1	
MEROPENEM INTRAVENOUS RECON SOLN 2 GRAM	1	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 500 MG/50 ML	1	
<i>metro i.v. intravenous piggyback 500 mg/100 ml</i>	2	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	1	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<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 (15 mg base)</i>	2	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	1	PA; Specialty
<i>quinine sulfate oral capsule 324 mg</i>	1	
RECARBRIO INTRAVENOUS RECON SOLN 1.25 GRAM	3	
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin intravenous recon soln 600 mg</i>	1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	3	PA; QL
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	3	
SIVEXTRO ORAL TABLET 200 MG	3	
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	2	ST; QL
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	1	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	2	PA; Specialty
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	1	PA; Specialty
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	1	PA; Specialty
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	1	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	1	
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	2	PA; Specialty
TRECTOR ORAL TABLET 250 MG	3	
VABOMERE INTRAVENOUS RECON SOLN 2 GRAM	3	
XENLETA INTRAVENOUS SOLUTION 150 MG/15 ML	3	PA
XENLETA ORAL TABLET 600 MG	3	PA; QL
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML	3	
<b>PENICILLINS</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	\$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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	1	
<i>ampicillin sodium intravenous recon soln 1 gram, 2 gram</i>	1	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	1	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>	1	
<b>BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)</b>	2	
<b>BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML</b>	2	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	1	
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	1	
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	
<b>PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML</b>	1	
<i>penicillin g potassium injection recon soln 20 million unit, 5 million unit</i>	1	
<i>penicillin g sodium injection recon soln 5 million unit</i>	1	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>pfizerpen-g injection recon soln 20 million unit, 5 million unit</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	1	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML	2	
<b>QUINOLONES</b>		
BAXDELA INTRAVENOUS RECON SOLN 300 MG	2	PA
BAXDELA ORAL TABLET 450 MG	2	PA
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	1	
FACTIVE ORAL TABLET 320 MG	3	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	1	
<i>levofloxacin intravenous solution 25 mg/ml</i>	1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	1	
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML	1	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<b>SULFA'S &amp; RELATED AGENTS</b>		
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	\$0 Copay
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	1	
<b>TETRACYCLINES</b>		
<i>avidoxy oral tablet 100 mg</i>	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	
<i>doxy-100 intravenous recon soln 100 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 capsule,ir - delay rel,biphase 40 mg</i>	1	ST; QL
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1	QL
<b>MINOCIN INTRAVENOUS RECON SOLN 100 MG</b>	2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	2	
<i>mondoxyne nl oral capsule 100 mg</i>	1	QL
<i>mondoxyne nl oral capsule 75 mg</i>	1	ST; QL
<b>NUZYRA INTRAVENOUS RECON SOLN 100 MG</b>	3	
<b>NUZYRA ORAL TABLET 150 MG</b>	3	PA; QL
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	
<i>tetracycline oral tablet 250 mg, 500 mg</i>	1	
<b>XERAVA INTRAVENOUS RECON SOLN 100 MG, 50 MG</b>	3	
<b>URINARY TRACT AGENTS</b>		
<i>fosfomycin tromethamine oral packet 3 gram</i>	1	QL
<i>methenamine hippurate oral tablet 1 gram</i>	1	
<i>methenamine mandelate oral tablet 0.5 gram, 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	

Drug Name	Drug Tier	Requirements / Limits
<b>VANCOMYCIN</b>		
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML	1	
<i>vancomycin in 0.9 % sodium chl intravenous solution 1 gram/250 ml, 1.25 gram/250 ml, 1.5 gram/250 ml, 1.5 gram/500 ml, 1.75 gram/500 ml, 2 gram/500 ml</i>	1	
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS SOLUTION 1.75 GRAM/250 ML, 750 MG/150 ML, 750 MG/250 ML	1	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML	1	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 1.25 GRAM/250 ML, 1.5 GRAM/250 ML	1	
VANCOMYCIN INJECTION RECON SOLN 100 GRAM	1	
<i>vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 5 gram, 500 mg, 750 mg</i>	1	
<i>vancomycin oral capsule 125 mg, 250 mg</i>	1	QL
<i>vancomycin oral recon soln 25 mg/ml, 50 mg/ml</i>	1	QL
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 1.25 GRAM/250 ML, 1.75 GRAM/350 ML, 2 GRAM/400 ML, 500 MG/100 ML, 750 MG/150 ML	1	
VIBATIV INTRAVENOUS RECON SOLN 750 MG	2	
<b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		
<i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i>	1	
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	2	
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	2	Specialty
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	3	Specialty
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>leucovorin calcium injection solution 10 mg/ml</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	1	Specialty
<i>levoleucovorin calcium intravenous solution 10 mg/ml</i>	1	Specialty
<i>mesna intravenous solution 100 mg/ml</i>	1	
MESNEX ORAL TABLET 400 MG	3	
TOTECT INTRAVENOUS RECON SOLN 500 MG	3	
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT	2	Specialty
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	2	PA; Specialty; QL

#### **ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS**

<i>abiraterone oral tablet 250 mg, 500 mg</i>	1	Specialty; Och; QL; HDC \$0 Copay
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	3	PA; Specialty; HDC \$0 Copay
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	2	PA; Specialty; QL; HDC \$0 Copay
<i>anastrozole oral tablet 1 mg</i>	1	Och; ACA; QL; HDC \$0 Copay
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	3	Specialty; HDC \$0 Copay
AUGTYRO ORAL CAPSULE 40 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	HDC \$0 Copay
<i>azathioprine sodium injection recon soln 100 mg</i>	1	HDC \$0 Copay
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	3	PA; Specialty; Och; QL; HDC \$0 Copay
<i>bexarotene oral capsule 75 mg</i>	1	PA; Specialty; QL; HDC \$0 Copay
<i>bexarotene topical gel 1 %</i>	1	PA; Specialty; QL; HDC \$0 Copay
<i>bicalutamide oral tablet 50 mg</i>	1	Och; HDC \$0 Copay
BOSULIF ORAL CAPSULE 100 MG, 50 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
BRAFTOVI ORAL CAPSULE 75 MG	3	PA; Specialty; QL; HDC \$0 Copay
BRUKINSA ORAL CAPSULE 80 MG	2	PA; Specialty; Och; HDC \$0 Copay
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay
<i>capecitabine oral tablet 150 mg, 500 mg</i>	1	Specialty; Och; QL; HDC \$0 Copay
CAPRELSA ORAL TABLET 100 MG, 300 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	2	PA; Specialty; Och; QL; HDC \$0 Copay
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	3	PA; Specialty; Och; QL; HDC \$0 Copay
COTELLIC ORAL TABLET 20 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	Och; HDC \$0 Copay
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	2	Och; HDC \$0 Copay
<i>cyclosporine intravenous solution 250 mg/5 ml</i>	1	Specialty; HDC \$0 Copay
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	Specialty; HDC \$0 Copay
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	Specialty; HDC \$0 Copay
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	Specialty; HDC \$0 Copay
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	1	PA; QL; HDC \$0 Copay
DAURISMO ORAL TABLET 100 MG, 25 MG	3	PA; Specialty; QL; HDC \$0 Copay
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	ST; HDC \$0 Copay
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	2	PA; Specialty; QL; HDC \$0 Copay
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	2	PA; Specialty; QL; HDC \$0 Copay
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	2	PA; Specialty; QL; HDC \$0 Copay
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	2	PA; Specialty; QL; HDC \$0 Copay
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	2	PA; Specialty; QL; HDC \$0 Copay
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; Specialty; HDC \$0 Copay

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	3	Specialty; HDC \$0 Copay
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	3	PA; Specialty; HDC \$0 Copay
ERIVEDGE ORAL CAPSULE 150 MG	2	PA; Specialty; QL; HDC \$0 Copay
ERLEADA ORAL TABLET 240 MG, 60 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	1	PA; Specialty; Och; QL; HDC \$0 Copay
<i>etoposide oral capsule 50 mg</i>	1	Och; HDC \$0 Copay
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	PA; Specialty; Och; QL; HDC \$0 Copay
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	1	PA; Specialty; Och; HDC \$0 Copay
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1	Specialty; HDC \$0 Copay
<i>exemestane oral tablet 25 mg</i>	1	Och; ACA; QL; HDC \$0 Copay
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	3	PA; Specialty; QL; HDC \$0 Copay
<i>floxuridine injection recon soln 0.5 gram</i>	1	Specialty; HDC \$0 Copay
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	3	PA; Specialty; HDC \$0 Copay
GAVRETO ORAL CAPSULE 100 MG	3	PA; Specialty; Och; QL; HDC \$0 Copay
<i>gefitinib oral tablet 250 mg</i>	1	PA; Specialty; Och; QL; HDC \$0 Copay
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	PA; Specialty; Och; HDC \$0 Copay
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	2	Specialty; HDC \$0 Copay
<i>hydroxyurea oral capsule 500 mg</i>	1	Och; HDC \$0 Copay
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	2	PA; Specialty; Och; HDC \$0 Copay
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	2	PA; Specialty; Och; HDC \$0 Copay
ICLUSIG ORAL TABLET 10 MG, 30 MG	2	PA; Specialty; Och; HDC \$0 Copay



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ICLUSIG ORAL TABLET 15 MG, 45 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay
IDHIFA ORAL TABLET 100 MG, 50 MG	3	PA; Specialty; QL; HDC \$0 Copay
<i>imatinib oral tablet 100 mg, 400 mg</i>	1	Specialty; Och; QL; HDC \$0 Copay
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay
IMBRUVICA ORAL SUSPENSION 70 MG/ML	2	PA; Specialty; Och; QL; HDC \$0 Copay
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay
INLYTA ORAL TABLET 1 MG, 5 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay
INQOVI ORAL TABLET 35-100 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay
IODOPEN INTRAVENOUS SOLUTION 100 MCG/ML	1	HDC \$0 Copay
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	2	PA; Specialty; QL; HDC \$0 Copay
JAYPIRCA ORAL TABLET 100 MG, 50 MG	3	PA; Specialty; Och; HDC \$0 Copay
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	3	PA; Specialty; Och; QL; HDC \$0 Copay
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay
KRAZATI ORAL TABLET 200 MG	3	PA; Specialty; Och; QL; HDC \$0 Copay
<i>lapatinib oral tablet 250 mg</i>	1	PA; Specialty; Och; QL; HDC \$0 Copay
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	1	PA; Specialty; QL; HDC \$0 Copay
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	2	PA; Specialty; Och; QL; HDC \$0 Copay
<i>letrozole oral tablet 2.5 mg</i>	1	Och; HDC \$0 Copay
LEUKERAN ORAL TABLET 2 MG	2	Specialty; Och; HDC \$0 Copay
LEUPROLIDE (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	1	PA; Specialty; HDC \$0 Copay
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	1	PA; Specialty; QL; HDC \$0 Copay

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay
LORBRENA ORAL TABLET 100 MG, 25 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay
LUMAKRAS ORAL TABLET 120 MG, 320 MG	3	PA; Specialty; Och; QL; HDC \$0 Copay
LUPKYNIS ORAL CAPSULE 7.9 MG	3	PA; Specialty; HDC \$0 Copay
LYNPARZA ORAL TABLET 100 MG, 150 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay
LYSODREN ORAL TABLET 500 MG	2	Specialty; Och; HDC \$0 Copay
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	3	PA; Specialty; Och; QL; HDC \$0 Copay
MATULANE ORAL CAPSULE 50 MG	2	Specialty; Och; HDC \$0 Copay
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	HDC \$0 Copay
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	HDC \$0 Copay
MEKINIST ORAL RECON SOLN 0.05 MG/ML	3	PA; Specialty; Och; QL; HDC \$0 Copay
MEKINIST ORAL TABLET 0.5 MG, 2 MG	3	PA; Specialty; Och; QL; HDC \$0 Copay
MEKTOVI ORAL TABLET 15 MG	3	PA; Specialty; Och; QL; HDC \$0 Copay
<i>mercaptopurine oral tablet 50 mg</i>	1	Och; HDC \$0 Copay
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	HDC \$0 Copay
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	HDC \$0 Copay
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	HDC \$0 Copay
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	Och; HDC \$0 Copay
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	3	Specialty; HDC \$0 Copay
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i>	1	Specialty; HDC \$0 Copay
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	HDC \$0 Copay
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	1	HDC \$0 Copay
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	HDC \$0 Copay
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	1	HDC \$0 Copay

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
MYLERAN ORAL TABLET 2 MG	2	Specialty; Och; HDC \$0 Copay
NERLYNX ORAL TABLET 40 MG	3	PA; Specialty; Och; QL; HDC \$0 Copay
<i>nilutamide oral tablet 150 mg</i>	1	Specialty; Och; QL; HDC \$0 Copay
NUBEQA ORAL TABLET 300 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay
NULOJIX INTRAVENOUS RECON SOLN 250 MG	2	Specialty; HDC \$0 Copay
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA; Specialty; HDC \$0 Copay
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	1	PA; Specialty; HDC \$0 Copay
ODOMZO ORAL CAPSULE 200 MG	3	PA; Specialty; QL; HDC \$0 Copay
OGSIVEO ORAL TABLET 50 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	3	PA; Specialty; Och; QL; HDC \$0 Copay
ONUREG ORAL TABLET 200 MG, 300 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay
ORSERDU ORAL TABLET 345 MG, 86 MG	3	PA; Specialty; Och; QL; HDC \$0 Copay
PACLITAXEL PROTEIN-BOUND INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	2	PA; Specialty; HDC \$0 Copay
<i>pazopanib oral tablet 200 mg</i>	1	PA; Och; QL; HDC \$0 Copay
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	3	PA; Specialty; Och; QL; HDC \$0 Copay
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	3	PA; Specialty; Och; QL; HDC \$0 Copay
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	2	PA; Specialty; QL; HDC \$0 Copay
PURIXAN ORAL SUSPENSION 20 MG/ML	2	ST; Specialty; Och; HDC \$0 Copay
QINLOCK ORAL TABLET 50 MG	3	PA; Specialty; Och; QL; HDC \$0 Copay
RETEVMO ORAL CAPSULE 40 MG, 80 MG	3	PA; Specialty; Och; QL; HDC \$0 Copay
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG	3	PA; QL; HDC \$0 Copay
RETEVMO ORAL TABLET 80 MG	3	PA; HDC \$0 Copay

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
REZLIDHIA ORAL CAPSULE 150 MG	3	PA; Specialty; Och; QL; HDC \$0 Copay
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay
RUBRACA ORAL TABLET 250 MG	3	Specialty; Och; QL; HDC \$0 Copay
RUBRACA ORAL TABLET 300 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay
RYDAPT ORAL CAPSULE 25 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay
SCSEMBLIX ORAL TABLET 20 MG, 40 MG	3	PA; Specialty; Och; QL; HDC \$0 Copay
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	2	PA; Specialty; QL; HDC \$0 Copay
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	2	Specialty; HDC \$0 Copay
<i>sirolimus oral solution 1 mg/ml</i>	1	Specialty; HDC \$0 Copay
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	Specialty; HDC \$0 Copay
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	2	Specialty; HDC \$0 Copay
<i>sorafenib oral tablet 200 mg</i>	1	PA; Specialty; Och; QL; HDC \$0 Copay
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay
STIVARGA ORAL TABLET 40 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	PA; Specialty; Och; QL; HDC \$0 Copay
TABLOID ORAL TABLET 40 MG	2	Specialty; Och; HDC \$0 Copay
TABRECTA ORAL TABLET 150 MG, 200 MG	3	PA; Specialty; Och; QL; HDC \$0 Copay
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	Specialty; HDC \$0 Copay
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	3	PA; Specialty; QL; HDC \$0 Copay
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	3	PA; Specialty; QL; HDC \$0 Copay
TAGRISSE ORAL TABLET 40 MG, 80 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	3	PA; Specialty; HDC \$0 Copay
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	Och; ACA; HDC \$0 Copay
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay
TAZVERIK ORAL TABLET 200 MG	2	PA; Specialty; QL; HDC \$0 Copay
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	1	PA; Specialty; Och; HDC \$0 Copay
TEPMETKO ORAL TABLET 225 MG	3	PA; Specialty; Och; HDC \$0 Copay
THALOMID ORAL CAPSULE 100 MG, 50 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay
TIBSOVO ORAL TABLET 250 MG	3	PA; Specialty; QL; HDC \$0 Copay
<i>toremifene oral tablet 60 mg</i>	1	PA; Specialty; Och; QL; HDC \$0 Copay
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	1	Specialty; Och; HDC \$0 Copay
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	3	Och; HDC \$0 Copay
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	3	PA; Specialty; QL; HDC \$0 Copay
TUKYSA ORAL TABLET 150 MG, 50 MG	3	PA; Specialty; Och; QL; HDC \$0 Copay
TURALIO ORAL CAPSULE 125 MG	3	PA; Specialty; Och; QL; HDC \$0 Copay
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML	3	PA; Specialty; QL; HDC \$0 Copay
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	2	PA; Specialty; QL; HDC \$0 Copay
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	2	PA; Specialty; QL; HDC \$0 Copay
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	3	PA; Specialty; QL; HDC \$0 Copay
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	3	PA; Specialty; Och; QL; HDC \$0 Copay

Drug Name	Drug Tier	Requirements / Limits
VITRAKVI ORAL SOLUTION 20 MG/ML	3	PA; Specialty; Och; QL; HDC \$0 Copay
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay
VONJO ORAL CAPSULE 100 MG	3	PA; Specialty; Och; QL; HDC \$0 Copay
WELIREG ORAL TABLET 40 MG	3	PA; Specialty; QL; HDC \$0 Copay
XALKORI ORAL CAPSULE 200 MG, 250 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay
XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay
XERMELO ORAL TABLET 250 MG	2	PA; Specialty; QL; HDC \$0 Copay
XOSPATA ORAL TABLET 40 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay
XTANDI ORAL CAPSULE 40 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay
XTANDI ORAL TABLET 40 MG, 80 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay
YONSA ORAL TABLET 125 MG	2	PA; Specialty; Och; HDC \$0 Copay
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	3	PA; Specialty; Och; QL; HDC \$0 Copay
ZELBORAF ORAL TABLET 240 MG	2	PA; Specialty; QL; HDC \$0 Copay
ZOLINZA ORAL CAPSULE 100 MG	2	Specialty; HDC \$0 Copay
ZYDELIG ORAL TABLET 100 MG, 150 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay
ZYKADIA ORAL TABLET 150 MG	2	PA; Specialty; Och; QL; HDC \$0 Copay

## AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

### ANTICONVULSANTS

BRIVIACT ORAL SOLUTION 10 MG/ML	3	ST; QL
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	ST; QL
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg</i>	1	ST
<i>carbamazepine oral capsule, er multiphase 12 hr 300 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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	
<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; Specialty; QL
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	3	PA; Specialty; 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; Specialty
<i>epitol oral tablet 200 mg</i>	1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	3	ST
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	
<i>felbamate oral suspension 600 mg/5 ml</i>	1	ST; QL
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	ST; QL
FINTEPLA ORAL SOLUTION 2.2 MG/ML	3	PA; Specialty; QL
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i>	1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	2	ST; QL
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	ST; QL
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	QL
<i>gabapentin oral capsule 300 mg</i>	1	
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	QL
<i>gabapentin oral tablet extended release 24 hr 300 mg, 600 mg</i>	1	
<i>lacosamide intravenous solution 200 mg/20 ml</i>	1	QL
<i>lacosamide oral solution 10 mg/ml</i>	1	QL
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	QL
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	1	ST
<i>lamotrigine oral tablet extended release 24hr 100 mg</i>	1	ST
<i>lamotrigine oral tablet extended release 24hr 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	ST; QL
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	1	ST; QL
<i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	1	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	1	
<b>LEVETIRACETAM IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK 250 MG/50 ML</b>	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	
<i>methsuximide oral capsule 300 mg</i>	1	
<b>NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)</b>	3	QL
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
<i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg, 600 mg</i>	1	QL



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	1	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1	QL
<i>pregabalin oral solution 20 mg/ml</i>	1	
<i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i>	1	QL
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>roweepra oral tablet 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, 200 mg, 25 mg, 50 mg</i>	1	ST; QL
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1	ST; QL
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	2	QL
<i>vigabatrin oral powder in packet 500 mg</i>	1	ST; Specialty; QL
<i>vigadrone oral powder in packet 500 mg</i>	1	ST; Specialty; QL
<i>vigadrone oral tablet 500 mg</i>	1	ST; QL
<i>vigpoder oral powder in packet 500 mg</i>	1	ST; Specialty; QL
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	ST; QL
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 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; Specialty; QL
<b>ANTIPARKINSONISM AGENTS</b>		
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	1	PA; Specialty; QL
<i>benztropine injection solution 1 mg/ml</i>	1	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine oral capsule 5 mg</i>	1	
<i>bromocriptine oral tablet 2.5 mg</i>	1	
<i>carbidopa oral tablet 25 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	3	QL
<i>entacapone oral tablet 200 mg</i>	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	3	PA; Specialty; QL
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	
<b>MIGRAINE &amp; CLUSTER HEADACHE THERAPY</b>		
AIMOVIK AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	2	PA; QL
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	2	PA; QL
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	2	ST; QL
<i>dihydroergotamine injection solution 1 mg/ml</i>	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 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 nasal spray,non-aerosol 5 mg</i>	2	ST; QL
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	2	ST; QL
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	2	ST; QL
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
AMONDYS-45 INTRAVENOUS SOLUTION 50 MG/ML	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	2	PA; Specialty; QL
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	1	PA; Specialty; QL
DAYBUE ORAL SOLUTION 200 MG/ML	2	PA; Specialty
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	1	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	1	
<i>edaravone intravenous solution 30 mg/100 ml</i>	1	Specialty; QL
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	3	PA; Specialty
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	QL
<i>galantamine oral solution 4 mg/ml</i>	1	QL
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	QL
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	1	QL
<i>memantine oral solution 2 mg/ml</i>	1	QL
<i>memantine oral tablet 10 mg, 5 mg</i>	1	QL
NUEDEXTA ORAL CAPSULE 20-10 MG	2	PA; QL
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML	2	Specialty; QL
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	2	Specialty
RELYVRIO ORAL POWDER IN PACKET 3-1 GRAM	3	PA; Specialty
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	1	QL
SKYCLARYS ORAL CAPSULE 50 MG	2	PA; Specialty
SKYSONA INTRAVENOUS SUSPENSION 4 X TO 30 X 10EXP6 CELL/ML	3	PA; Specialty
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	2	PA; Specialty; QL
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	1	PA; Specialty; QL
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	3	PA; Specialty; QL
ZEPOSIA ORAL CAPSULE 0.92 MG	2	PA; Specialty; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	2	PA; Specialty; QL
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	2	PA; Specialty; QL
ZOLGENSMA INTRAVENOUS KIT 2 X 10EXP13 VG/ML	3	PA; Specialty; QL
<b>MUSCLE RELAXANTS &amp; ANTISPASMODIC THERAPY</b>		
<i>atracurium intravenous solution 10 mg/ml</i>	1	
BACLOFEN ORAL SOLUTION 10 MG/5 ML (2 MG/ML), 5 MG/5 ML	2	QL
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i>	2	
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
BACLOFEN ORAL TABLET 15 MG	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 1,000 mg, 500 mg, 750 mg</i>	1	
<i>neostigmine in sterile water injection syringe 5 mg/5 ml</i>	1	
<i>neostigmine methylsulfate intravenous solution 0.5 mg/ml, 1 mg/ml</i>	1	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 4 MG/4 ML (1 MG/ML)	1	
<i>neostigmine methylsulfate intravenous syringe 3 mg/3 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)</i>	1	
<i>orphenadrine citrate injection solution 30 mg/ml</i>	1	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	
<i>orphengesic forte oral tablet 50-770-60 mg</i>	2	QL
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	
<i>regonol injection solution 5 mg/ml</i>	2	
<i>tanlor oral tablet 1,000 mg</i>	1	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	1	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 1,008 MG-11,200 UNIT/5.6 ML	2	PA; Specialty; QL
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML	2	PA; Specialty; QL
<b>NARCOTIC ANALGESICS</b>		
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i>	1	ST; Opioid; QL
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	ST; Opioid; QL
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	ST; Opioid; QL
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	1	ST; Opioid; QL
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	1	Opioid
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	1	Opioid
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	Opioid
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	1	Opioid
<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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	Opioid; QL
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	Opioid; QL
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1	Opioid; QL
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	ST; Opioid; QL
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1	ST; Opioid; QL
DILAUDID (PF) INJECTION SYRINGE 0.2 MG/ML	1	ST; Opioid; QL
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML	3	ST; Opioid; QL
<i>diskets oral tablet,soluble 40 mg</i>	2	ST; Opioid; QL
<i>duramorph (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	3	ST; Opioid; QL
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	ST; Opioid; QL
FENTANYL (PF)-BUPIVACAINE-NACL INJECTION SOLUTION 2 MCG/ML- 0.0625 %, 2 MCG/ML- 0.1 %, 2 MCG/ML- 0.125 %	1	ST; Opioid; QL
FENTANYL CITRATE (PF) INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 1,500 MCG/30 ML (50 MCG/ML)	1	ST; Opioid; QL
<i>fentanyl citrate (pf) intravenous prefilled pump reservoir 2,500 mcg/50 ml (50 mcg/ml)</i>	1	ST; Opioid; QL
<i>fentanyl citrate (pf) intravenous pt controlled analgesia syring 1,000 mcg/20 ml (50 mcg/ml)</i>	1	ST; Opioid; QL
FENTANYL CITRATE (PF) INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 1,500 MCG/30 ML (50 MCG/ML)	1	ST; Opioid; QL
FENTANYL CITRATE (PF) INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 2,500 MCG/50 ML (50 MCG/ML)	3	ST; Opioid; QL
FENTANYL CITRATE (PF) INTRAVENOUS SYRINGE 250 MCG/5 ML (50 MCG/ML)	1	ST; Opioid; QL
FENTANYL CITRATE (PF)-0.9%NACL INJECTION PREFILLED PUMP RESERVOIR 10 MCG/ML	1	ST; Opioid; QL
<i>fentanyl citrate (pf)-0.9%nacl injection pt controlled analgesia syring 1,250 mcg/25 ml</i>	1	ST; Opioid; QL



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 2,500 mcg/50 ml (50 mcg/ml)</i>	1	ST; Opioid; QL
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 500 MCG/50 ML (10 MCG/ML)	1	ST; Opioid; QL
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS SOLUTION 50 MCG/ML	1	ST; Opioid; QL
<i>fentanyl citrate (pf)-0.9%nacl intravenous syringe 10 mcg/ml</i>	1	ST; Opioid; QL
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS SYRINGE 20 MCG/2 ML (10 MCG/ML), 50 MCG/5 ML (10 MCG/ML)	1	ST; Opioid; QL
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; ST; Opioid; QL
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	1	PA; ST; Opioid; QL
FENTANYL-ROPIVACAINE-NACL (PF) INJECTION PREFILLED PUMP RESERVOIR 2 MCG/ML-0.1 %	1	ST; Opioid; QL
<i>fentanyl-ropivacaine-nacl (pf) injection solution 2-0.2 mcg/ml-%</i>	1	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
HYDROMORPHONE (PF) IN WATER INJECTION SYRINGE 1 MG/ML, 2 MG/2 ML (1 MG/ML)	1	ST; Opioid; QL
HYDROMORPHONE (PF) IN WATER INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 10 MG/50 ML (0.2 MG/ML)	3	ST; Opioid; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
HYDROMORPHONE (PF) IN WATER INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 30 MG/30 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML)	1	ST; Opioid; QL
HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML, 4 MG/ML	1	ST; Opioid; QL
<i>hydromorphone (pf) injection solution 10 mg/ml, 2 mg/ml</i>	1	ST; Opioid; QL
<i>hydromorphone (pf) injection syringe 0.5 mg/0.5 ml, 1 mg/ml</i>	1	ST; Opioid; QL
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 30 MG/30 ML (1 MG/ML)	1	ST; Opioid; QL
<i>hydromorphone (pf)-0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml)</i>	1	ST; Opioid; QL
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 20 MG/100 ML (0.2 MG/ML), 50 MG/50 ML (1 MG/ML)	1	ST; Opioid; QL
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syringe 10 mg/50 ml (0.2 mg/ml), 15 mg/30 ml (0.5 mg/ml), 25 mg/50 ml (0.5 mg/ml)</i>	1	ST; Opioid; QL
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 25 MG/25 ML (1 MG/ML), 30 MG/30 ML (1 MG/ML), 50 MG/50 ML (1 MG/ML), 55 MG/55 ML (1 MG/ML)	1	ST; Opioid; QL
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SOLUTION 0.2 MG/ML, 0.5 MG/ML, 1 MG/ML	1	ST; Opioid; QL
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SYRINGE 1 MG/5 ML (0.2 MG/ML), 2 MG/ML	1	ST; Opioid; QL
<i>hydromorphone injection solution 1 mg/ml, 2 mg/ml</i>	1	ST; Opioid; QL
HYDROMORPHONE INJECTION SYRINGE 0.25 MG/0.5 ML, 0.5 MG/0.5 ML	1	ST; Opioid; QL
<i>hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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
HYDROMORPHONE(PF)-NACL,ISO-OSM INJECTION SYRINGE 0.2 MG/ML, 0.5 MG/ML, 2 MG/10 ML (0.2 MG/ML)	1	ST; Opioid; QL
HYDROMORPHONE(PF)-NACL,ISO-OSM INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 10 MG/50 ML (0.2 MG/ML), 6 MG/30 ML (0.2 MG/ML)	1	ST; Opioid; QL
INFUMORPH P/F INJECTION SOLUTION 10 MG/ML, 25 MG/ML	3	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 intravenous syringe 10 mg/ml</i>	1	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
MORPHINE (PF) IN 0.9 % SOD CHL INJECTION SYRINGE 1 MG/ML, 2 MG/2 ML (1 MG/ML)	1	ST; Opioid; QL
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 30 MG/30 ML (1 MG/ML)	1	ST; Opioid; QL
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PREFILLED PUMP RESERVOIR 100 MG/100 ML (1 MG/ML), 50 MG/50 ML (1 MG/ML)	1	ST; Opioid; QL
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 150 MG/30 ML (5 MG/ML), 55 MG/55 ML (1 MG/ML)	1	ST; Opioid; QL
<i>morphine (pf) in 0.9 % sod chl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	1	ST; Opioid; QL
<i>morphine (pf) in 0.9 % sod chl intravenous solution 1 mg/ml</i>	1	ST; Opioid; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>morphine (pf) in 0.9 % sod chl intravenous syringe 1 mg/ml, 2 mg/2 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)</i>	1	ST; Opioid; QL
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS SYRINGE 2 MG/ML, 4 MG/ML	2	ST; Opioid; QL
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	1	ST; Opioid; QL
<i>morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml)</i>	1	ST; Opioid; QL
MORPHINE (PF) INTRAVENOUS SYRINGE 1 MG/2 ML	1	ST; Opioid; QL
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	ST; Opioid; QL
MORPHINE IN 0.9 % SODIUM CHLOR INJECTION PT CONTROLLED ANALGESIA SYRING 55 MG/55 ML (1 MG/ML)	1	ST; Opioid; QL
<i>morphine in 0.9 % sodium chlor intravenous prefilled pump reservoir 100 mg/100 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	1	ST; Opioid; QL
<i>morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 150 mg/30 ml (5 mg/ml), 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	1	ST; Opioid; QL
MORPHINE IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION 1 MG/ML, 5 MG/ML	1	ST; Opioid; QL
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML	1	ST; Opioid; QL
MORPHINE INJECTION SOLUTION 5 MG/ML	2	ST; Opioid; QL
MORPHINE INJECTION SYRINGE 2 MG/ML	1	ST; Opioid; QL
<i>morphine injection syringe 4 mg/ml</i>	1	ST; Opioid; QL
MORPHINE INTRAMUSCULAR PEN INJECTOR 10 MG/0.7 ML	1	ST; Opioid; QL
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml</i>	1	ST; Opioid; QL
MORPHINE INTRAVENOUS SOLUTION 8 MG/ML	1	ST; Opioid; QL
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	ST; Opioid; QL
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	1	ST; Opioid; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	2	ST; Opioid; QL
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	ST; Opioid; QL
<i>morphine oral tablet 15 mg, 30 mg</i>	1	ST; Opioid; QL
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	ST; Opioid; QL
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	1	ST; Opioid; QL
<i>oxycodone oral capsule 5 mg</i>	1	ST; Opioid; QL
<i>oxycodone oral concentrate 20 mg/ml</i>	2	ST; Opioid; QL
<i>oxycodone oral solution 5 mg/5 ml</i>	1	ST; Opioid; QL
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	ST; Opioid; QL
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 20 MG, 40 MG, 80 MG	2	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	Specialty; Opioid
<i>tencon oral tablet 50-325 mg</i>	1	Opioid; QL
<b>NON-NARCOTIC ANALGESICS</b>		
<i>adult aspirin regimen oral tablet,delayed release (dr/ec) 81 mg</i>	1	ACA
<i>aspirin childrens oral tablet,chewable 81 mg</i>	1	ACA
<i>aspirin oral tablet,chewable 81 mg</i>	1	ACA
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	1	ACA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>bayer low dose aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	1	ST; QL
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	1	ST; QL
CALDOLOR INTRAVENOUS PIGGYBACK 800 MG/200 ML (4 MG/ML)	2	
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 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 %	2	QL
<i>diclofenac potassium oral powder in packet 50 mg</i>	1	QL
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac sodium topical drops 1.5 %</i>	1	QL
<i>diclofenac-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	
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1	
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML (MW 2.4 -3.6 MILLION)	2	PA; Specialty; QL
<i>fenoprofen oral tablet 600 mg</i>	2	
<i>flurbiprofen oral tablet 100 mg</i>	1	
FROTEK TOPICAL CREAM IN PACKET 10 %	3	ST
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral capsule, extended release 75 mg</i>	1	
<i>indomethacin oral suspension 25 mg/5 ml</i>	1	
<i>indomethacin rectal suppository 50 mg</i>	1	QL
<i>ketoprofen oral capsule 25 mg</i>	2	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	2	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)</i>	1	
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	1	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	1	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	1	
<i>ketorolac oral tablet 10 mg</i>	1	QL
<b>KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION</b>	3	
<b>LIFEMS NALOXONE INJECTION SYRINGE KIT 2 MG/2 ML</b>	2	\$0 Copay
<i>lofexidine oral tablet 0.18 mg</i>	1	QL
<b>LUCEMYRA ORAL TABLET 0.18 MG</b>	2	QL
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	1	
<i>mefenamic acid oral capsule 250 mg</i>	2	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	QL
<b>MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML</b>	2	PA; QL
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	1	ST; QL
<b>NALMEFENE INJECTION SOLUTION 1 MG/ML</b>	2	
<i>naloxone injection solution 0.4 mg/ml</i>	1	\$0 Copay; ACA
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	\$0 Copay; ACA
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	1	\$0 Copay; ACA
<i>naltrexone oral tablet 50 mg</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	3	ST; QL
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	2	ST; QL
OLINVYK INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 30 MG/30 ML (1 MG/ML)	3	
OLINVYK 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; QL
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
REXTOVY NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	
<i>salsalate oral tablet 500 mg, 750 mg</i>	1	
<i>st joseph aspirin oral tablet, chewable 81 mg</i>	1	ACA
<i>st. joseph aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>tolmetin oral capsule 400 mg</i>	1	
TORONOVA II SUIK KIT 30 MG/ML	3	
TORONOVA SUIK KIT 30 MG/ML	3	
TRAMADOL ORAL TABLET 25 MG	1	ST; QL
<i>tramadol oral tablet 50 mg</i>	1	ST; QL
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	1	ST; QL
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	1	ST; QL
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	ST; QL
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML	3	PA
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	2	Specialty
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	2	



Drug Name	Drug Tier	Requirements / Limits
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	2	Specialty; QL
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	2	Specialty; QL
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	2	PA; Specialty; QL
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	2	PA; Specialty; QL
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	3	Specialty
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; QL
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	2	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
<i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	PA; QL
<i>aripiprazole oral solution 1 mg/ml</i>	1	ST; QL
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	1	ST; QL
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	2	Specialty

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	2	Specialty; QL
<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
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	3	PA; QL
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	ST; QL
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	QL
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	2	ST; QL
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	QL
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
BYFAVO INTRAVENOUS RECON SOLN 20 MG	3	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	
<i>chlorpromazine injection solution 25 mg/ml</i>	1	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>citalopram oral solution 10 mg/5 ml</i>	1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	\$0 Copay
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	2	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1	QL
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	QL
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	QL
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	QL
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	QL
<i>diazepam injection solution 5 mg/ml</i>	1	
<i>diazepam injection syringe 5 mg/ml</i>	1	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
<i>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	
<b>EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG</b>	3	
<b>EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR</b>	3	ST; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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>flurazepam oral capsule 15 mg, 30 mg</i>	1	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	3	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	2	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML	3	Specialty
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	3	Specialty
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	3	Specialty
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	1	QL
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	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 solution 2 mg/ml, 4 mg/ml</i>	1	
<i>lorazepam injection syringe 2 mg/ml</i>	1	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	ST; QL
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	3	PA; QL
MARPLAN ORAL TABLET 10 MG	3	ST
<i>methamphetamine oral tablet 5 mg</i>	1	QL
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	QL
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	QL
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	1	
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	1	QL
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	QL
<b>METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG</b>	1	QL
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	2	QL
<b>MIDAZOLAM (PF) IN 0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 100 MG/100 ML (1 MG/ML)</b>	1	
<i>midazolam (pf) in 0.9 % nacl intravenous solution 1 mg/ml</i>	1	
<b>MIDAZOLAM (PF) IN 0.9 % NACL INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 5 MG/5 ML (1 MG/ML)</b>	1	
<b>MIDAZOLAM IN 0.9 % SOD CHLORID INTRAVENOUS SOLUTION 1 MG/ML</b>	1	
<b>MIDAZOLAM IN 0.9 % SOD CHLORID INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 5 MG/5 ML (1 MG/ML)</b>	1	
<b>MIDAZOLAM IN NACL, ISO-OSMO(PF) INTRAVENOUS SOLUTION 1 MG/ML</b>	1	
<b>MIDAZOLAM INTRAVENOUS SYRINGE 150 MG/30 ML (5 MG/ML)</b>	1	
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	1	
<b>MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG</b>	1	
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	QL
<i>molindone oral tablet 10 mg, 25 mg</i>	1	QL
<i>molindone oral tablet 5 mg</i>	1	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
NUPLAZID ORAL CAPSULE 34 MG	3	PA; Specialty; QL
NUPLAZID ORAL TABLET 10 MG	3	PA; Specialty; QL
<i>olanzapine intramuscular recon soln 10 mg</i>	1	QL
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	\$0 Copay; QL
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	1	QL
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1	QL
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	2	ST; QL
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	2	
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	1	ST; QL
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	3	Specialty
<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
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	2	PA; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml</i>	1	Specialty
<i>risperidone oral solution 1 mg/ml</i>	1	QL
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	\$0 Copay; QL
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL
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	2	PA; Specialty; QL
SUNOSI ORAL TABLET 150 MG, 75 MG	3	PA; QL
<i>tasimelteon oral capsule 20 mg</i>	1	
<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	2	PA; 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	
<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	2	PA; QL



Drug Name	Drug Tier	Requirements / Limits
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	3	PA; Specialty; QL
XYWAV ORAL SOLUTION 0.5 GRAM/ML	3	PA; Specialty
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL
<i>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
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML	3	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	3	PA; QL
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	3	Specialty

## CARDIOVASCULAR, HYPERTENSION & LIPIDS

### ANTIARRHYTHMIC AGENTS

<i>adenosine intravenous solution 3 mg/ml</i>	1	
<i>amiodarone intravenous solution 50 mg/ml</i>	1	
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>bretylum tosylate injection solution 50 mg/ml</i>	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	3	ST
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	3	ST
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	1	
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1	
SOTALOL INTRAVENOUS SOLUTION 150 MG/10 ML (15 MG/ML)	2	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	2	ST; QL
<b>ANTIHYPERTENSIVE THERAPY</b>		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	HDC \$0 Copay
<i>aliskiren oral tablet 150 mg, 300 mg</i>	1	ST; QL; HDC \$0 Copay
<i>amiloride oral tablet 5 mg</i>	1	HDC \$0 Copay
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	HDC \$0 Copay
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	HDC \$0 Copay
<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	HDC \$0 Copay
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	ST; HDC \$0 Copay
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	ST; HDC \$0 Copay
<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	ST; HDC \$0 Copay
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	HDC \$0 Copay
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	HDC \$0 Copay
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	HDC \$0 Copay
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	HDC \$0 Copay
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	HDC \$0 Copay
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	HDC \$0 Copay
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	HDC \$0 Copay
BREVIBLOC IN NAACL (ISO-OSM) INTRAVENOUS PARENTERAL SOLUTION 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML)	3	HDC \$0 Copay

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10 ML (10 MG/ML)	3	HDC \$0 Copay
<i>bumetanide injection solution 0.25 mg/ml</i>	1	HDC \$0 Copay
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	HDC \$0 Copay
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	HDC \$0 Copay
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	HDC \$0 Copay
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	HDC \$0 Copay
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	HDC \$0 Copay
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	3	ST; HDC \$0 Copay
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	HDC \$0 Copay
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	HDC \$0 Copay
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	1	HDC \$0 Copay
<i>chlorothiazide sodium intravenous recon soln 500 mg</i>	1	HDC \$0 Copay
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	HDC \$0 Copay
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	HDC \$0 Copay
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1	QL; HDC \$0 Copay
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	HDC \$0 Copay
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	HDC \$0 Copay
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	HDC \$0 Copay
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	HDC \$0 Copay
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	HDC \$0 Copay
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	HDC \$0 Copay
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	HDC \$0 Copay
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	HDC \$0 Copay

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
EDARBI ORAL TABLET 40 MG, 80 MG	2	ST; HDC \$0 Copay
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	2	ST; HDC \$0 Copay
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	HDC \$0 Copay
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	1	HDC \$0 Copay
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	HDC \$0 Copay
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	HDC \$0 Copay
<i>epoprostenol intravenous recon soln 0.5 mg, 1.5 mg</i>	1	PA; Specialty; HDC \$0 Copay
<i>eprosartan oral tablet 600 mg</i>	1	ST; HDC \$0 Copay
<i>esmolol in nacl (iso-osm) intravenous parenteral solution 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml)</i>	1	HDC \$0 Copay
ESMOLOL IN STERILE WATER INTRAVENOUS PARENTERAL SOLUTION 2,000 MG/100 ML (20 MG/ML), 2,500 MG/250 ML (10 MG/ML)	1	HDC \$0 Copay
<i>esmolol intravenous solution 100 mg/10 ml (10 mg/ml)</i>	1	HDC \$0 Copay
<i>ethacrynate sodium intravenous recon soln 50 mg</i>	1	HDC \$0 Copay
<i>ethacrynic acid oral tablet 25 mg</i>	1	HDC \$0 Copay
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	HDC \$0 Copay
FLOLAN INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG	3	PA; Specialty; HDC \$0 Copay
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	HDC \$0 Copay
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	HDC \$0 Copay
<i>furosemide injection solution 10 mg/ml</i>	1	HDC \$0 Copay
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	HDC \$0 Copay
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	HDC \$0 Copay
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	HDC \$0 Copay
<i>hydralazine injection solution 20 mg/ml</i>	1	HDC \$0 Copay
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	HDC \$0 Copay
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	HDC \$0 Copay

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	HDC \$0 Copay
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	HDC \$0 Copay
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	HDC \$0 Copay
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	HDC \$0 Copay
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	HDC \$0 Copay
<i>labetalol intravenous solution 5 mg/ml</i>	1	HDC \$0 Copay
<b>LABETALOL INTRAVENOUS SYRINGE 10 MG/2 ML (5 MG/ML)</b>	1	HDC \$0 Copay
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	HDC \$0 Copay
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	HDC \$0 Copay
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	HDC \$0 Copay
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	HDC \$0 Copay
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	HDC \$0 Copay
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	HDC \$0 Copay
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	HDC \$0 Copay
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	1	HDC \$0 Copay
<i>methyldopate intravenous solution 250 mg/5 ml</i>	1	HDC \$0 Copay
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	HDC \$0 Copay
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	HDC \$0 Copay
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	HDC \$0 Copay
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	1	HDC \$0 Copay
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	HDC \$0 Copay
<i>metyrosine oral capsule 250 mg</i>	1	HDC \$0 Copay
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	HDC \$0 Copay
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	HDC \$0 Copay
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	HDC \$0 Copay
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	QL; HDC \$0 Copay
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	HDC \$0 Copay
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	HDC \$0 Copay

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	HDC \$0 Copay
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	HDC \$0 Copay
<i>nimodipine oral capsule 30 mg</i>	1	HDC \$0 Copay
<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	HDC \$0 Copay
NYMALIZE ORAL SOLUTION 60 MG/10 ML	3	PA; QL; HDC \$0 Copay
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	3	PA; QL; HDC \$0 Copay
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	HDC \$0 Copay
<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; HDC \$0 Copay
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	HDC \$0 Copay
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	3	PA; Specialty; HDC \$0 Copay
<i>papaverine injection solution 30 mg/ml</i>	1	HDC \$0 Copay
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	HDC \$0 Copay
<i>phenoxybenzamine oral capsule 10 mg</i>	1	PA; Specialty; QL; HDC \$0 Copay
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	HDC \$0 Copay
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	HDC \$0 Copay
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG	3	ST; HDC \$0 Copay
<i>propranolol intravenous solution 1 mg/ml</i>	1	HDC \$0 Copay
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	HDC \$0 Copay
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	HDC \$0 Copay
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	HDC \$0 Copay
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1	HDC \$0 Copay
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	HDC \$0 Copay
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	HDC \$0 Copay
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	HDC \$0 Copay

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>spironolactone oral suspension 25 mg/5 ml</i>	1	QL; HDC \$0 Copay
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	HDC \$0 Copay
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	HDC \$0 Copay
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	HDC \$0 Copay
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	HDC \$0 Copay
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	HDC \$0 Copay
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	HDC \$0 Copay
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	HDC \$0 Copay
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	HDC \$0 Copay
<i>torse mide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	HDC \$0 Copay
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	HDC \$0 Copay
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	HDC \$0 Copay
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	1	PA; Specialty; HDC \$0 Copay
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	ST; HDC \$0 Copay
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	HDC \$0 Copay
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	HDC \$0 Copay
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	2	PA; Specialty; QL; HDC \$0 Copay
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	2	PA; Specialty; QL; HDC \$0 Copay
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	2	PA; Specialty; QL; HDC \$0 Copay
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	HDC \$0 Copay
<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	HDC \$0 Copay
<i>veletri intravenous recon soln 0.5 mg, 1.5 mg</i>	3	PA; Specialty; HDC \$0 Copay
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	HDC \$0 Copay

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	HDC \$0 Copay
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	HDC \$0 Copay
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	HDC \$0 Copay
<b>CARDIAC GLYCOSIDES</b>		
<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	
<b>COAGULATION THERAPY</b>		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	2	Specialty
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	2	PA; Specialty
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	2	PA; Specialty
AGGRASTAT CONCENTRATE INTRAVENOUS CONCENTRATE 250 MCG/ML	3	Specialty
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	2	Specialty
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	2	Specialty
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	2	Specialty
ALTUVIIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT	2	PA; Specialty
<i>aminocaproic acid intravenous solution 250 mg/ml</i>	1	
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	1	
ANDEXXA INTRAVENOUS RECON SOLN 200 MG	3	PA; Specialty
<i>argatroban in 0.9 % sod chlor intravenous solution 1 mg/ml</i>	1	Specialty
ARGATROBAN INTRAVENOUS SOLUTION 100 MG/ML	3	Specialty
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	QL
ASPIRIN-OMEPRAZOLE ORAL TABLET,IR,DELAYED REL,BIPHASIC 81-40 MG	2	QL
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	2	Specialty
<i>bivalirudin intravenous recon soln 250 mg</i>	1	PA; Specialty
BIVALIRUDIN INTRAVENOUS SOLUTION 250 MG/50 ML (5 MG/ML)	1	PA; Specialty
BRILINTA ORAL TABLET 60 MG, 90 MG	2	QL
CABLIVI INJECTION KIT 11 MG	3	PA; Specialty; QL
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	2	Specialty
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT	2	Specialty
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 300 mg</i>	1	QL
<i>clopidogrel oral tablet 75 mg</i>	1	
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	2	Specialty
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	2	Specialty
<i>dabigatran etexilate oral capsule 110 mg</i>	1	ST; QL
DEFITELIO INTRAVENOUS SOLUTION 80 MG/ML	3	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	2	PA; Specialty; QL
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	QL
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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	PA; Specialty
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	1	Specialty; QL
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	1	Specialty; QL
<i>eptifibatide intravenous solution 2 mg/ml</i>	1	Specialty
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	2	PA; Specialty
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	2	Specialty
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG)	3	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	1	Specialty; QL
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML	2	Specialty; QL
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	2	Specialty; QL
HEMGENIX INTRAVENOUS SUSPENSION 1X10EXP13 GC/ML	3	PA; Specialty
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML	3	PA; Specialty
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	2	Specialty
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	2	Specialty
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	2	Specialty
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	2	Specialty
<i>hep flush-10 (pf) intravenous solution 10 unit/ml</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 2,500 UNIT/500 ML (5 UNIT/ML), 30,000 UNIT/1,000 ML, 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML)	1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml</i>	1	
HEPARIN (PORCINE) IN NACL (PF) INTRAVENOUS SYRINGE 20 UNIT/20 ML (1 UNIT/ML), 50 UNIT/50 ML (1 UNIT/ML)	1	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	1	
<i>heparin lockflush(porcine)(pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	1	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	1	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	1	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE 5,000 UNIT/0.5 ML	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	2	Specialty
IDELVION INTRAVENOUS RECON SOLN 3,500 (+/-) UNIT	3	Specialty
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	2	Specialty
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	2	PA; Specialty
KCENTRA INTRAVENOUS RECON SOLN 1,000 UNIT (800-1240 UNIT), 500 UNIT (400-620 UNIT)	3	Specialty
KENGREAL INTRAVENOUS RECON SOLN 50 MG	3	
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	3	Specialty
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	2	PA; Specialty
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	2	Specialty
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	2	PA; Specialty
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)	2	Specialty
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG	2	PA; Specialty
NPLATE SUBCUTANEOUS RECON SOLN 250 MCG, 500 MCG	2	PA; Specialty; QL
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	2	Specialty
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	1	
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE 1 MG/0.5 ML	1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	
<i>prasugrel oral tablet 10 mg, 5 mg</i>	1	QL
PRAXBIND INTRAVENOUS SOLUTION 2.5 GRAM/50 ML	3	Specialty
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	2	Specialty
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	2	PA; Specialty; QL
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	2	PA; Specialty; QL
<i>protamine intravenous solution 10 mg/ml</i>	1	
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	3	Specialty
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG)	2	
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	3	Specialty
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG)	3	Specialty
<i>tirofiban-0.9% sodium chloride intravenous solution 12.5 mg/250 ml (50 mcg/ml)</i>	1	Specialty
<i>tranexamic acid in nacl,iso-os intravenous piggyback 1,000 mg/100 ml (10 mg/ml)</i>	1	
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i>	1	
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT	2	Specialty
<i>vitamin k injection solution 1 mg/0.5 ml</i>	1	
<i>vitamin k1 injection solution 10 mg/ml</i>	1	
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	2	Specialty
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	2	Specialty
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	2	QL
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	2	QL
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	QL
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	2	PA; Specialty
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	2	PA; Specialty
ZONTIVITY ORAL TABLET 2.08 MG	3	QL
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10- 20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	ST; QL
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	ACA; QL
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	QL
<i>cholestyramine (with sugar) oral powder 4 gram</i>	1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1	
<i>cholestyramine light oral powder 4 gram</i>	1	
<i>cholestyramine light oral powder in packet 4 gram</i>	1	
<i>colesevelam oral tablet 625 mg</i>	1	
<i>colestipol oral granules 5 gram</i>	1	
<i>colestipol oral packet 5 gram</i>	1	
<i>colestipol oral tablet 1 gram</i>	1	
<i>ezetimibe oral tablet 10 mg</i>	1	QL
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>	1	QL
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	1	ST; QL
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
FENOFIBRATE ORAL CAPSULE 150 MG, 50 MG	2	ST

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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; Specialty; QL
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	ACA; QL
NEXLETOL ORAL TABLET 180 MG	2	PA; QL
NEXLIZET ORAL TABLET 180-10 MG	2	PA; QL
<i>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1	QL
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	1	ST; ACA; 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	
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
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
CORLANOR ORAL SOLUTION 5 MG/5 ML	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	
FILSPARI ORAL TABLET 200 MG, 400 MG	2	PA; Specialty
GIAPREZA INTRAVENOUS SOLUTION 0.5 MG/ML, 2.5 MG/ML	3	
<i>isoproterenol hcl injection solution 0.2 mg/ml</i>	1	
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	1	ST; QL
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1	QL
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	PA
VYNDAMAX ORAL CAPSULE 61 MG	3	PA; Specialty; QL
VYNDAQEL ORAL CAPSULE 20 MG	3	PA; Specialty; QL
<b>NITRATES</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide dinitrate oral tablet 40 mg</i>	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>nitro-bid transdermal ointment 2 %</i>	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR	3	
<i>nitroglycerin 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	
<i>nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	1	
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	
<i>calcipotriene scalp solution 0.005 %</i>	1	ST
<i>calcipotriene topical cream 0.005 %</i>	1	ST
CALCIPOTRIENE TOPICAL FOAM 0.005 %	2	ST
<i>calcipotriene topical ointment 0.005 %</i>	1	ST



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	1	ST
<i>calcitriol topical ointment 3 mcg/gram</i>	1	ST
<i>calsodore topical kit 0.005 %</i>	1	
<i>drithocrema hp topical cream 1 %</i>	2	ST
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	3	PA; Specialty; QL
<i>selenium sulfide topical lotion 2.5 %</i>	1	
<i>selenium sulfide topical shampoo 2.25 %</i>	2	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	PA; Specialty; QL
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; Specialty; QL
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	2	PA; Specialty
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	2	PA; Specialty; QL
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	2	PA; Specialty; QL
<i>sulfacetamide sodium topical cleanser 10 %</i>	1	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	1	
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	2	PA; Specialty; QL
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	2	PA; Specialty; QL
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	2	PA; Specialty; QL
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML	2	PA; QL
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	2	PA; Specialty; QL
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	2	PA; Specialty; QL
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; Specialty; QL
ZITHRANOL TOPICAL SHAMPOO 1 %	3	
ZORYVE TOPICAL CREAM 0.15 %	3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ZORYVE TOPICAL CREAM 0.3 %	3	PA; Specialty
ZORYVE TOPICAL FOAM 0.3 %	3	PA; Specialty
<b>BURN THERAPY</b>		
<i>silver sulfadiazine topical cream 1 %</i>	1	
<i>ssd topical cream 1 %</i>	1	
<b>KERATOLYTICS</b>		
<i>salicylic acid topical cream 6 %</i>	1	
<i>salicylic acid topical cream,extended release 6 %</i>	1	
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i>	1	
<i>salicylic acid topical film-forming soln er w/ appl 28.5 %</i>	1	
<i>salicylic acid topical foam 6 %</i>	1	
<i>salicylic acid topical gel 6 %</i>	1	
<i>salicylic acid topical liquid 26 %</i>	1	
<i>salicylic acid topical lotion 6 %</i>	1	
<i>salicylic acid topical lotion,extended release 6 %</i>	1	
<i>salicylic acid topical 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	
<i>salycim topical cream 6 %</i>	1	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 %	3	
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
AMELUZ TOPICAL GEL 10 %	3	
ATRAPRO HYDROGEL TOPICAL GEL	3	
<i>avo cream topical emulsion</i>	1	
<i>cem-urea topical gel 45 %</i>	1	
CERACADE TOPICAL EMULSION	3	
CERAMAX TOPICAL CREAM	3	
CERAMAX TOPICAL LOTION	3	
DEXERYL TOPICAL CREAM	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>diclofenac sodium topical gel 3 %</i>	1	ST; QL
<i>doxepin topical cream 5 %</i>	1	
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	2	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	2	PA; Specialty; QL
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	2	PA; Specialty; QL
<i>emulsion sb topical emulsion</i>	1	
EUCRISA TOPICAL OINTMENT 2 %	3	ST
FLUOROURACIL TOPICAL CREAM 0.5 %	2	PA
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
HALUCORT TOPICAL GEL	3	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	3	
IODOSORB TOPICAL GEL 0.9 %	3	
LEVICYN ANTIPRURITIC SG TOPICAL SPRAY GEL	3	
LEVULAN TOPICAL SOLUTION 20 %	3	
<i>mb hydrogel topical kit,cream and gel 96.53-3-0.4 -0.066 %</i>	1	
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	1	
<i>methyl salicylate oil</i>	1	
<i>methyl salicylate topical liquid</i>	1	
PANRETIN TOPICAL GEL 0.1 %	3	Specialty
<i>pimecrolimus topical cream 1 %</i>	1	ST
<i>podofilox topical gel 0.5 %</i>	1	
<i>podofilox topical solution 0.5 %</i>	1	
<i>pruclair topical cream</i>	1	
QBREXZA TOPICAL TOWELETTE 2.4 %	3	PA; QL
REGANEX TOPICAL GEL 0.01 %	2	
SCENESSE SUBCUTANEOUS IMPLANT 16 MG	3	PA; Specialty; QL
SEBUDERM TOPICAL GEL	3	
<i>silver nitrate applicators topical stick 75-25 %</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>silver nitrate topical solution 0.5 %, 10 %, 25 %, 50 %</i>	1	
<i>sonafine topical emulsion</i>	1	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	
<i>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; Specialty
VYJUVEK TOPICAL GEL 5 X 10EXP9 PFU/2.5 ML	3	PA; Specialty; QL
<i>wintergreen oil oil</i>	1	
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 %	2	PA; Specialty; QL
<b>THERAPY FOR ACNE</b>		
<i>acutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	QL
<i>adapalene topical cream 0.1 %</i>	1	
<i>adapalene topical gel 0.3 %</i>	1	
<i>adapalene topical gel with pump 0.3 %</i>	2	
ADAPALENE TOPICAL LOTION 0.1 %	2	
<i>adapalene topical solution 0.1 %</i>	2	
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	2	QL
<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>	2	QL
<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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>clindamycin phosphate topical swab 1 %</i>	1	\$0 Copay
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	1	\$0 Copay
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %</i>	2	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	2	ST
<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>ivermectin topical cream 1 %</i>	2	
<i>metronidazole topical cream 0.75 %</i>	1	
<i>metronidazole topical gel 0.75 %</i>	1	
<i>metronidazole topical gel 1 %</i>	2	
<i>metronidazole topical gel with pump 1 %</i>	2	
<i>metronidazole topical lotion 0.75 %</i>	2	
<b>NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 %</b>	3	
<i>neuac topical gel 1.2 %(1 % base) -5 %</i>	1	\$0 Copay
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	2	ST; QL
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	
<i>tretinoin topical gel 0.01 %</i>	1	
<i>tretinoin topical gel 0.025 %, 0.05 %</i>	2	
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	3	
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	QL
<b>TOPICAL ANESTHETICS</b>		
COCAINE NASAL SOLUTION 4 %	2	
<i>dermacinrx lidocan topical adhesive patch, medicated 5 %</i>	1	
<i>emreal topical kit 2.5-2.5 %</i>	1	
<i>ethyl chloride topical aerosol, spray 100 %</i>	1	
GOPRELTO NASAL SOLUTION 4 %	3	
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %), 40 mg/ml (4 %)</i>	1	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl topical cream 3 %</i>	1	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	1	
<i>lidocaine topical adhesive patch, medicated 5 %</i>	1	
<i>lidocaine topical ointment 5 %</i>	1	QL
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>lidocort topical cream 3-0.5 %</i>	3	
NUMBRINO NASAL SOLUTION 4 %	1	
<i>polocaine-mpf injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i>	1	
<i>tridacaine ii topical adhesive patch,medicated 5 %</i>	1	
<b>TOPICAL ANTIBACTERIALS</b>		
ALTABAX TOPICAL OINTMENT 1 %	3	
<i>corti-sav topical cream 1-1 %</i>	1	
<i>gentamicin topical cream 0.1 %</i>	1	QL
<i>gentamicin topical ointment 0.1 %</i>	1	
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i>	1	
<i>hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %</i>	1	
<i>lugols topical solution 5-10 %</i>	1	
<i>mafenide acetate topical packet 50 gram</i>	1	
<i>mupirocin topical ointment 2 %</i>	1	
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	3	ST
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	3	ST
QUINJA TOPICAL GEL 1.25-1 %	3	
<i>strong iodine topical solution 5-10 %</i>	1	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	\$0 Copay
SULFAMYLON TOPICAL CREAM 85 MG/G	2	
XEPI TOPICAL CREAM 1 %	3	
<b>TOPICAL ANTIFUNGALS</b>		
<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>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ERTACZO TOPICAL CREAM 2 %	3	ST
<i>ketoconazole topical cream 2 %</i>	1	QL
<i>ketoconazole topical foam 2 %</i>	2	
<i>ketoconazole topical shampoo 2 %</i>	1	
<i>ketodan kit topical combo pack 2 %</i>	2	
<i>ketodan topical foam 2 %</i>	2	
<i>klayesta topical powder 100,000 unit/gram</i>	1	
LULICONAZOLE TOPICAL CREAM 1 %	3	
<i>naftifine topical cream 1 %</i>	2	
<i>naftifine topical cream 2 %</i>	2	QL
<i>nyamyc topical powder 100,000 unit/gram</i>	1	
<i>nystatin topical cream 100,000 unit/gram</i>	1	
<i>nystatin topical ointment 100,000 unit/gram</i>	1	
<i>nystatin topical powder 100,000 unit/gram</i>	1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	
<i>nystop topical powder 100,000 unit/gram</i>	1	
<i>oxiconazole topical cream 1 %</i>	2	QL
OXISTAT TOPICAL LOTION 1 %	3	
SULCONAZOLE TOPICAL CREAM 1 %	2	
<i>tavaborole topical solution with applicator 5 %</i>	1	PA; QL
<b>TOPICAL ANTIVIRALS</b>		
<i>acyclovir topical ointment 5 %</i>	2	QL
<i>penciclovir topical cream 1 %</i>	1	
<b>TOPICAL CORTICOSTEROIDS</b>		
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 %	1	
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	
<i>amcinonide topical cream 0.1 %</i>	2	ST
<i>amcinonide topical ointment 0.1 %</i>	2	ST
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical foam 0.12 %</i>	1	
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	
<i>clobetasol scalp solution 0.05 %</i>	1	
<i>clobetasol topical cream 0.05 %</i>	1	
<i>clobetasol topical foam 0.05 %</i>	1	
<i>clobetasol topical gel 0.05 %</i>	1	
<i>clobetasol topical lotion 0.05 %</i>	1	
<i>clobetasol topical ointment 0.05 %</i>	1	
<i>clobetasol topical shampoo 0.05 %</i>	1	
<i>clobetasol topical spray,non-aerosol 0.05 %</i>	1	
<i>clobetasol-emollient topical cream 0.05 %</i>	1	
<i>clobetasol-emollient topical foam 0.05 %</i>	1	
<i>desonide topical cream 0.05 %</i>	2	
<i>desonide topical lotion 0.05 %</i>	2	
<i>desonide topical ointment 0.05 %</i>	2	
<i>desoximetasone topical cream 0.05 %</i>	2	
<i>desoximetasone topical cream 0.25 %</i>	1	
<i>desoximetasone topical gel 0.05 %</i>	2	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	2	
<b>DUOBRII TOPICAL LOTION 0.01-0.045 %</b>	3	ST
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone topical oil 0.01 %</i>	1	
<i>fluocinolone topical ointment 0.025 %</i>	1	
<i>fluocinolone topical solution 0.01 %</i>	1	
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	1	
<i>fluocinonide topical gel 0.05 %</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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 foam 0.05 %</i>	2	
<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 topical cream 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2 %, 2.5 %</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	2	
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
NUCORT TOPICAL LOTION 2 %	3	
<i>prednicarbate topical cream 0.1 %</i>	1	
<i>prednicarbate topical ointment 0.1 %</i>	1	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	2	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>triderm topical cream 0.1 %, 0.5 %</i>	1	
<b>TOPICAL ENZYMES</b>		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
<i>crotan topical lotion 10 %</i>	3	ST
EURAX TOPICAL CREAM 10 %	3	ST
EURAX TOPICAL LOTION 10 %	3	ST
<i>malathion topical lotion 0.5 %</i>	1	
<i>permethrin topical cream 5 %</i>	1	
<i>spinosad topical suspension 0.9 %</i>	1	
ULESFIA TOPICAL LOTION 5 %	3	ST
<b>DIAGNOSTICS &amp; MISCELLANEOUS AGENTS</b>		
<b>ANOREXIANTS</b>		
<i>phentermine oral capsule 15 mg, 30 mg, 37.5 mg</i>	1	
<i>phentermine oral tablet 37.5 mg</i>	1	
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG	2	PA
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML)	2	PA; QL
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	2	PA; QL
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	PA; QL
<b>ANTIDOTES</b>		
PROVAYBLUE INTRAVENOUS SOLUTION 5 MG/ML	1	
<b>IRRIGATING SOLUTIONS</b>		
<i>lactated ringers irrigation solution</i>	3	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	1	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>ringer's irrigation solution</i>	1	
SORBITOL IRRIGATION SOLUTION 3 %	1	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION 2.7-0.54 GRAM/100 ML	1	
<i>tis-u-sol pentalyte irrigation irrigation solution 800-40-20-8.75- 6.25 mg/100 ml</i>	3	
<b>MISCELLANEOUS AGENTS</b>		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1	
<i>acetic acid irrigation solution 0.25 %</i>	1	
AMMONUL INTRAVENOUS SOLUTION 10-10 %	2	
AMPHADASE INJECTION SOLUTION 150 UNIT/ML	3	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	2	Specialty
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	1	
<i>carglumic acid oral tablet, dispersible 200 mg</i>	1	Specialty
<i>cevimeline oral capsule 30 mg</i>	1	
CHEMET ORAL CAPSULE 100 MG	2	
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	1	PA; Specialty
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	1	PA; Specialty
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	1	PA; Specialty
<i>deferiprone oral tablet 1,000 mg</i>	1	PA
<i>deferiprone oral tablet 500 mg</i>	1	PA; Specialty
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	1	PA; QL
ENDARI ORAL POWDER IN PACKET 5 GRAM	3	PA; Specialty
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	2	PA; Specialty
FERRIPROX ORAL SOLUTION 100 MG/ML	2	PA; Specialty
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	3	PA; Specialty; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	1	PA
HYLENEX INJECTION SOLUTION 150 UNIT/ML	3	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	2	PA; Specialty
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	PA; Specialty; QL
JOENJA ORAL TABLET 70 MG	2	PA; Specialty; QL
LAMZEDE INTRAVENOUS RECON SOLN 10 MG	2	PA; Specialty
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1	
<i>levocarnitine intravenous solution 200 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, 20 mg, 5 mg</i>	1	PA; Specialty
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	2	PA; Specialty
OMISIRGE INTRAVENOUS SUSPENSION	3	PA; Specialty
ORFADIN ORAL SUSPENSION 4 MG/ML	2	PA; Specialty
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	2	Specialty
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	3	PA; Specialty; QL
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	3	PA; Specialty; QL
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	3	
RAVICTI ORAL LIQUID 1.1 GRAM/ML	2	PA; Specialty; QL
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	3	PA; Specialty
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	2	PA; Specialty; QL
<i>riluzole oral tablet 50 mg</i>	1	
<i>risedronate oral tablet 30 mg</i>	1	ST; QL
<i>sodium benzoate-sod phenylacet intravenous solution 10-10 %</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	1	
<i>sodium chloride 0.9 % injection solution</i>	1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	
<i>sodium chloride injection syringe 0.9 %</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium phenylbutyrate oral tablet 500 mg</i>	3	PA; QL
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	2	PA; Specialty
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML	3	PA; Specialty; QL
TAVNEOS ORAL CAPSULE 10 MG	3	PA; Specialty; QL
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	3	PA; Specialty; QL
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 300 MG	3	Specialty
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	3	PA; Specialty; QL
<i>tiopronin oral tablet 100 mg</i>	1	Specialty
<i>tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i>	1	Specialty
<i>trientine oral capsule 250 mg</i>	1	Specialty; QL
TRIENTINE ORAL CAPSULE 500 MG	1	Specialty
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	2	PA; Specialty; QL
VAFSEO ORAL TABLET 150 MG, 300 MG	2	QL
VEOPOZ INJECTION SOLUTION 200 MG/ML	3	PA; Specialty; QL
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)	3	PA; Specialty; QL
<i>water for irrigation, sterile irrigation solution</i>	1	
XENPOZYME INTRAVENOUS RECON SOLN 20 MG	3	PA; Specialty; QL
XENPOZYME INTRAVENOUS RECON SOLN 4 MG	3	PA; Specialty
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	2	PA; Specialty; QL
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG	2	Specialty
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	3	PA; Specialty

Drug Name	Drug Tier	Requirements / Limits
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	Specialty
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	ACA; QL
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR	3	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 NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	3	ACA; QL
<i>quit 2 buccal gum 2 mg</i>	1	ACA; QL
<i>quit 2 buccal lozenge 2 mg</i>	1	ACA; QL
<i>quit 4 buccal gum 4 mg</i>	1	ACA; QL
<i>quit 4 buccal lozenge 4 mg</i>	1	ACA; QL
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	1	ACA; QL
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	1	ACA; QL
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	1	ACA; QL
<b>EAR, NOSE &amp; THROAT MEDICATIONS</b>		
<b>MISCELLANEOUS AGENTS</b>		
<i>azelastine nasal spray, non-aerosol 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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>fluoride (sodium) dental solution 0.2 %</i>	1	
<i>fraiche 5000 dental gel 1.1 %</i>	1	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	
<i>kourzeq dental paste 0.1 %</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>pilocarpine hcl oral tablet 7.5 mg</i>	1	
<i>triamcinolone acetamide dental paste 0.1 %</i>	1	
<b>MISCELLANEOUS OTIC PREPARATIONS</b>		
<i>acetic acid otic (ear) solution 2 %</i>	1	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	1	
<i>fluocinolone acetamide 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	
<b>OTIC STEROID / ANTIBIOTIC</b>		
<b>CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %</b>	3	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	1	
<b>CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)</b>	1	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<b>ENDOCRINE/DIABETES</b>		
<b>ADRENAL HORMONES</b>		
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i>	1	
<i>cortisone oral tablet 25 mg</i>	1	
<i>deflazacort oral suspension 22.75 mg/ml</i>	1	PA; Specialty; QL
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	1	PA; Specialty; QL
<i>dexamethasone intensol oral drops 1 mg/ml</i>	2	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
SSKI ORAL SOLUTION 1 GRAM/ML	1	
<b>BLOOD GLUCOSE MONITORING DEVICES &amp; SUPPLIES</b>		
CONTOUR TEST STRIPS STRIP	3	PA; QL; HDC \$0 Copay
ONETOUCH ULTRA TEST STRIP	2	QL; HDC \$0 Copay
ONETOUCH VERIO TEST STRIPS STRIP	2	QL; HDC \$0 Copay
<b>DIABETES, SUPPLIES, &amp; DURABLE MEDICAL EQUIPMENT</b>		
ACE AEROSOL CLOUD ENHANCER SPACER	1	QL
AEROCHAMBER MECHANICAL VENT SPACER	1	QL
AEROCHAMBER MINI SPACER	1	QL

Drug Name	Drug Tier	Requirements / Limits
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 SARS-COV-2, FLU A-B KIT	3	ACA; 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
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
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
VORTEX HOLDING CHAMBER SPACER	1	QL
<b>GLUCOSE ELEVATING AGENTS</b>		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	2	HDC \$0 Copay
<i>diazoxide oral suspension 50 mg/ml</i>	1	HDC \$0 Copay
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	2	HDC \$0 Copay

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	1	HDC \$0 Copay
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	HDC \$0 Copay
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	HDC \$0 Copay
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	2	HDC \$0 Copay
<b>INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU</b>		
AUTOSOFT 30 INFUSION SET	3	HDC \$0 Copay
AUTOSOFT 90 INFUSION SET	3	HDC \$0 Copay
AUTOSOFT XC INFUSION SET 23" INFUSION SET	3	HDC \$0 Copay
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1"	3	HDC \$0 Copay
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	3	HDC \$0 Copay
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	2	HDC \$0 Copay
CEQR SIMPLICITY DEVICE 2 UNIT	3	HDC \$0 Copay
DEXCOM G6 RECEIVER	2	ST; HDC \$0 Copay
DEXCOM G6 SENSOR DEVICE	2	ST; HDC \$0 Copay
DEXCOM G6 TRANSMITTER DEVICE	2	ST; HDC \$0 Copay
DEXCOM G7 RECEIVER	2	ST; HDC \$0 Copay
DEXCOM G7 SENSOR DEVICE	2	ST; HDC \$0 Copay
EVERSENSE E3 SENSOR-HOLDER SUBCUTANEOUS DEVICE	3	ST; HDC \$0 Copay
EVERSENSE E3 SMART TRANSMITTER DEVICE	3	ST; HDC \$0 Copay
FREESTYLE LIBRE 14 DAY READER	2	ST; \$0 Copay
FREESTYLE LIBRE 14 DAY SENSOR KIT	2	ST; \$0 Copay
FREESTYLE LIBRE 2 READER	2	ST; \$0 Copay
FREESTYLE LIBRE 2 SENSOR KIT	2	ST; \$0 Copay
FREESTYLE LIBRE 3 SENSOR DEVICE	2	ST; HDC \$0 Copay
GOJJI KETONE CONTROL SOLN-L1 SOLUTION	3	HDC \$0 Copay
GUARDIAN CONNECT TRANSMITTER DEVICE	3	ST; HDC \$0 Copay

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
GUARDIAN LINK 3 TRANSMITTER DEVICE	3	ST; HDC \$0 Copay
GUARDIAN SENSOR 3 DEVICE	3	ST; HDC \$0 Copay
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	3	HDC \$0 Copay
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	3	HDC \$0 Copay
LANCING DEVICE	3	HDC \$0 Copay
MINIMED 770G INSULIN PUMP	3	PA; HDC \$0 Copay
MINIMED MIO ADVANCE INF SET23" INFUSION SET	3	PA; HDC \$0 Copay
MINIMED QUICK SET 43" INFUSION SET	3	PA; HDC \$0 Copay
MINIMED SILHOUETTE 23" INFUSION SET	3	PA; HDC \$0 Copay
MINIMED SURE T 32" INFUSION SET	3	PA; HDC \$0 Copay
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	3	HDC \$0 Copay
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	3	HDC \$0 Copay
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	HDC \$0 Copay
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	HDC \$0 Copay
ONETOUCH ULTRA CONTROL SOLUTION	2	HDC \$0 Copay
ONETOUCH ULTRA2 METER	2	HDC \$0 Copay
ONETOUCH VERIO FLEX METER	2	HDC \$0 Copay
ONETOUCH VERIO MID CONTROL SOLUTION	2	HDC \$0 Copay
T:FLEX SUBCUTANEOUS CARTRIDGE	3	PA; HDC \$0 Copay
T:SLIM X2 BASAL-IQ INSULIN PMP	3	PA; HDC \$0 Copay
T:SLIM X2 CONTROL-IQ	3	PA; HDC \$0 Copay
T:SLIM X2 SUBCUTANEOUS CARTRIDGE	3	PA; HDC \$0 Copay
TRUSTEEL INFUSION SET 23" INFUSION SET	3	HDC \$0 Copay
VARISOFT INFUSION SET 23" INFUSION SET	3	HDC \$0 Copay
V-GO 20 DEVICE	3	PA; HDC \$0 Copay
V-GO 30 DEVICE	3	PA; HDC \$0 Copay
V-GO 40 DEVICE	3	PA; HDC \$0 Copay
WAVESENSE PRESTO	1	HDC \$0 Copay

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<b>INSULIN THERAPY</b>		
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	3	PA; HDC \$0 Copay
AFREZZA INHALATION CARTRIDGE WITH INHALER 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60)	3	PA; QL; HDC \$0 Copay
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL; HDC \$0 Copay
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (3 ML)	3	QL; HDC \$0 Copay
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	QL; HDC \$0 Copay
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	2	QL; HDC \$0 Copay
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	2	QL; HDC \$0 Copay
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	QL; HDC \$0 Copay
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	2	QL; HDC \$0 Copay
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	2	QL; HDC \$0 Copay
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	QL; HDC \$0 Copay
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	QL; HDC \$0 Copay
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	QL; HDC \$0 Copay
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL; HDC \$0 Copay

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	QL; HDC \$0 Copay
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	2	QL; HDC \$0 Copay
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	QL; HDC \$0 Copay
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	QL; HDC \$0 Copay
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	1	QL; HDC \$0 Copay
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	1	QL; HDC \$0 Copay
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	1	QL; HDC \$0 Copay
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	QL; HDC \$0 Copay
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL; HDC \$0 Copay
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL; HDC \$0 Copay
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL; HDC \$0 Copay
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL; HDC \$0 Copay
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	1	HDC \$0 Copay
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	1	HDC \$0 Copay
LYUMJEV TEMPO PEN(U-100)INSULIN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	1	HDC \$0 Copay
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	HDC \$0 Copay
MYXREDLIN INTRAVENOUS SOLUTION 100 UNIT/100 ML (1 UNIT/ML)	3	HDC \$0 Copay
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	ST; QL; HDC \$0 Copay

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	QL; HDC \$0 Copay
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	QL; HDC \$0 Copay
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL; HDC \$0 Copay
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	QL; HDC \$0 Copay
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL; HDC \$0 Copay
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	ST; QL; HDC \$0 Copay
<b>MISCELLANEOUS HORMONES</b>		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	2	Specialty
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2)	3	Specialty; QL
<i>cabergoline oral tablet 0.5 mg</i>	1	
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	1	
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
CERDELGA ORAL CAPSULE 84 MG	2	PA; Specialty; QL
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	2	PA; Specialty
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	1	PA; Specialty
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	3	PA; Specialty; QL
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
<i>desmopressin 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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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	Specialty
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	2	PA; Specialty
GALAFOLD ORAL CAPSULE 123 MG	3	PA; Specialty; QL
ISTURISA ORAL TABLET 1 MG, 5 MG	3	PA; Specialty; QL
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	3	PA; QL
<i>javygtor oral powder in packet 100 mg, 500 mg</i>	1	PA; Specialty
<i>javygtor oral tablet, soluble 100 mg</i>	1	PA; Specialty
JYNARQUE ORAL TABLET 15 MG, 30 MG	3	PA; Specialty; QL
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM)	3	PA; Specialty
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	3	PA; Specialty; QL
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	2	PA; Specialty
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	2	PA; Specialty
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	3	Specialty
<i>methyltestosterone oral capsule 10 mg</i>	1	ST
<i>mifepristone oral tablet 300 mg</i>	1	PA
<i>miglustat oral capsule 100 mg</i>	1	PA; Specialty; QL
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	2	Specialty; QL
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	2	Specialty
NOCDURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING 55.3 MCG	3	ST; QL
NOCDURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING 27.7 MCG	3	ST; QL
ORILISSA ORAL TABLET 150 MG, 200 MG	2	PA; QL
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	3	PA; Specialty; QL



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
PARSABIV INTRAVENOUS SOLUTION 5 MG/ML	3	PA; Specialty; QL
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	1	PA; Specialty
<i>sapropterin oral tablet, soluble 100 mg</i>	1	PA; Specialty
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	Specialty
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	2	PA; Specialty
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	2	PA; Specialty; QL
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	3	PA; Specialty; QL
TESTONE CIK INTRAMUSCULAR KIT 200 MG/ML	3	PA
TESTOPEL IMPLANT PELLETT 75 MG	3	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA; QL
<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
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	1	PA; Specialty; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
VASOPRESSIN IN 0.9 % SOD CHLOR INTRAVENOUS SOLUTION 20 UNIT/100 ML (0.2 UNIT/ML)	1	
VASOPRESSIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 20 UNIT/100 ML (0.2 UNIT/ML)	1	
<i>vasopressin intravenous solution 20 unit/ml</i>	1	
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	2	PA; Specialty
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	3	PA; Specialty; QL
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	3	PA; Specialty
<i>zoledronic acid intravenous recon soln 4 mg</i>	1	Specialty
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	1	Specialty
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	1	Specialty
ZOLEDRONIC AC-MANNITOL-0.9NACL INTRAVENOUS PIGGYBACK 4 MG/100 ML	1	Specialty
<b>NON-INSULIN HYPOGLYCEMIC AGENTS</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	HDC \$0 Copay
FARXIGA ORAL TABLET 10 MG, 5 MG	2	QL; HDC \$0 Copay
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	HDC \$0 Copay
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	HDC \$0 Copay
GLIPIZIDE ORAL TABLET 2.5 MG	1	HDC \$0 Copay
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	1	HDC \$0 Copay
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	HDC \$0 Copay
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	HDC \$0 Copay
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	HDC \$0 Copay
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	HDC \$0 Copay
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	ST; QL; HDC \$0 Copay
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	ST; QL; HDC \$0 Copay

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	2	ST; QL; HDC \$0 Copay
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	QL; HDC \$0 Copay
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	QL; HDC \$0 Copay
LIRAGLUTIDE SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	PA; QL; HDC \$0 Copay
<i>metformin oral solution 500 mg/5 ml</i>	1	ACA
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	ACA
METFORMIN ORAL TABLET 625 MG	1	HDC \$0 Copay
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	ACA
<i>migliol oral tablet 100 mg, 25 mg, 50 mg</i>	1	HDC \$0 Copay
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	PA; QL; HDC \$0 Copay
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	HDC \$0 Copay
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL; HDC \$0 Copay
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	HDC \$0 Copay
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	ST; HDC \$0 Copay
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1	ST; HDC \$0 Copay
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	HDC \$0 Copay
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; QL; HDC \$0 Copay
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	2	ST; QL; HDC \$0 Copay
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	2	HDC \$0 Copay
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	2	HDC \$0 Copay
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	ST; QL; HDC \$0 Copay
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; HDC \$0 Copay

Drug Name	Drug Tier	Requirements / Limits
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; HDC \$0 Copay
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	PA; QL; HDC \$0 Copay
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	PA; QL; HDC \$0 Copay
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	PA; QL; HDC \$0 Copay
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; HDC \$0 Copay
<b>THYROID HORMONES</b>		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	2	
<i>levo-t oral tablet 300 mcg</i>	3	
LEVOTHYROXINE INTRAVENOUS SOLUTION 100 MCG/ML, 20 MCG/ML, 40 MCG/ML	1	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	2	
<i>liothyronine intravenous solution 10 mcg/ml</i>	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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

<i>atropine in 0.9 % sod chloride intravenous syringe 0.8 mg/2 ml (0.4 mg/ml)</i>	1	
ATROPINE IN 0.9 % SOD CHLORIDE INTRAVENOUS SYRINGE 1 MG/2.5 ML (0.4 MG/ML), 1.2 MG/3 ML (0.4 MG/ML)	1	
<i>atropine injection solution 0.4 mg/ml</i>	1	
<i>atropine injection syringe 0.1 mg/ml</i>	1	
<i>atropine intravenous solution 0.4 mg/ml, 1 mg/ml</i>	1	
<i>atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml), 0.8 mg/2 ml (0.4 mg/ml)</i>	1	
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	1	
<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	QL
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	QL
<i>ed-spaz oral tablet, disintegrating 0.125 mg</i>	1	
GLYCOPYRROLATE (PF) IN WATER INJECTION SYRINGE 0.2 MG/ML	1	
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)</i>	1	
GLYCOPYRROLATE (PF) IN WATER INTRAVENOUS SYRINGE 0.6 MG/3 ML (0.2 MG/ML)	1	
<i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate intravenous syringe 0.6 mg/3 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)</i>	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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
GLYRX-PF INJECTION SOLUTION 0.2 MG/ML	3	
GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML), 1 MG/5 ML (0.2 MG/ML)	3	
HYOSCYAMINE SULFATE INJECTION SOLUTION 0.5 MG/ML	1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	1	
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	1	
<i>hyosyne oral drops 0.125 mg/ml</i>	1	
<i>hyosyne oral elixir 0.125 mg/5 ml</i>	1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	1	
<i>oscimin oral tablet 0.125 mg</i>	1	
<i>oscimin sl sublingual tablet 0.125 mg</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	3	
<b>MISCELLANEOUS AGENTS</b>		
AURYXIA ORAL TABLET 210 MG IRON	3	QL
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	2	PA; QL
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	1	
<i>sevelamer carbonate oral tablet 800 mg</i>	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	2	

Drug Name	Drug Tier	Requirements / Limits
VELPHORO ORAL TABLET,CHEWABLE 500 MG	2	
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	3	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML	3	
<i>alose tron oral tablet 0.5 mg, 1 mg</i>	1	
<i>alvimopan oral capsule 12 mg</i>	1	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 10 MG/4 ML (2.5 MG/ML), 5 MG/2 ML (2.5 MG/ML)	3	
<i>betaine oral powder 1 gram/scoop</i>	1	Specialty
<i>budesonide oral capsule,delayed,extend.release 3 mg</i>	1	
<i>budesonide oral tablet,delayed and ext.release 9 mg</i>	1	
<i>budesonide rectal foam 2 mg/actuation</i>	1	
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	3	PA; Specialty; QL
BYLVAY ORAL PELLETT 200 MCG, 600 MCG	3	PA; Specialty; QL
CHENODAL ORAL TABLET 250 MG	2	PA; Specialty; QL
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	2	PA; Specialty
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	3	PA; Specialty; QL
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	3	PA; Specialty; QL
CINVANTI INTRAVENOUS EMULSION 130 MG/18 ML (7.2 MG/ML)	3	
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	2	ACA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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	
<i>dimenhydrinate injection solution 50 mg/ml</i>	1	
DIPENTUM ORAL CAPSULE 250 MG	3	ST
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	ST; QL
<i>droperidol injection solution 2.5 mg/ml</i>	1	
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	2	PA; Specialty; QL
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	2	PA; Specialty; QL
<i>enulose oral solution 10 gram/15 ml</i>	1	
<i>fosaprepitant intravenous recon soln 150 mg</i>	1	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	3	PA; Specialty; QL
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	ACA
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	ACA
<i>gavilyte-n oral recon soln 420 gram</i>	1	ACA
<i>generlac oral solution 10 gram/15 ml</i>	1	
<i>gentle laxative (mag hydrox) oral suspension 400 mg/5 ml</i>	1	ACA
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	3	
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml</i>	1	
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i>	1	
<i>granisetron hcl oral tablet 1 mg</i>	1	ST; QL
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	1	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)</i>	1	
<i>lactulose oral packet 10 gram</i>	2	
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 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	QL
LIVMARLI ORAL SOLUTION 19 MG/ML	3	PA
LIVMARLI ORAL SOLUTION 9.5 MG/ML	3	PA; Specialty; 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 injection syringe 5 mg/ml</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	QL
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	1	
OICALIVA ORAL TABLET 10 MG, 5 MG	2	PA; Specialty; QL
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	1	
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	QL
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	1	
<i>onelax magnesium citrate oral solution</i>	1	ACA
<b>PALONOSETRON INTRAVENOUS SOLUTION 0.25 MG/2 ML</b>	3	
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	1	
<i>palonosetron intravenous syringe 0.25 mg/5 ml</i>	1	
<b>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</b>	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
<b>PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG</b>	2	
<b>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</b>	3	ST
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	1	ACA
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	
<b>RECTIV RECTAL OINTMENT 0.4 % (W/W)</b>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
RELISTOR ORAL TABLET 150 MG	2	PA; QL
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	2	PA; QL
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	2	PA; QL
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	3	PA
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	3	ST; QL
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	QL
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	2	PA; Specialty; QL
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	2	PA; Specialty; QL
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	1	ACA
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	2	Specialty; QL
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	1	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	3	ACA
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
<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	
VOWST ORAL CAPSULE	2	PA; Specialty

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	2	
<b>ULCER THERAPY</b>		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	1	QL
<i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i>	2	QL
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg</i>	1	QL
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 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>esomeprazole sodium intravenous recon soln 20 mg</i>	1	
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	1	
<i>famotidine intravenous solution 10 mg/ml</i>	1	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	1	
<i>famotidine oral tablet 40 mg</i>	1	
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	1	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	
<i>pantoprazole intravenous recon soln 40 mg</i>	1	
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	1	
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<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 ORAL TABLET 10 MG, 20 MG	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	Specialty
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA; Specialty
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	2	PA; Specialty; QL
LEUKINE INJECTION RECON SOLN 250 MCG	2	PA; Specialty
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	3	PA; Specialty
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	3	PA; Specialty
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	2	PA; Specialty
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	PA; Specialty
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	3	PA; Specialty; QL
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG	3	PA; Specialty
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	3	PA; Specialty; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	PA; Specialty
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA; Specialty
ZYNTEGLO INTRAVENOUS SUSPENSION 2 X TO 20 X 10EXP6 CELL/ML	3	PA; Specialty
<b>GROWTH HORMONES</b>		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	2	PA; Specialty; QL
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	2	PA; Specialty
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	2	PA; Specialty
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	2	PA; Specialty
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	2	PA; Specialty
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	2	PA; Specialty
<b>INTERFERONS</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	2	PA; Specialty
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	3	PA; Specialty; QL
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	3	PA; Specialty; QL
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	3	PA; Specialty; QL
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AUBAGIO ORAL TABLET 14 MG, 7 MG	2	PA; Specialty; QL
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	2	PA; Specialty; QL
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	2	PA; Specialty; QL
BETASERON SUBCUTANEOUS KIT 0.3 MG	2	PA; Specialty; QL

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

Drug Name	Drug Tier	Requirements / Limits
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; Specialty; QL
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; Specialty; QL
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	3	PA
PONVORY ORAL TABLET 20 MG	3	PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA; Specialty; QL
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; Specialty; QL
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; Specialty; QL
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	1	PA; Specialty; QL
<b>VACCINES &amp; MISCELLANEOUS IMMUNOLOGICALS</b>		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	3	ACA; Age Limit (Min 60 Years and Max 999 Years)
ACAM2000 (NATIONAL STOCKPILE) PERCUTANEOUS RECON SOLN 1-5X10EXP8 UNIT/ML	3	
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 TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	3	ACA; QL
AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	3	ACA; QL
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	3	Age Limit (Min 60 Years and Max 999 Years)
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	2	Specialty
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	ACA; QL; Age Limit (Min 10 Years and Max 25 Years)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
BIVIGAM INTRAVENOUS SOLUTION 10 %	2	PA; Specialty
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	ACA; QL
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	2	PA; Specialty
COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	3	ACA
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	3	PA; Specialty
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	3	PA; Specialty
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	2	Specialty
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	2	ACA
DYSPORE INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT	3	PA; Specialty
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	ACA; QL; Age Limit (Min 18 Years and Max 999 Years)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	ACA; QL; Age Limit (Min 18 Years and Max 999 Years)
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	ACA
ERVEBO(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SUSPENSION 1 ML	3	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 %	3	PA; Specialty
FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	3	ACA; QL
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	3	ACA; QL
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	3	ACA; QL
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	3	ACA; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	3	ACA; QL
FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	3	ACA; QL
FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	3	ACA
FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	3	ACA; QL
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	3	ACA; QL
FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	3	ACA; QL
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	2	PA; Specialty
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	2	PA; Specialty
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	2	PA; Specialty
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	3	PA; Specialty
GAMMAPLEX INTRAVENOUS SOLUTION 10 %	3	PA; Specialty
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	2	PA; Specialty
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	ACA; QL; Age Limit (Min 9 Years and Max 26 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	ACA; QL; Age Limit (Min 9 Years and Max 26 Years)
GRASTEK SUBLINGUAL TABLET 2,800 BAU	2	PA; QL
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	ACA; QL; Age Limit (Min 18 Years and Max 999 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	ACA

Drug Name	Drug Tier	Requirements / Limits
HEPAGAM B INJECTION SOLUTION >312 UNIT/ML, GREATR THAN 312 UNIT/ML (5 ML)	2	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	3	ACA; QL; Age Limit (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; Specialty
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	2	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	ACA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	2	ACA
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	2	ACA
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	3	Age Limit (Min 18 Years and Max 999 Years)
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	ACA
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	3	Age Limit (Min 18 Years and Max 999 Years)
KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	2	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	2	ACA
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	3	ACA; QL; Age Limit (Min 11 Years and Max 23 Years)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	ACA; QL; Age Limit (Min 11 Years and Max 23 Years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	3	ACA; QL; Age Limit (Min 11 Years and Max 23 Years)
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	ACA; QL
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	3	ACA
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML	2	PA; Specialty
NABI-HB INTRAMUSCULAR SOLUTION GREATER THAN 1,560 UNIT/5 ML, GREATR THAN 312 UNIT/ML	2	
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	ACA
ODACTRA SUBLINGUAL TABLET 12 SQ- HDM	2	PA; QL
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	2	PA; QL
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	2	PA; Specialty
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	2	PA; Specialty
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	2	PA; Specialty
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	2	PA; Specialty
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	2	PA; Specialty
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	2	PA; Specialty
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	2	PA; Specialty
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	2	PA; Specialty
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	2	PA; Specialty
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	2	PA; Specialty
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	2	PA; Specialty

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	2	PA; Specialty; QL
PANZYGA INTRAVENOUS SOLUTION 10 %	3	PA; Specialty
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	ACA
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	2	ACA
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	3	Age Limit (Min 10 Years and Max 25 Years)
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	2	ACA
PFIZER COVID 2024-25(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	3	ACA
PFIZER COVID 2024-25(6MO-4Y)PF INTRAMUSCULAR SUSPENSION 3 MCG/0.3 ML	3	ACA
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	3	ACA; QL; Age Limit (Min 65 Years and Max 999 Years)
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	ACA; Age Limit (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
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	ACA
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	2	PA; QL
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	3	ACA; QL; Age Limit (Min 18 Years and Max 999 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	3	ACA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	ACA; QL; Age Limit (Min 18 Years and Max 999 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	ACA
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	2	ACA
ROTATEQ VACCINE ORAL SOLUTION 2 ML	2	ACA
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	3	ACA; QL; Age Limit (Min 19 Years and Max 999 Years)
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 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
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG	2	Specialty
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	ACA; QL; Age Limit (Min 10 Years and Max 25 Years)
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	ACA; QL
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	ACA
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	3	ACA
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	ACA
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	3	ACA; QL; Age Limit (Min 18 Years and Max 999 Years)
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	ACA
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	3	ACA; QL; Age Limit (Min 18 Years and Max 999 Years)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	ACA; QL

Drug Name	Drug Tier	Requirements / Limits
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	2	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X10EXP9 CF UNIT	3	ACA
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	2	ACA
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	2	ACA
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	Age Limit (Min 19 Years and Max 999 Years)
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	3	ACA
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	2	PA; Specialty
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	3	ACA

## IMMUNOLOGY

### INTERLEUKINS

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

## MUSCULOSKELETAL & RHEUMATOLOGY

### GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>allopurinol sodium intravenous recon soln 500 mg</i>	1	
<i>colchicine oral capsule 0.6 mg</i>	1	QL
<i>colchicine oral tablet 0.6 mg</i>	1	QL
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	ST; QL
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	2	PA; Specialty; QL
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	

### OSTEOPOROSIS THERAPY

<i>alendronate oral solution 70 mg/75 ml</i>	1	QL
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	QL
<i>ibandronate intravenous solution 3 mg/3 ml</i>	1	
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	1	Specialty; QL
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	1	Specialty; QL
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	2	PA; Specialty; QL
<b>OTHER RHEUMATOLOGICALS</b>		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	2	PA; Specialty; QL
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	2	PA; Specialty; QL
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	2	PA; Specialty
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	2	Specialty
ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	2	Specialty
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	2	Specialty; QL
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	3	PA; Specialty; QL
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	3	PA; Specialty; QL
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	2	PA; Specialty; QL
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	2	PA; Specialty; QL
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	2	PA; Specialty; QL
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	2	PA; Specialty; QL
DEPEN TITRATABS ORAL TABLET 250 MG	3	PA; Specialty; QL



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	2	PA; Specialty; QL
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	2	PA; Specialty; QL
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	2	PA; Specialty; QL
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	2	PA; Specialty; QL
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	2	PA; Specialty; QL
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	2	PA; Specialty; QL
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	2	PA; Specialty; QL
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	2	PA; Specialty; QL
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; Specialty; QL
HUMIRA PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; Specialty; QL
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	2	PA; Specialty; QL
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; Specialty; QL
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA; Specialty; QL
HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA; Specialty; QL
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	2	PA; Specialty; QL
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	3	PA; Specialty; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	3	PA; Specialty; QL
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	3	PA; Specialty; QL
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	3	PA; Specialty; QL
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	3	PA; Specialty; QL
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	3	PA; Specialty; QL
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	3	PA; Specialty; QL
OTEZLA ORAL TABLET 20 MG	2	PA; QL
OTEZLA ORAL TABLET 30 MG	2	PA; Specialty; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51)	2	PA; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	2	PA; Specialty; QL
<i>penicillamine oral capsule 250 mg</i>	1	PA; Specialty
<i>penicillamine oral tablet 250 mg</i>	1	PA; Specialty
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	2	ST; QL
RIDAURA ORAL CAPSULE 3 MG	2	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	2	PA; Specialty; QL
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	2	
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	2	
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	3	PA; Specialty; QL
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	3	PA; Specialty; QL
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	3	PA; Specialty; QL
XELJANZ ORAL SOLUTION 1 MG/ML	2	PA; Specialty; QL
XELJANZ ORAL TABLET 10 MG, 5 MG	2	PA; Specialty; QL

Drug Name	Drug Tier	Requirements / Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	2	PA; Specialty; QL
<b>OBSTETRICS &amp; GYNECOLOGY</b>		
<b>DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES</b>		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	3	ACA
DUREX AVANTI BARE REAL FEEL	3	ACA; QL
FC2 FEMALE CONDOM	3	ACA
FEMCAP VAGINAL DEVICE 22 MM	3	ACA
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	3	ACA
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	3	ACA
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	3	ACA
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	3	ACA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (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
<b>ESTROGENS &amp; PROGESTINS</b>		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 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-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	3	ACA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL
DUAVEE ORAL TABLET 0.45-20 MG	2	
<i>eemt hs oral tablet 0.625-1.25 mg</i>	1	
<i>eemt oral tablet 1.25-2.5 mg</i>	1	
<i>emzahh oral tablet 0.35 mg</i>	1	ACA
<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 metered-dose pump 1.25 gram/actuation</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>gallifrey oral tablet 5 mg</i>	1	
<i>heather oral tablet 0.35 mg</i>	1	ACA
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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>lyleq oral tablet 0.35 mg</i>	1	ACA
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL
<i>lyza oral tablet 0.35 mg</i>	1	ACA
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	1	ACA
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	1	ACA
<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	
OPILL ORAL TABLET 0.075 MG	3	
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	
<i>sharobel oral tablet 0.35 mg</i>	1	ACA
<i>tulana oral tablet 0.35 mg</i>	1	ACA
<i>yuvafem vaginal tablet 10 mcg</i>	1	
<b>MISCELLANEOUS OB/GYN</b>		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	2	ACA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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>enilloring 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>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
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA; QL
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	
<i>tranexamic acid oral tablet 650 mg</i>	1	QL
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	3	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	2	ACA
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	3	ACA
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	1	ACA
VEOZAH ORAL TABLET 45 MG	3	QL
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA; QL
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA; QL

Drug Name	Drug Tier	Requirements / Limits
<b>ORAL CONTRACEPTIVES &amp; RELATED AGENTS</b>		
<i>afirmelle</i> oral tablet 0.1-20 mg-mcg	1	ACA
<i>after</i> pill oral tablet 1.5 mg	1	ACA
AFTERA ORAL TABLET 1.5 MG	1	ACA
<i>altavera</i> (28) oral tablet 0.15-0.03 mg	1	ACA
<i>alyacen</i> 1/35 (28) oral tablet 1-35 mg-mcg	1	ACA
<i>alyacen</i> 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	ACA
<i>amethia</i> oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	ACA
<i>amethyst</i> (28) oral tablet 90-20 mcg (28)	1	ACA
<i>apri</i> oral tablet 0.15-0.03 mg	1	ACA
<i>aranelle</i> (28) oral tablet 0.5/1/0.5-35 mg-mcg	1	ACA
<i>ashlyna</i> oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	ACA
<i>aubra eq</i> oral tablet 0.1-20 mg-mcg	1	ACA
<i>aubra</i> oral tablet 0.1-20 mg-mcg	1	ACA
<i>aurovela</i> 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	ACA
<i>aurovela</i> 1/20 (21) oral tablet 1-20 mg-mcg	1	ACA
<i>aurovela</i> 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	ACA
<i>aurovela</i> fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
<i>aurovela</i> fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA
<i>aviane</i> oral tablet 0.1-20 mg-mcg	1	ACA
<i>ayuna</i> oral tablet 0.15-0.03 mg	1	ACA
<i>azurette</i> (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA
<i>balziva</i> (28) oral tablet 0.4-35 mg-mcg	1	ACA
<i>blisovi</i> 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	ACA
<i>blisovi</i> fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
<i>blisovi</i> fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA
<i>briellyn</i> oral tablet 0.4-35 mg-mcg	1	ACA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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>curae oral tablet 1.5 mg</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>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
<b>ELLA ORAL TABLET 30 MG</b>	3	ACA
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA
<i>enskyce oral tablet 0.15-0.03 mg</i>	1	ACA
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	ACA
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	ACA
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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>joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)</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.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	ACA
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	1	ACA
<i>my choice oral tablet 1.5 mg</i>	1	ACA
<i>my way oral tablet 1.5 mg</i>	1	ACA
<b>NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG</b>	2	ACA
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	ACA
<i>new day oral tablet 1.5 mg</i>	1	ACA
<b>NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)</b>	2	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>ocella oral tablet 3-0.03 mg</i>	1	ACA
<i>opcicon one-step oral tablet 1.5 mg</i>	1	ACA
<i>option-2 oral tablet 1.5 mg</i>	1	ACA
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	ACA
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>portia 28 oral tablet 0.15-0.03 mg</i>	1	ACA
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	1	ACA
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	ACA
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	ACA
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<b>SLYND ORAL TABLET 4 MG (28)</b>	3	ACA
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	1	ACA
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>syeda oral tablet 3-0.03 mg</i>	1	ACA
<b>TAKE ACTION ORAL TABLET 1.5 MG</b>	1	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>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-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	1	ACA
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	1	ACA
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	ACA
<i>vestura (28) oral tablet 3-0.02 mg</i>	1	ACA
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	1	ACA
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	ACA
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	1	ACA
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	ACA
<i>zarah oral tablet 3-0.03 mg</i>	1	ACA
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	1	ACA
<b>OXYTOCICS</b>		
<i>methylergonovine oral tablet 0.2 mg</i>	1	
<b>OPHTHALMOLOGY</b>		
<b>ANTIBIOTICS</b>		
<b>AZASITE OPHTHALMIC (EYE) DROPS 1 %</b>	2	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
<b>BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %</b>	3	ST
<b>BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %</b>	3	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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>povidone-iodine ophthalmic (eye) solution 5 %</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	
<b>ANTIVIRALS</b>		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
<b>BETA-BLOCKERS</b>		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	3	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	ST
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i>	1	QL
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	
<b>CHOLINESTERASE INHIBITOR MIOTICS</b>		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	2	
<b>CYCLOPLEGIC MYDRIATICS</b>		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	1	
ATROPINE SULFATE (PF) OPHTHALMIC (EYE) DROPPERETTE 1 %	1	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1	
<i>cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %</i>	1	
CYCLOPENT-TROPIC-PHEN-KETR-WAT OPHTHALMIC (EYE) DROPS 1 %-1 %-2.5 %-0.5 %	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	
<b>DIRECT ACTING MIOTICS</b>		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	3	
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	3	ST
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	3	ST
<i>altacaine ophthalmic (eye) drops 0.5 %</i>	1	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	1	
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	3	PA; QL
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %	1	QL
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	1	PA; QL
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	3	PA; Specialty; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	2	PA; Specialty; QL
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	2	
FLUORESCEIN-BENOXINATE OPHTHALMIC (EYE) DROPS 0.3-0.4 %	1	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	1	
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	3	PA; Specialty; QL
PREDNISOLN SP-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS 1-0.5-0.075 %	1	
PREDNISOLONE ACETATE-BROMFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1- 0.075 %	1	
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1- 0.1 %	1	
PREDNISOLONE-MOXIFLO-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1- 0.5-0.1 %	1	
PREDNISOLONE-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION 1- 0.5-0.075 %	1	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	2	PA; QL
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 %	1	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	1	
XDEMZY OPHTHALMIC (EYE) DROPS 0.25 %	2	PA
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	PA; QL
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	2	
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
<i>bromfenac ophthalmic (eye) drops 0.07 %, 0.09 %</i>	1	
<i>bromfenac ophthalmic (eye) drops 0.075 %</i>	1	ST
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	



Drug Name	Drug Tier	Requirements / Limits
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	2	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection recon soln 500 mg</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
<b>OTHER GLAUCOMA DRUGS</b>		
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	QL
BRIMONIDINE-DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 0.15-2 %	1	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	1	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	1	ST
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
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	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	ST; QL
TIMOLOL-BRIMONIDI-DORZOLAM(PF) OPHTHALMIC (EYE) DROPS 0.5-0.15-2 %	1	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	ST; QL
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
PREDNISOLONE SOD PH-MOXIFLOX OPTHALMIC (EYE) DROPS 1-0.5 %	1	
PREDNISOLONE-MOXIFLOXACIN HCL OPTHALMIC (EYE) DROPS,SUSPENSION 1-0.5 %	1	
TOBRADEX OPTHALMIC (EYE) OINTMENT 0.3-0.1 %	2	
TOBRADEX ST OPTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	
ZYLET OPTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	2	
<b>STEROIDS</b>		
ALREX OPTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	3	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	1	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	
INVELTYS OPTHALMIC (EYE) DROPS,SUSPENSION 1 %	2	ST; QL
LOTEMAX OPTHALMIC (EYE) OINTMENT 0.5 %	2	
LOTEMAX SM OPTHALMIC (EYE) DROPS,GEL 0.38 %	2	
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %, 0.5 %</i>	1	
<b>PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %</b>	1	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
<b>STEROID-SULFONAMIDE COMBINATIONS</b>		
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
<b>SULFONAMIDES</b>		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
<b>SYMPATHOMIMETICS</b>		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.1 %</i>	1	ST
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	1	
<b>VASOCONSTRICTOR DECONGESTANTS</b>		
<b>CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %</b>	3	
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	1	
<b>RESPIRATORY, ALLERGY, COUGH &amp; COLD</b>		
<b>ANTI-HISTAMINE &amp; ANTI-ALLERGENIC AGENTS</b>		
<i>adrenalin injection solution 1 mg/ml, 1 mg/ml (1 ml)</i>	2	
<b>ADYPHREN AMP II INJECTION KIT 1 MG/ML</b>	3	
<b>ADYPHREN II INJECTION KIT 1 MG/ML</b>	3	
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	1	QL
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>desloratadine oral tablet 5 mg</i>	1	QL
<i>desloratadine oral tablet,disintegrating 2.5 mg, 5 mg</i>	1	QL
<i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i>	2	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	1	
EPINEPHRINE HCL (PF) INJECTION SOLUTION 1 MG/ML (1 ML)	1	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL
<i>epinephrine injection syringe 0.1 mg/ml</i>	1	QL
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
QUZYTIR INTRAVENOUS SOLUTION 10 MG/ML	2	
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	3	QL
<b>COUGH &amp; COLD THERAPY</b>		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	1	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	1	
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	1	QL; Age Limit (Min 12 Years and Max 999 Years)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	QL; Age Limit (Min 12 Years and Max 999 Years)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	1	QL; Age Limit (Min 12 Years and Max 999 Years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>hydromet oral syrup 5-1.5 mg/5 ml</i>	1	QL; Age Limit (Min 12 Years and Max 999 Years)
<i>promethazine vc oral syrup 6.25-5 mg/5 ml</i>	1	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1	QL; Age Limit (Min 12 Years and Max 999 Years)
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	1	
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	2	
<b>PULMONARY AGENTS</b>		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	2	PA; Specialty
ADRENALIN NASAL SOLUTION 1 MG/ML	3	
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	QL
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	3	
<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; Specialty; QL
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1	PA; Specialty; QL
<i>aminophylline intravenous solution 250 mg/10 ml</i>	1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	1	QL
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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	2	QL
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i>	1	ST; QL
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	2	QL
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	1	PA; Specialty; QL
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	2	QL
<i>breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1	QL
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	1	QL
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	2	QL
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	2	PA; Specialty; QL
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	
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; Specialty
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	2	PA; Specialty
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	QL
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL

Drug Name	Drug Tier	Requirements / Limits
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	2	QL
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	1	QL
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	2	
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	1	QL
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	3	PA; Specialty; QL
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	3	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	1	PA; Specialty; QL
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	QL
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	2	PA; Specialty
KALYDECO ORAL TABLET 150 MG	2	PA; Specialty
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	1	
<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; Specialty; QL

Drug Name	Drug Tier	Requirements / Limits
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	2	PA; Specialty; QL
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	2	PA; Specialty; QL
OFEV ORAL CAPSULE 100 MG, 150 MG	2	PA; Specialty; QL
OPSUMIT ORAL TABLET 10 MG	3	PA; Specialty; QL
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	2	PA; Specialty; QL
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	2	PA; Specialty; QL
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	3	PA; Specialty
<i>pirfenidone oral capsule 267 mg</i>	1	PA; Specialty; QL
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	1	PA; Specialty; QL
PULMOZYME INHALATION SOLUTION 1 MG/ML	2	PA; Specialty; QL
QNASL NASAL HFA AEROSOL INHALER 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; Specialty; QL
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	1	PA; QL
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	QL
<i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i>	1	PA; Specialty; QL
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	1	PA; Specialty; QL
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	1	PA; QL
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
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	QL
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	3	PA; Specialty; QL
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	1	PA; QL
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	3	PA; Specialty; QL
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	3	PA; Specialty; QL
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	1	
<i>theophylline oral elixir 80 mg/15 ml</i>	1	
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 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
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i>	1	QL
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	2	PA; Specialty; QL
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	QL
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	2	PA; Specialty; QL
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	2	PA; Specialty; QL
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16 MCG (112)- 32 MCG (84), 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG	2	PA; Specialty
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	2	PA; Specialty
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	2	PA; Specialty

Drug Name	Drug Tier	Requirements / Limits
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	2	PA; Specialty
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	3	PA; Specialty
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	2	PA; Specialty; QL
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	2	PA; Specialty; QL
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	2	PA; Specialty; QL
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	2	QL
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	2	
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	2	
ZYFLO ORAL TABLET 600 MG	3	ST

## UROLOGICALS

### ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	1	ST
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	1	ST
<i>flavoxate oral tablet 100 mg</i>	1	
<i>mirabegron oral tablet extended release 24 hr 25 mg, 50 mg</i>	1	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	
OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG	2	ST
<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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	1	ST
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	ST
<i>tropium oral capsule, extended release 24hr 60 mg</i>	1	ST
<i>tropium oral tablet 20 mg</i>	1	ST
<b>BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY</b>		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	
<i>dutasteride oral capsule 0.5 mg</i>	1	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	1	ST
<i>finasteride oral tablet 5 mg</i>	1	
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	
<i>tamsulosin oral capsule 0.4 mg</i>	1	
<b>CHOLINERGIC STIMULANTS</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<b>MISCELLANEOUS UROLOGICALS</b>		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	2	PA; Specialty
ELMIRON ORAL CAPSULE 100 MG	2	
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; Specialty
<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>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i>	1	
<i>urimar-t oral tablet 120-10.8-0.12 mg</i>	1	
<i>uro-458 oral tablet 81-10.8-40.8 mg</i>	1	
<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	
<b>URINARY ANESTHETICS</b>		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
<b>VITAMINS, HEMATINICS &amp; ELECTROLYTES</b>		
<b>BLOOD DERIVATIVES</b>		
ALBUMINEX 5 % INTRAVENOUS SOLUTION 5 %	3	
<b>ELECTROLYTES</b>		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	
<i>calcium gluc in nacl, iso-osm intravenous solution 1 gram/50 ml, 2 gram/100 ml</i>	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>	1	
<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)</i>	1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	
<i>potassium chloride oral packet 20 meq</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	1	
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	1	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	1	
<i>sodium chloride intravenous solution 2.5 meq/ml, 4 meq/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>strong iodine oral solution 5 %</i>	1	
<b>MISCELLANEOUS VITAMINS, HEMATINICS, &amp; ELECTROLYTES</b>		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	3	PA
<b>VITAMINS &amp; HEMATINICS</b>		
AZESCO ORAL TABLET 13 MG IRON- 1 MG	3	
<i>bal-care dha oral combo pack,tablet and cap,dr 27-1-430 mg</i>	1	
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL 20 MG IRON-1 MG - 25 MG/25 MG	3	
<i>c-nate dha oral capsule 28 mg iron-1 mg -200 mg</i>	1	
<i>complete natal dha oral combo pack 29 mg iron- 1 mg-200 mg</i>	2	
<i>completenate oral tablet,chewable 29 mg iron- 1 mg</i>	1	
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>ferumoxytol intravenous solution 510 mg/17 ml (30 mg/ml)</i>	1	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	1	ACA; Age Limit (Max 6 Years)
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	1	ACA; Age Limit (Max 6 Years)
<i>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</i>	1	ACA
<i>folivane-ob oral capsule 85-1 mg</i>	1	
INFED INJECTION SOLUTION 50 MG/ML	3	
<i>ludent fluoride oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	1	Age Limit (Max 6 Years)
<i>m-natal plus oral tablet 27 mg iron- 1 mg</i>	1	ACA
MONOFERRIC INTRAVENOUS SOLUTION 100 MG IRON/ML	3	
<i>mynatal oral capsule 65 mg iron- 1 mg</i>	1	
<i>mynatal plus oral tablet 65 mg iron- 1 mg</i>	1	
<i>mynatal-z oral tablet 65 mg iron- 1 mg</i>	1	
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET,CHEWABLE 28 MG IRON -1 MG	3	

Drug Name	Drug Tier	Requirements / Limits
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	
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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	1	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	1	ACA
<i>prenatal vitamin with minerals oral tablet 28 mg iron- 800 mcg</i>	1	
<i>prenatal-u oral capsule 106.5-1 mg</i>	1	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG	3	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG	3	
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG	3	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG	3	
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG	3	
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG	3	
PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG	3	
PRIMACARE ORAL CAPSULE 30-1-300 MG	3	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG	3	
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG	3	
<i>se-natal 19 chewable oral tablet, chewable 29 mg iron- 1 mg</i>	1	
<i>se-natal-19 oral tablet 29 mg iron- 1 mg</i>	3	
<i>soluvita oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	1	Age Limit (Max 6 Years)
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML, 200 MG IRON/10 ML, 50 MG IRON/2.5 ML	3	
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	
VITAMEDMD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG	3	
VITATRUE ORAL COMBO PACK 30 MG IRON- 1.4 MG-300 MG	3	
<i>wesnatal dha complete oral combo pack 29 mg iron- 1 mg-200 mg</i>	2	
<i>westab plus oral tablet 27 mg iron- 1 mg</i>	1	ACA
ZALVIT ORAL TABLET 13 MG IRON- 1 MG	3	
<i>zatean-pn dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>zatean-pn plus oral capsule 28-1-300 mg</i>	1	
<i>zingiber oral tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	1	
ZIPHEX ORAL TABLET 13 MG IRON- 1 MG	3	



## Index

<b>A</b>		
<i>abacavir</i> .....	4	
<i>abacavir-lamivudine</i> .....	4	
ABELCET.....	3	
ABILIFY MAINTENA.....	47	
ABILIFY MYCITE MAINTENANCE KIT.....	47	
ABILIFY MYCITE STARTER KIT.....	47	
<i>abiraterone</i> .....	19	
ABRYSVO (PF).....	112	
ACAM2000 (NATIONAL STOCKPILE).....	113	
<i>acamprosate</i> .....	83	
<i>acarbose</i> .....	98	
<i>accutane</i> .....	75	
ACE AEROSOL CLOUD ENHANCER.....	89	
<i>acebutolol</i> .....	56	
<i>acetaminophen-caff-</i> <i>dihydrocod</i> .....	37	
<i>acetaminophen-codeine</i> .....	37	
<i>acetazolamide</i> .....	138	
<i>acetazolamide sodium</i> .....	138	
<i>acetic acid</i> .....	83, 87	
<i>acetylcysteine</i> .....	142	
<i>acitretin</i> .....	72	
ACTEMRA.....	121	
ACTEMRA ACTPEN.....	121	
ACTHIB (PF).....	113	
ACTIMMUNE.....	111	
<i>acyclovir</i> .....	4, 80	
<i>acyclovir sodium</i> .....	4	
ADACEL(TDAP ADOLESN/ADULT)(PF) .....	113	
ADAKVEO.....	20	
ADALIMUMAB-RYVK...	121	
<i>adapalene</i> .....	75	
ADAPALENE.....	75	
ADASUVE.....	47	
<i>adefovir</i> .....	4	
ADEMPAS.....	142	
<i>adenosine</i> .....	56	
<i>adrenalin</i> .....	141	
ADRENALIN.....	142	
<i>adult aspirin regimen</i> .....	44	
ADVAIR HFA.....	143	
ADVANCED ALLERGY COLLECT KIT.....	80	
ADVATE.....	63	
ADYNOVATE.....	63	
ADYPHREN AMP II.....	141	
ADYPHREN II.....	141	
ADZENYS XR-ODT.....	47	
AEMCOLO.....	11	
AEROCHAMBER MECHANICAL VENT....	89	
AEROCHAMBER MINI.....	89	
AEROCHAMBER PLUS FLOW-VU.....	89	
AEROCHAMBER PLUS Z STAT.....	89	
AEROTRACH PLUS.....	89	
AEROVENT PLUS.....	89	
<i>afirmelle</i> .....	128	
AFLURIA TRIV 2024-2025 .....	113	
AFLURIA TRIV 2024-2025 (PF).....	113	
AFREZZA.....	92	
AFSTYLA.....	63	
<i>after pill</i> .....	128	
AFTERA.....	128	
AGGRASTAT CONCENTRATE.....	63	
AIMOVIG AUTOINJECTOR .....	33	
AIRSUPRA.....	143	
AJOVY AUTOINJECTOR..	33	
AJOVY SYRINGE.....	33	
AKEEGA.....	20	
AKTEN (PF).....	137	
AKYNZEO (FOSNETUPITANT).....	103	
<i>albendazole</i> .....	11	
ALBUMINEX 5 %.....	149	
<i>albuterol sulfate</i> .....	143	
<i>alclometasone</i> .....	80	
ALDURAZYME.....	95	
<i>alendronate</i> .....	120	
<i>alfuzosin</i> .....	148	
ALINIA.....	11	
<i>aliskiren</i> .....	56	
<i>allopurinol</i> .....	120	
<i>allopurinol sodium</i> .....	120	
<i>almotriptan malate</i> .....	33	
ALOCRIIL.....	137	
ALOMIDE.....	137	
<i>alose tron</i> .....	103	
ALPHANATE.....	63	
ALPHANINE SD.....	63	
<i>alprazolam</i> .....	47	
<i>alprazolam intensol</i> .....	47	
ALPROLIX.....	63	
ALREX.....	140	
ALTABAX.....	78	
<i>altacaine</i> .....	137	
<i>altavera (28)</i> .....	128	
ALTUVIIIIO.....	63	
<i>alvimopan</i> .....	103	
<i>alyacen 1/35 (28)</i> .....	128	
<i>alyacen 7/7/7 (28)</i> .....	128	
<i>alyq</i> .....	143	
<i>amantadine hcl</i> .....	4	
<i>ambrisentan</i> .....	143	
<i>amcinonide</i> .....	80	
AMELUZ.....	74	
<i>amethia</i> .....	128	
<i>amethyst (28)</i> .....	128	
<i>amikacin</i> .....	11	
<i>amiloride</i> .....	56	
<i>amiloride-hydrochlorothiazide</i> .....	57	
<i>aminocaproic acid</i> .....	63	
<i>aminophylline</i> .....	143	
<i>amiodarone</i> .....	56	
<i>amitriptyline</i> .....	47	
<i>amitriptyline-chlordiazepoxide</i> .....	47	
<i>amlodipine</i> .....	57	
<i>amlodipine-atorvastatin</i> .....	69	
<i>amlodipine-benazepril</i> .....	57	
<i>amlodipine-olmesartan</i> .....	57	
<i>amlodipine-valsartan</i> .....	57	
<i>amlodipine-valsartan-hcthiazid</i> .....	57	
AMMONUL.....	83	
<i>amnestem</i> .....	75	
AMONDYS-45.....	34	
<i>amoxapine</i> .....	48	
<i>amoxicil-clarithromy-</i> <i>lansopraz</i> .....	108	
<i>amoxicillin</i> .....	15	
<i>amoxicillin-pot clavulanate</i> ..	15	
AMPHADASE.....	83	
<i>amphetamine sulfate</i> .....	48	
<i>amphotericin b</i> .....	3	
<i>amphotericin b liposome</i> .....	3	
<i>ampicillin</i> .....	15	

<i>ampicillin sodium</i> .....	15	<i>atracurium</i> .....	36	<i>balziva (28)</i> .....	128
<i>ampicillin-sulbactam</i> .....	15	ATRAPRO HYDROGEL ....	74	BAQSIMI .....	90
<i>anagrelide</i> .....	83	ATRIPLA .....	4	BARACLUDGE .....	4
ANA-LEX KIT .....	103	<i>atropine</i> .....	101, 136	BARHEMSYS .....	103
<i>anastrozole</i> .....	20	<i>atropine in 0.9 % sod chloride</i>		BASAGLAR KWIKPEN U-	
ANDEXXA .....	63	.....	101	100 INSULIN .....	93
ANGELIQ .....	124	ATROPINE IN 0.9 % SOD		BASAGLAR TEMPO PEN(U-	
ANNOVERA .....	127	CHLORIDE .....	101	100)INSLN .....	93
ANORO ELLIPTA .....	143	ATROPINE SULFATE (PF)		BAXDELA .....	16
<i>anucort-hc</i> .....	103	.....	136	<i>bayer low dose aspirin</i> .....	44
ANZEMET .....	103	ATROVENT HFA .....	143	BD INTEGRA NEEDLE ....	91
<i>apomorphine</i> .....	32	AUBAGIO .....	111	BD SPECIALTY USE	
<i>apraclonidine</i> .....	140	<i>aubra</i> .....	128	NEEDLES .....	91
<i>aprepitant</i> .....	103	<i>aubra eq</i> .....	128	BD ULTRA-FINE NANO	
APRETUDE .....	4	AUGTYRO .....	20	PEN NEEDLE .....	91
<i>apri</i> .....	128	<i>aurovela 1.5/30 (21)</i> .....	128	BD VERITOR SARS-COV-2,	
APTIVUS .....	4	<i>aurovela 1/20 (21)</i> .....	128	FLU A-B .....	89
ARAKODA .....	11	<i>aurovela 24 fe</i> .....	128	BD VERITOR SYSTEM	
ARALAST NP .....	83	<i>aurovela fe 1.5/30 (28)</i> .....	128	SARS-COV-2 .....	89
<i>aranelle (28)</i> .....	128	<i>aurovela fe 1-20 (28)</i> .....	128	<i>belladonna alkaloids-opium</i>	
ARCALYST .....	109	AURYXIA .....	102	.....	101
AREXVY (PF) .....	113	AUSTEDO .....	34	BELSOMRA .....	48
<i>arformoterol</i> .....	143	AUTOSOFT 30 .....	91	<i>benazepril</i> .....	57
ARGATROBAN .....	63	AUTOSOFT 90 .....	91	<i>benazepril-hydrochlorothiazide</i>	
<i>argatroban in 0.9 % sod chlor</i>		AUTOSOFT XC INFUSION		.....	57
.....	63	SET 23 .....	91	BENEFIX .....	64
ARIKAYCE .....	11	AUVELITY .....	48	BENLYSTA .....	121
<i>aripiprazole</i> .....	48	<i>aviane</i> .....	128	<i>benzebro</i> .....	75
ARISTADA .....	48	<i>avidoxy</i> .....	17	BENZNIDAZOLE .....	11
ARISTADA INITIO .....	48	<i>avo cream</i> .....	74	<i>benzonatate</i> .....	142
<i>armodafinil</i> .....	48	AVONEX .....	111	<i>benzoyl peroxide</i> .....	75, 76
ARMOUR THYROID .....	100	AVYCAZ .....	8	<i>benztropine</i> .....	32
ARNUITY ELLIPTA .....	143	<i>ayuna</i> .....	128	<i>bepotastine besilate</i> .....	137
<i>ascomp with codeine</i> .....	37	AYVAKIT .....	20	BESIVANCE .....	135
<i>asenapine maleate</i> .....	48	AZASITE .....	134	BESREMI .....	111
<i>ashlyna</i> .....	128	<i>azathioprine</i> .....	20	BETADINE OPHTHALMIC	
ASMANEX HFA .....	143	<i>azathioprine sodium</i> .....	20	PREP .....	135
ASMANEX TWISTHALER		<i>azelaic acid</i> .....	75	<i>betaine</i> .....	103
.....	143	<i>azelastine</i> .....	87, 137	<i>betamethasone acet, sod phos</i>	88
<i>aspirin</i> .....	44	<i>azelastine-fluticasone</i> .....	143	<i>betamethasone dipropionate</i>	80
<i>aspirin childrens</i> .....	44	AZESCO .....	151	<i>betamethasone valerate</i> .....	80
<i>aspirin-dipyridamole</i> .....	64	<i>azithromycin</i> .....	10	<i>betamethasone, augmented</i> ..	80
ASPIRIN-OMEPRAZOLE ..	64	<i>aztreonam</i> .....	11	BETASERON .....	111
ASTAGRAF XL .....	20	<i>azurette (28)</i> .....	128	<i>betaxolol</i> .....	57, 136
<i>atazanavir</i> .....	4	<b>B</b>		<i>bethanechol chloride</i> .....	149
<i>atenolol</i> .....	57	<i>bacitracin</i> .....	11, 135	BETIMOL .....	136
<i>atenolol-chlorthalidone</i> .....	57	<i>bacitracin-polymyxin b</i> .....	135	BETOPTIC S .....	136
ATGAM .....	113	<i>baclofen</i> .....	36	BEVESPI AEROSPHERE .	143
<i>atomoxetine</i> .....	48	BACLOFEN .....	36	<i>bexarotene</i> .....	20
<i>atorvastatin</i> .....	69	<i>bal-care dha</i> .....	151	BEXSERO .....	113
<i>atovaquone</i> .....	11	<i>balsalazide</i> .....	103	BEYFORTUS .....	4
<i>atovaquone-proguanil</i> .....	11	BALVERSA .....	20	<i>bicalutamide</i> .....	20

BICILLIN C-R .....	15	<i>buprenorphine-naloxone</i> .....	44	<i>carteolol</i> .....	136
BICILLIN L-A .....	15	<i>bupropion hcl</i> .....	48	<i>cartia xt</i> .....	58
BIJUVA.....	124	BUPROPION HCL .....	48	<i>carvedilol</i> .....	58
BIKTARVY .....	4	<i>bupropion hcl (smoking deter)</i>		<i>carvedilol phosphate</i> .....	58
<i>bimatoprost</i> .....	138	.....	86	<i>casprofungin</i> .....	3
BINAXNOW COVID-19 AG		<i>buspiron</i> .....	48	CAYA CONTOURED .....	124
CARD.....	89	<i>butalbital-acetaminop-caf-cod</i>		CAYSTON .....	11
<i>bismuth subcit k-metronidz-tcn</i>		.....	37	<i>caziant (28)</i> .....	129
.....	108	<i>butalbital-acetaminophen</i> .....	37	<i>cefaclor</i> .....	8
<i>bisoprolol fumarate</i> .....	57	<i>butalbital-acetaminophen-caff</i>		<i>cefadroxil</i> .....	8
<i>bisoprolol-hydrochlorothiazide</i>		.....	37, 38	<i>cefazolin</i> .....	9
.....	57	<i>butalbital-aspirin-caffeine</i> ....	38	CEFAZOLIN.....	9
<i>bivalirudin</i> .....	64	<i>butorphanol</i> .....	44	<i>cefazolin in 0.9% sod chloride</i>	8
BIVALIRUDIN.....	64	BYFAVO.....	48	<i>cefazolin in dextrose (iso-os)</i> ..	8
BIVIGAM .....	113	BYLVAY .....	103, 104	CEFAZOLIN IN DEXTROSE	
<i>blisovi 24 fe</i> .....	128	<b>C</b>		(ISO-OS).....	8
<i>blisovi fe 1.5/30 (28)</i> .....	129	CABENUVA.....	4	<i>cefazolin in dextrose 5 %</i> .....	8
<i>blisovi fe 1/20 (28)</i> .....	129	<i>cabergoline</i> .....	95	CEFAZOLIN IN STERILE	
BOOSTRIX TDAP .....	113	CABLIVI.....	64	WATER.....	9
<i>bosentan</i> .....	143	CABOMETYX.....	20	<i>cefdinir</i> .....	9
BOSULIF .....	20	<i>caffeine citrate</i> .....	83	<i>cefepime</i> .....	9
BOTOX.....	113	<i>calcipotriene</i> .....	72	CEFEPIME.....	9
<i>bp 10-1</i> .....	76	CALCIPOTRIENE.....	72	CEFEPIME IN DEXTROSE 5	
BRAFTOVI.....	20	<i>calcipotriene-betamethasone</i>	72	% .....	9
BREATHERITE MDI		<i>calcitonin (salmon)</i> .....	95	<i>cefepime in dextrose,iso-osm</i> ..	9
SPACER.....	89	<i>calcitriol</i> .....	72, 95	<i>cefixime</i> .....	9
BREO ELLIPTA .....	144	<i>calcium acetate(phosphat bind)</i>		CEFOTAN.....	9
<i>bretylum tosylate</i> .....	56	.....	150	<i>cefotaxime</i> .....	9
BREVIBLOC .....	57	<i>calcium gluc in nacl, iso-osm</i>		<i>cefotetan</i> .....	9
BREVIBLOC IN NACL (ISO-		.....	150	<i>cefoxitin</i> .....	9
OSM).....	57	CALDOLOR .....	44	<i>cefoxitin in dextrose, iso-osm</i> .	9
<i>breyna</i> .....	144	<i>calsodore</i> .....	72	<i>cefpodoxime</i> .....	9
<i>brillyn</i> .....	129	<i>camila</i> .....	124	<i>cefprozil</i> .....	9
BRILINTA .....	64	<i>camrese</i> .....	129	<i>ceftazidime</i> .....	10
<i>brimonidine</i> .....	76, 141	<i>camrese lo</i> .....	129	<i>ceftriaxone</i> .....	10
BRIMONIDINE-		<i>candesartan</i> .....	57	CEFTRIAXONE .....	10
DORZOLAMIDE (PF) ..	138	<i>candesartan-</i>		<i>ceftriaxone in dextrose,iso-os</i>	
<i>brimonidine-timolol</i> .....	138	<i>hydrochlorothiazid</i> .....	57	.....	10
BRINEURA .....	95	<i>capecitabine</i> .....	20	<i>cefuroxime axetil</i> .....	10
<i>brinzolamide</i> .....	138	CAPRELSA.....	20	<i>cefuroxime sodium</i> .....	10
BRIUMVI.....	111	<i>captopril</i> .....	57	<i>celecoxib</i> .....	44
BRIVIACT .....	28	<i>captopril-hydrochlorothiazide</i>		<i>cem-urea</i> .....	74
<i>bromfenac</i> .....	138	.....	57	<i>cephalexin</i> .....	10
<i>bromocriptine</i> .....	32	<i>carbamazepine</i> .....	28	CEPROTIN (BLUE BAR) ..	64
<i>brompheniramine-pseudoeph-</i>		<i>carbidopa</i> .....	32	CEPROTIN (GREEN BAR) 64	
<i>dm</i> .....	142	<i>carbidopa-levodopa</i> .....	32	CEQUA .....	137
BRUKINSA .....	20	<i>carbidopa-levodopa-</i>		CEQUR SIMPLICITY .....	91
<i>budesonide</i> .....	103, 144	<i>entacapone</i> .....	32	CERACADE.....	74
<i>budesonide-formoterol</i> .....	144	<i>carbinoxamine maleate</i> .....	141	CERAMAX .....	74
<i>bumetanide</i> .....	57	CARDURA XL .....	57	CERDELGA .....	95
<i>buprenorphine</i> .....	37	<i>carglumic acid</i> .....	84	CEREZYME.....	95
<i>buprenorphine hcl</i> .....	37	<i>carisoprodol</i> .....	36	CERVIDIL .....	127

<i>cevimeline</i> .....	84	<i>clindamycin pediatric</i> .....	12	CRESEMBA.....	3
<i>charlotte 24 fe</i> .....	129	<i>clindamycin phosphate</i> ..	12, 76, 127	<i>cromolyn</i> .....	104, 137, 144
<i>chateal (28)</i> .....	129	<i>clindamycin-benzoyl peroxide</i>		<i>crotan</i> .....	82
<i>chateal eq (28)</i> .....	129	.....	76	<i>cryelle (28)</i> .....	129
CHEMET.....	84	<i>clindamycin-tretinoin</i> .....	76	CRYSVITA.....	95
CHENODAL.....	104	<i>clobazam</i> .....	28	CUE COVID-19 HOME TEST	
<i>chloramphenicol sod succinate</i>		<i>clobetazol</i> .....	80	.....	90
.....	12	<i>clobetazol-emollient</i> .....	80	<i>curae</i> .....	129
<i>chlordiazepoxide hcl</i> .....	48	<i>clomipramine</i> .....	49	CUTAQUIG.....	113
<i>chlordiazepoxide-clidinium</i>	101	<i>clonazepam</i> .....	28	CUVITRU.....	113
<i>chlorhexidine gluconate</i> .....	87	<i>clonidine</i> .....	58	<i>cyclobenzaprine</i> .....	36
<i>chloroquine phosphate</i> .....	12	<i>clonidine hcl</i> .....	49, 58	CYCLOMYDRIL.....	141
<i>chlorothiazide sodium</i> .....	58	<i>clopidogrel</i> .....	64	<i>cyclopentolate</i> .....	136
<i>chlorpromazine</i> .....	48, 49	<i>clorazepate dipotassium</i> .....	49	<i>cyclopen-tropic-phenyleph-</i>	
<i>chlorthalidone</i> .....	58	<i>clotrimazole</i> .....	3	<i>watr</i> .....	136
<i>chlorzoxazone</i> .....	36	<i>clotrimazole-betamethasone</i> .	79	CYCLOPENT-TROPIC-	
CHOLBAM.....	104	<i>clozapine</i> .....	49	PHEN-KETR-WAT.....	136
<i>cholestyramine (with sugar)</i> .	69	<i>c-nate dha</i> .....	151	<i>cyclophosphamide</i> .....	20
<i>cholestyramine light</i> .....	69	COAGADEX.....	64	CYCLOPHOSPHAMIDE....	20
<i>ciclopirox</i> .....	79	COARTEM.....	12	CYCLOSERINE.....	12
<i>cidofovir</i> .....	4	COCAINE.....	77	<i>cyclosporine</i> .....	21, 137
<i>cilostazol</i> .....	64	<i>codeine sulfate</i> .....	38	CYCLOSPORINE IN	
CIMDUO.....	4	<i>codeine-butalbital-asa-caff</i> ..	38	KLARITY.....	137
<i>cimetidine</i> .....	108	<i>colchicine</i> .....	120	<i>cyclosporine modified</i> .....	21
<i>cimetidine hcl</i> .....	108	<i>colesevelam</i> .....	69	CYLTEZO(CF).....	121
CIMZIA.....	104	<i>colestipol</i> .....	69	CYLTEZO(CF) PEN.....	121
CIMZIA POWDER FOR		<i>colistin (colistimethate na)</i> ..	12	CYLTEZO(CF) PEN	
RECONST.....	104	COMBIPATCH.....	124	CROHN'S-UC-HS.....	121
<i>cinacalcet</i> .....	95	COMBIVENT RESPIMAT	144	CYLTEZO(CF) PEN	
CINRYZE.....	144	COMETRIQ.....	20	PSORIASIS-UV.....	121
CINVANTI.....	104	COMIRNATY 2024-25 (12Y		<i>cyproheptadine</i> .....	141
CIPRO HC.....	88	UP)(PF).....	113	<i>cyred</i> .....	129
<i>ciprofloxacin</i> .....	16	COMPACT SPACE		<i>cyred eq</i> .....	129
<i>ciprofloxacin hcl</i> .....	16, 88, 135	CHAMBER.....	89	CYSTADROPS.....	137
<i>ciprofloxacin in 5 % dextrose</i>		COMPLERA.....	4	CYSTAGON.....	149
.....	16	<i>complete natal dha</i> .....	151	CYSTARAN.....	137
<i>ciprofloxacin-dexamethasone</i>		<i>completenate</i> .....	151	CYTOGAM.....	113
.....	88	<i>compro</i> .....	104	<b>D</b>	
CIPROFLOXACIN-		<i>constulose</i> .....	104	<i>dabigatran etexilate</i> .....	64
FLUOCINOLONE.....	88	CONTOUR TEST STRIPS ..	89	<i>dalfampridine</i> .....	35
<i>citalopram</i> .....	49	COPIKTRA.....	20	DALVANCE.....	12
CITRANATAL B-CALM (FE		CORIFACT.....	64	<i>danazol</i> .....	95
GLUC).....	151	CORLANOR.....	71	<i>dantrolene</i> .....	36
<i>claravis</i> .....	76	<i>corti-sav</i> .....	78	<i>dapsone</i> .....	12, 76
<i>clarithromycin</i> .....	10	<i>cortisone</i> .....	88	DAPTACEL (DTAP	
<i>cleansing wash</i> .....	76	COTELLIC.....	20	PEDIATRIC) (PF).....	113
<i>clemastine</i> .....	141	<i>covaryx</i> .....	124	DAPTOMYCIN.....	12
CLENPIQ.....	104	<i>covaryx h.s.</i> .....	124	<i>darifenacin</i> .....	148
<i>clindamycin hcl</i> .....	12	COVID19 TEST ADM.BY		<i>darunavir</i> .....	5
CLINDAMYCIN IN 0.9 %		PHARMACIST.....	89	<i>dasatinib</i> .....	21
SOD CHLOR.....	12	CREON.....	104	<i>dasetta 1/35 (28)</i> .....	129
<i>clindamycin in 5 % dextrose</i>	12			<i>dasetta 7/7/7 (28)</i> .....	129

DAURISMO.....	21	<i>diclofenac sodium</i> ...44, 74, 138	DUAVEE.....	125
DAYBUE .....	35	<i>diclofenac-misoprostol</i> .....	DUET DHA WITH OMEGA-3	151
<i>daysee</i> .....	129	DICLOFONO .....	DULERA.....	144
DEBACTEROL .....	87	<i>dicloxacillin</i> .....	<i>duloxetine</i> .....	50
<i>deblitane</i> .....	124	<i>dicyclomine</i> .....	DUOBRII .....	81
<i>deferasirox</i> .....	84	DIFICID .....	DUOPA .....	33
<i>deferiprone</i> .....	84	<i>diflunisal</i> .....	DUPIXENT PEN.....	74
DEFITELIO .....	64	<i>difluprednate</i> .....	DUPIXENT SYRINGE.....	74
<i>deflazacort</i> .....	88	<i>digoxin</i> .....	<i>duramorph (pf)</i> .....	38
DELSTRIGO.....	5	<i>dihydroergotamine</i> .....	DUREX AVANTI BARE	
<i>demeclocycline</i> .....	17	DILANTIN.....	REAL FEEL .....	124
DEPEN TITRATABS.....	121	DILAUDID (PF) .....	<i>dutasteride</i> .....	149
DEPO-ESTRADIOL.....	124	<i>diltiazem</i> .....	<i>dutasteride-tamsulosin</i> .....	149
DEPO-SUBQ PROVERA	104	<i>dilt-xr</i> .....	DYSPORT.....	114
.....	124	<i>dimenhydrinate</i> .....	<b>E</b>	
<i>dermacinrx lidocan</i> .....	77	<i>dimethyl fumarate</i> .....	<i>e.e.s. 400</i> .....	11
DESCOVY .....	5	DIPENTUM .....	EASIVENT HOLDING	
<i>desipramine</i> .....	49	<i>diphenhydramine hcl</i> .....	CHAMBER .....	90
<i>desloratadine</i> .....	141	<i>diphenoxylate-atropine</i> .....	<i>econazole</i> .....	79
<i>desmopressin</i> .....	95	<i>dipyridamole</i> .....	<i>econtra ez</i> .....	129
DESMOPRESSIN.....	95	<i>diskets</i> .....	<i>econtra one-step</i> .....	129
<i>desog-e.estradiol/e.estradiol</i>		<i>disopyramide phosphate</i> .....	<i>edaravone</i> .....	35
.....	129	<i>disulfiram</i> .....	EDARBI .....	58
<i>desonide</i> .....	81	<i>divalproex</i> .....	EDARBYCLOR .....	58
<i>desoximetasone</i> .....	81	<i>dofetilide</i> .....	EDLUAR.....	50
<i>desvenlafaxine succinate</i> .....	49	DOJOLVI.....	<i>ed-spaz</i> .....	101
<i>dexamethasone</i> .....	88	<i>dolishale</i> .....	EDURANT .....	5
<i>dexamethasone intensol</i> .....	88	<i>donepezil</i> .....	<i>eemt</i> .....	125
<i>dexamethasone sodium</i>		DOPTELET (15 TAB PACK)	<i>eemt hs</i> .....	125
<i>phosphate</i> .....	140	.....	<i>efavirenz</i> .....	5
<i>dexchlorpheniramine maleate</i>		<i>dorzolamide</i> .....	<i>efavirenz-lamivu-tenofov disop</i>	
.....	141	DORZOLAMIDE (PF).....	.....	5
DEXCOM G6 RECEIVER ..	91	<i>dorzolamide-timolol</i> .....	<i>effer-k</i> .....	150
DEXCOM G6 SENSOR .....	91	<i>dorzolamide-timolol (pf)</i> .....	EGRIFTA SV .....	110
DEXCOM G6		<i>dotti</i> .....	ELAPRASE.....	96
TRANSMITTER.....	91	DOVATO .....	<i>eletriptan</i> .....	34
DEXCOM G7 RECEIVER ..	91	<i>doxazosin</i> .....	ELIGARD.....	21
DEXCOM G7 SENSOR .....	91	<i>doxepin</i> .....	ELIGARD (3 MONTH) .....	21
DEXERYL .....	74	<i>doxercalciferol</i> .....	ELIGARD (4 MONTH) .....	21
<i>dexlansoprazole</i> .....	108	<i>doxy-100</i> .....	ELIGARD (6 MONTH) .....	21
<i>dexmethylphenidate</i> .....	49	<i>doxycycline hyclate</i> .....	<i>elinest</i> .....	129
<i>dexrazoxane hcl</i> .....	19	<i>doxycycline monohydrate</i> .....	ELIQUIS.....	64
<i>dextroamphetamine sulfate</i> ..	49	<i>drithocrema hp</i> .....	ELIQUIS DVT-PE TREAT	
<i>dextroamphetamine-</i>		<i>dronabinol</i> .....	30D START.....	64
<i>amphetamine</i> .....	49	<i>droperidol</i> .....	ELITEK .....	19
DIACOMIT .....	28, 29	<i>drospirenone-e.estradiol-lm.fa</i>	ELLA .....	129
<i>diazepam</i> .....	29, 49, 50	.....	ELMIRON .....	149
<i>diazepam intensol</i> .....	49	<i>drospirenone-ethinyl estradiol</i>	ELOCTATE .....	64
<i>diazoxide</i> .....	90	.....	ELREXFIO.....	21
DICLOFENAC EPOLAMINE		DROXIA .....	<i>eluryng</i> .....	127
.....	44	<i>droxidopa</i> .....	EMGALITY PEN.....	34
<i>diclofenac potassium</i> .....	44	DRYSOL DAB-O-MATIC ..		

EMGALITY SYRINGE.....	34	ERIVEDGE .....	21	EVERLYWELL COVID19	
<i>emreal</i> .....	77	ERLEADA .....	21	HOM COLLECT.....	90
EMSAM .....	50	<i>erlotinib</i> .....	21	<i>everolimus (antineoplastic)</i> ..	21
<i>emtricitabine</i> .....	5	<i>errin</i> .....	125	<i>everolimus</i>	
<i>emtricitabine-tenofovir (tdf)</i> ...	5	ERTACZO.....	79	( <i>immunosuppressive</i> ).....	21
EMTRIVA.....	5	<i>ertapenem</i> .....	12	EVERSENSE E3 SENSOR-	
<i>emulsion sb</i> .....	74	ERVEBO(PF)(NATIONAL		HOLDER.....	91
EMVERM .....	12	STOCKPILE).....	114	EVERSENSE E3 SMART	
<i>emzahn</i> .....	125	<i>ery pads</i> .....	76	TRANSMITTER .....	91
<i>enalapril maleate</i> .....	58	<i>ery-tab</i> .....	11	EVRYSDI.....	35
<i>enalaprilat</i> .....	58	ERYTHROCIN .....	11	<i>exemestane</i> .....	21
<i>enalapril-hydrochlorothiazide</i>		<i>erythrocin (as stearate)</i> .....	11	<i>ezetimibe</i> .....	69
.....	58	<i>erythromycin</i> .....	11, 135	<i>ezetimibe-simvastatin</i> .....	69
ENBREL .....	121, 122	<i>erythromycin ethylsuccinate</i> ..	11	<b>F</b>	
ENBREL MINI .....	121	<i>erythromycin lactobionate</i> ....	11	FABRAZYME .....	96
ENBREL SURECLICK .....	122	<i>erythromycin with ethanol</i> ....	76	FACTIVE .....	16
ENDARI.....	84	<i>erythromycin-benzoyl peroxide</i>		<i>falmina (28)</i> .....	130
<i>endocet</i> .....	38	.....	76	<i>famciclovir</i> .....	5
ENGERIX-B (PF) .....	114	<i>escitalopram oxalate</i> .....	50	<i>famotidine</i> .....	108, 109
ENGERIX-B PEDIATRIC		<i>esmolol</i> .....	59	<i>famotidine (pf)</i> .....	108
(PF).....	114	<i>esmolol in nacl (iso-osm)</i> .....	59	FANAPT.....	50
<i>enilloring</i> .....	127	ESMOLOL IN STERILE		FARXIGA .....	98
<i>enoxaparin</i> .....	64, 65	WATER.....	59	FASENRA .....	144
<i>enpresse</i> .....	129	<i>esomeprazole magnesium</i> ...	108	FASENRA PEN .....	144
<i>enskyce</i> .....	129	<i>esomeprazole sodium</i> .....	108	FC2 FEMALE CONDOM .	124
ENSPRYNG.....	21	ESPEROCT .....	65	<i>febuxostat</i> .....	120
<i>entacapone</i> .....	33	<i>estarylla</i> .....	130	FEIBA NF .....	65
<i>entecavir</i> .....	5	<i>estazolam</i> .....	50	<i>felbamate</i> .....	29
ENTRESTO .....	71	<i>estradiol</i> .....	125	<i>felodipine</i> .....	59
ENTYVIO .....	104	<i>estradiol valerate</i> .....	125	FEMCAP .....	124
ENTYVIO PEN.....	104	<i>estradiol-norethindrone acet</i>		<i>fenofibrate</i> .....	70
<i>enulose</i> .....	104	.....	125	FENOFIBRATE .....	70
ENVARUS XR .....	21	ESTRING .....	125	<i>fenofibrate micronized</i> .....	69
EPCLUSA .....	5	<i>estrogens-methyltestosterone</i>		<i>fenofibrate nanocrystallized</i> .	70
EPIDIOLEX .....	29	.....	125	<i>fenofibric acid</i> .....	70
<i>epinastine</i> .....	137	<i>eszopiclone</i> .....	50	<i>fenofibric acid (choline)</i> .....	70
<i>epinephrine</i> .....	141	<i>ethacrynate sodium</i> .....	59	<i>fenopropfen</i> .....	45
<i>epinephrine hcl</i> .....	144	<i>ethacrynic acid</i> .....	59	FENSOLVI.....	22
EPINEPHRINE HCL (PF) .	141	<i>ethambutol</i> .....	12	<i>fentanyl</i> .....	39
<i>epitol</i> .....	29	<i>ethosuximide</i> .....	29	FENTANYL (PF)-	
EPKINLY .....	21	<i>ethyl chloride</i> .....	77	BUPIVACAINE-NACL...	38
<i>eplerenone</i> .....	58	<i>ethynodiol diac-eth estradiol</i>		<i>fentanyl citrate</i> .....	39
<i>epoprostenol</i> .....	58	.....	130	<i>fentanyl citrate (pf)</i> .....	38
<i>eprosartan</i> .....	58	<i>etodolac</i> .....	44	FENTANYL CITRATE (PF)	
<i>eptifibatide</i> .....	65	<i>etonogestrel-ethinyl estradiol</i>		.....	38
EQUETRO .....	29	.....	127	<i>fentanyl citrate (pf)-0.9%nacl</i>	
ERAXIS(WATER DILUENT)		<i>etoposide</i> .....	21	.....	38, 39
.....	3	<i>etravirine</i> .....	5	FENTANYL CITRATE (PF)-	
<i>ergocalciferol (vitamin d2)</i> ..	151	EUCRISA.....	74	0.9%NACL.....	38, 39
<i>ergoloid</i> .....	50	EUFLEXXA.....	44	<i>fentanyl-ropivacaine-nacl (pf)</i>	
ERGOMAR.....	34	EURAX .....	82	.....	39
<i>ergotamine-caffeine</i> .....	34	<i>euthyrox</i> .....	100		

FENTANYL- ROPIVACAINE-NACL (PF).....	39	FLUOROURACIL .....	74	FUZEON .....	5
FERRIPROX.....	84	<i>fluoxetine</i> .....	50	<i>fyavolv</i> .....	125
FERRIPROX (2 TIMES A DAY).....	84	<i>fluphenazine decanoate</i> .....	50	FYCOMPA.....	29
<i>ferumoxytol</i> .....	151	<i>fluphenazine hcl</i> .....	50, 51	<b>G</b>	
<i>fesoterodine</i> .....	148	<i>flurandrenolide</i> .....	81	<i>gabapentin</i> .....	29
FETROJA.....	10	<i>flurazepam</i> .....	51	GALAFOLD.....	96
FETZIMA.....	50	<i>flurbiprofen</i> .....	45	<i>galantamine</i> .....	35
FIBRYGA .....	65	<i>flurbiprofen sodium</i> .....	138	<i>gallifrey</i> .....	125
FILSPARI.....	71	<i>fluticasone propionate</i> ..	81, 144	GALZIN .....	150
<i>finasteride</i> .....	149	FLUTICASONE PROPIONATE .....	144	GAMASTAN .....	115
<i> fingolimod</i> .....	111	<i>fluticasone propion-salmeterol</i> .....	145	GAMIFANT .....	22
FINTEPLA .....	29	FLUTICASONE PROPION- SALMETEROL.....	144	GAMMAGARD LIQUID ..	115
<i>finzala</i> .....	130	<i>fluvastatin</i> .....	70	GAMMAGARD S-D (IGA < 1 MCG/ML).....	115
<i>flavoxate</i> .....	148	<i>fluvoxamine</i> .....	51	GAMMAPLEX .....	115
FLEBOGAMMA DIF.....	114	FLUZONE HIGH-DOSE TRIV 24-25 .....	114	GAMMAPLEX (WITH SORBITOL) .....	115
<i>flecainide</i> .....	56	FLUZONE TRIV 2024-2025 .....	114	GAMUNEX-C.....	115
FLEXICHAMBER.....	90	FLUZONE TRIV 2024-2025 (PF).....	114	GANCICLOVIR.....	5
FLOLAN .....	59	<i>folic acid</i> .....	151	<i>ganciclovir sodium</i> .....	5
<i>floxuridine</i> .....	22	<i>folivane-ob</i> .....	151	GARDASIL 9 (PF).....	115
FLUAD TRIV 2024-25(65Y UP)(PF) .....	114	<i>fondaparinux</i> .....	65	<i>gatifloxacin</i> .....	135
FLUARIX TRIV 2024-2025 (PF).....	114	<i>formoterol fumarate</i> .....	145	GATTEX 30-VIAL .....	104
FLUBLOK TRIV 2024-2025 (PF).....	114	<i>fosamprenavir</i> .....	5	<i>gavilyte-c</i> .....	104
FLUCELVAX TRIV 2024- 2025.....	114	<i>fosaprepitant</i> .....	104	<i>gavilyte-g</i> .....	104
FLUCELVAX TRIV 2024- 2025 (PF).....	114	<i>foscarnet</i> .....	5	<i>gavilyte-n</i> .....	104
<i>fluconazole</i> .....	3	<i>fosfomycin tromethamine</i> ....	18	GAVRETO .....	22
<i>fluconazole in nacl (iso-osm)</i> .	3	<i>fosinopril</i> .....	59	<i>gefitinib</i> .....	22
<i>flucytosine</i> .....	3	<i>fosinopril-hydrochlorothiazide</i> .....	59	<i>gemfibrozil</i> .....	70
<i>fludrocortisone</i> .....	88	<i>fosphenytoin</i> .....	29	<i>gemmily</i> .....	130
FLULAVAL TRIV 2024-2025 (PF).....	114	FRAGMIN.....	65	<i>generlac</i> .....	104
FLUMIST TRIVALENT 2024-2025.....	114	<i>fraiche 5000</i> .....	87	GENOTROPIN.....	110
<i>flunisolide</i> .....	144	FREESTYLE LIBRE 14 DAY READER.....	91	GENOTROPIN MINIQUICK .....	110
<i>fluocinolone</i> .....	81	FREESTYLE LIBRE 14 DAY SENSOR.....	91	<i>gentamicin</i> .....	12, 78, 135
<i>fluocinolone acetonide oil</i> ....	88	FREESTYLE LIBRE 2 READER .....	91	<i>gentamicin in nacl (iso-osm)</i> 12	
<i>fluocinolone and shower cap</i>	81	FREESTYLE LIBRE 2 SENSOR.....	91	GENTAMICIN IN NACL (ISO-OSM).....	12
<i>fluocinonide</i> .....	81	FREESTYLE LIBRE 3 SENSOR.....	91	<i>gentamicin sulfate (ped) (pf)</i> 12	
<i>fluocinonide-e</i> .....	81	FROTEK .....	45	<i>gentle laxative (mag hydrox)</i> .....	105
FLUORESC EIN- BENOXINATE .....	137	<i>frovatriptan</i> .....	34	GENVOYA .....	5
<i>fluorescein-proparacaine</i> ..	137	FRUZAQLA.....	22	GIAPREZA .....	71
<i>fluoride (sodium)</i> .....	87, 151	FULPHILA.....	109	GILENYA .....	111
<i>fluorometholone</i> .....	140	<i>furosemide</i> .....	59	GILOTRIF.....	22
<i>fluorouracil</i> .....	74			GIVLAARI.....	84

<i>glipizide-metformin</i> .....	98	<i>haloperidol decanoate</i> .....	51	HUMIRA (ONLY NDCS	
GLUCAGON (HCL)		<i>haloperidol lactate</i> .....	51	STARTING WITH 00074)	
EMERGENCY KIT .....	90	HALUCORT .....	74	.....	122
<i>glucagon emergency kit</i>		HARVONI.....	5	HUMIRA PEN (ONLY NDCS	
( <i>human</i> ) .....	90	HAVRIX (PF) .....	115	STARTING WITH 00074)	
<i>glutamine (sickle cell)</i> .....	84	<i>heather</i> .....	125	.....	122
<i>glyburide</i> .....	98	HEMGENIX.....	65	HUMIRA(CF) (ONLY NDCS	
<i>glyburide micronized</i> .....	98	HEMLIBRA .....	65	STARTING WITH 00074)	
<i>glyburide-metformin</i> .....	98	HEMOPIL M HIGH.....	65	.....	122
<i>glycopyrrolate</i> .....	102	HEMOPIL M LOW.....	65	HUMIRA(CF) PEN (ONLY	
<i>glycopyrrolate (pf)</i> .....	102	HEMOPIL M MID.....	65	NDCS STARTING WITH	
<i>glycopyrrolate (pf) in water</i>	101	HEMOPIL M SUPER HIGH	65	00074).....	122
GLYCOPYRROLATE (PF) IN		<i>hep flush-10 (pf)</i> .....	65	HUMIRA(CF) PEN	
WATER.....	101, 102	HEPAGAM B.....	115	CROHNS-UC-HS (ONLY	
GLYRX-PF .....	102	<i>heparin (porcine)</i> .....	66	NDCS STARTING WITH	
GLYXAMBI .....	98	HEPARIN (PORCINE) IN		00074).....	122
GOJJI KETONE CONTROL		0.9% NACL.....	66	HUMIRA(CF) PEN	
SOLN-L1.....	91	<i>heparin (porcine) in 5 % dex</i>	66	PEDIATRIC UC (ONLY	
GOLYTELY.....	105	<i>heparin (porcine) in nacl (pf)</i>		NDCS STARTING WITH	
GOPRELTO .....	78	.....	66	00074).....	122
<i>granisetron (pf)</i> .....	105	HEPARIN (PORCINE) IN		HUMIRA(CF) PEN PSOR-	
<i>granisetron hcl</i> .....	105	NACL (PF).....	66	UV-ADOL HS (ONLY	
GRASTEK .....	115	<i>heparin lock flush (porcine)</i> .	66	NDCS STARTING WITH	
<i>griseofulvin microsize</i> .....	3	<i>heparin lockflush(porcine)(pf)</i>		00074).....	122
<i>griseofulvin ultramicrosize</i> .....	3	.....	66	HUMULIN 70/30 U-100	
<i>guanfacine</i> .....	51, 59	<i>heparin(porcine) in 0.45% nacl</i>		INSULIN .....	93
GUARDIAN CONNECT		.....	66	HUMULIN 70/30 U-100	
TRANSMITTER.....	91	HEPARIN(PORCINE) IN		KWIKPEN.....	93
GUARDIAN LINK 3		0.45% NACL.....	66	HUMULIN N NPH INSULIN	
TRANSMITTER.....	91	<i>heparin, porcine (pf)</i> .....	66	KWIKPEN.....	93
GUARDIAN SENSOR 3 ....	91	HEPARIN, PORCINE (PF) .	66	HUMULIN N NPH U-100	
GVOKE.....	90	HEPLISAV-B (PF).....	115	INSULIN .....	93
GVOKE HYPOPEN 2-PACK		<i>her style</i> .....	130	HUMULIN R REGULAR U-	
.....	90	HETLIOZ LQ.....	51	100 INSULN .....	93
GVOKE PFS 2-PACK		HIBERIX (PF).....	115	HUMULIN R U-500 (CONC)	
SYRINGE.....	90	<i>homatropaire</i> .....	136	INSULIN .....	93
GYNAZOLE-1 .....	127	HUMALOG JUNIOR		HUMULIN R U-500 (CONC)	
<b>H</b>		KWIKPEN U-100 .....	93	KWIKPEN.....	94
HADLIMA .....	122	HUMALOG KWIKPEN		HYCAMTIN.....	22
HADLIMA PUSH TOUCH	122	INSULIN .....	93	<i>hydralazine</i> .....	59
HADLIMA(CF) .....	122	HUMALOG MIX 50-50		<i>hydrochlorothiazide</i> .....	59
HADLIMA(CF)		KWIKPEN.....	93	<i>hydrocodone bitartrate</i> .....	39
PUSH TOUCH.....	122	HUMALOG MIX 75-25		<i>hydrocodone-acetaminophen</i>	39
HAEGARDA .....	145	KWIKPEN.....	93	<i>hydrocodone-</i>	
<i>hailey</i> .....	130	HUMALOG MIX 75-25(U-		<i>chlorpheniramine</i> .....	142
<i>hailey 24 fe</i> .....	130	100)INSULN .....	93	<i>hydrocodone-homatropine</i> .	142
<i>hailey fe 1.5/30 (28)</i> .....	130	HUMALOG TEMPO PEN(U-		<i>hydrocodone-ibuprofen</i> .....	39
<i>hailey fe 1/20 (28)</i> .....	130	100)INSULN .....	93	<i>hydrocortisone</i> ..81, 82, 88, 105	
<i>halcinonide</i> .....	81	HUMALOG U-100 INSULIN		<i>hydrocortisone acetate</i> .....	105
<i>halobetasol propionate</i> .....	81	.....	93	<i>hydrocortisone butyrate</i> .....	81
<i>haloette</i> .....	127	HUMATE-P .....	67	<i>hydrocortisone valerate</i> .....	82
<i>haloperidol</i> .....	51			<i>hydrocortisone-acetic acid</i> ...	88



<i>hydrocortisone-iodoquinol</i> ... 78	IMBRUVICA ..... 22	<i>isotretinoin</i> ..... 76
<i>hydrocortisone-iodoquinol-</i> <i>aloe</i> ..... 78	<i>imipenem-cilastatin</i> ..... 13	<i>isradipine</i> ..... 59
<i>hydrocortisone-pramoxine</i> .. 72, 105	<i>imipramine hcl</i> ..... 51	ISTURISA ..... 96
<i>hydromet</i> ..... 142	<i>imipramine pamoate</i> ..... 51	<i>itraconazole</i> ..... 3
<i>hydromorphone</i> ..... 40, 41	<i>imiquimod</i> ..... 120	<i>ivabradine</i> ..... 71
HYDROMORPHONE ..... 40	IMOGAM RABIES-HT (PF) ..... 116	<i>ivermectin</i> ..... 13, 76
<i>hydromorphone (pf)</i> ..... 40	IMOVAX RABIES VACCINE (PF)..... 116	IXCHIQ (PF) ..... 116
HYDROMORPHONE (PF) . 40	IMPAVIDO ..... 13	IXIARO (PF) ..... 116
HYDROMORPHONE (PF) IN WATER..... 39, 40	IMVEXXY MAINTENANCE PACK ..... 125	IXINITY ..... 67
<i>hydromorphone (pf)-0.9 %</i> <i>nacl</i> ..... 40	IMVEXXY STARTER PACK ..... 125	<b>J</b>
HYDROMORPHONE (PF)- 0.9 % NAACL..... 40	INBRIJA..... 33	<i>jaimiess</i> ..... 130
HYDROMORPHONE(PF)- NAACL,ISO-OSM..... 41	<i>incassia</i> ..... 125	JAKAFI ..... 23
<i>hydroxychloroquine</i> ..... 12	INCRELEX ..... 84	<i>jantoven</i> ..... 67
<i>hydroxyurea</i> ..... 22	INCRUSE ELLIPTA..... 145	JANUMET ..... 99
<i>hydroxyzine hcl</i> ..... 141	<i>indapamide</i> ..... 59	JANUMET XR ..... 99
<i>hydroxyzine pamoate</i> ..... 142	<i>indomethacin</i> ..... 45	JANUVIA..... 99
HYLENEX ..... 84	INFANRIX (DTAP) (PF).. 116	JARDIANCE..... 99
<i>hyoscyamine sulfate</i> ..... 102	INFED ..... 151	<i>jasmiel (28)</i> ..... 130
HYOSCYAMINE SULFATE ..... 102	INFUMORPH P/F ..... 41	JATENZO..... 96
<i>hyosyne</i> ..... 102	INLYTA ..... 22	<i>javygtor</i> ..... 96
HYPERHEP B..... 115	INPEN (FOR HUMALOG) PINK..... 91	JAYPIRCA ..... 23
HYPERHEP B NEONATAL ..... 115	INPEN (NOVOLOG OR FIASP) PINK ..... 91	<i>jencycla</i> ..... 126
HYPERRAB (PF) ..... 115	INQOVI..... 22	JESDUVROQ..... 84
HYPERSAL..... 145	INSULIN LISPRO ..... 94	<i>jinteli</i> ..... 126
HYPERTET (PF) ..... 115	INSULIN LISPRO PROTAMIN-LISPRO ..... 94	JIVI ..... 67
HYQVIA ..... 116	INVEGA HAFYERA..... 51	JOENJA ..... 84
<b>I</b>	INVEGA SUSTENNA..... 51	<i>jolessa</i> ..... 130
<i>ibandronate</i> ..... 120	INVEGA TRINZA..... 51	<i>joyeaux</i> ..... 130
IBRANCE ..... 22	INVELTYS ..... 140	<i>juleber</i> ..... 130
<i>ibu</i> ..... 45	IODOFLEX ..... 74	JULUCA..... 6
<i>ibuprofen</i> ..... 45	IODOPEN ..... 22	<i>junel 1.5/30 (21)</i> ..... 130
<i>ibuprofen-famotidine</i> ..... 45	IODOSORB..... 74	<i>junel 1/20 (21)</i> ..... 130
<i>icatibant</i> ..... 145	IPOL ..... 116	<i>junel fe 1.5/30 (28)</i> ..... 130
<i>iclevia</i> ..... 130	<i>ipratropium bromide</i> .... 87, 145	<i>junel fe 1/20 (28)</i> ..... 130
ICLUSIG ..... 22	<i>ipratropium-albuterol</i> ..... 145	<i>junel fe 24</i> ..... 130
<i>icosapent ethyl</i> ..... 70	<i>irbesartan</i> ..... 59	JUXTAPID ..... 70
ID NOW COVID-19 TEST KIT ..... 90	<i>irbesartan-hydrochlorothiazide</i> ..... 59	JYNARQUE ..... 96
IDELVION..... 67	ISENTRESS ..... 5, 6	JYNNEOS (PF) ..... 116
IDHIFA ..... 22	ISENTRESS HD ..... 5	<b>K</b>
ILARIS (PF)..... 109	<i>isibloom</i> ..... 130	<i>kaitlib fe</i> ..... 130
ILEVRO ..... 138	<i>isoniazid</i> ..... 13	<i>kalliga</i> ..... 130
ILUMYA..... 72	<i>isoproterenol hcl</i> ..... 71	KALYDECO ..... 145
<i>imatib</i> ..... 22	<i>isosorbide dinitrate</i> ..... 71	KANUMA ..... 96
	<i>isosorbide mononitrate</i> ..... 71	<i>kariva (28)</i> ..... 130
		KCENTRA ..... 67
		KEDRAB (PF)..... 116
		<i>kelnor 1/35 (28)</i> ..... 130
		<i>kelnor 1/50 (28)</i> ..... 131
		KENGREAL..... 67
		KEPIVANCE ..... 19
		KESIMPTA PEN..... 111
		<i>ketoconazole</i> ..... 3, 79

<i>ketodan</i> .....	79	<i>layolis fe</i> .....	131	LIDOCAINE HCL-
<i>ketodan kit</i> .....	79	LEDIPASVIR-SOFOSBUVIR		HYDROCORTISON AC105
<i>ketoprofen</i> .....	45	.....	6	<i>lidocaine in 5 % dextrose (pf)</i>
<i>ketorolac</i> .....	45, 138	<i>leena 28</i> .....	131	.....
KEVZARA .....	122	<i>leflunomide</i> .....	123	<i>lidocaine viscous</i> .....
KHAPZORY .....	19	LEMTRADA .....	111	<i>lidocaine-hydrocortison-aloe</i>
KINERET .....	123	<i>lenalidomide</i> .....	23	.....
KINRIX (PF) .....	116	LENVIMA .....	23	<i>lidocaine-prilocaine</i> .....
KISQALI .....	23	<i>lessina</i> .....	131	<i>lidocort</i> .....
<i>klayesta</i> .....	79	<i>letrozole</i> .....	23	LIFEMS NALOXONE .....
<i>klor-con m10</i> .....	150	<i>leucovorin calcium</i> .....	19	LILETTA .....
<i>klor-con m15</i> .....	150	LEUKERAN .....	23	<i>lincomycin</i> .....
<i>klor-con m20</i> .....	150	LEUKINE .....	109	<i>linezolid</i> .....
KLOXXADO .....	45	<i>leuprolide</i> .....	23	<i>linezolid-0.9% sodium chloride</i>
KOATE .....	67	LEUPROLIDE (3 MONTH) 23		.....
KOGENATE FS .....	67	<i>levabuterol hcl</i> .....	145	LINZESS .....
KOSELUGO .....	23	LEVEMIR FLEXPEN .....	94	<i>liothyronine</i> .....
<i>kourzeq</i> .....	87	LEVEMIR U-100 INSULIN 94		LIRAGLUTIDE .....
KOVALTRY .....	67	<i>levetiracetam</i> .....	30	<i>lisdexamfetamine</i> .....
K-PHOS ORIGINAL .....	149	<i>levetiracetam in nacl (iso-os)</i>	30	<i>lisinopril</i> .....
KRAZATI .....	23	.....	30	<i>lisinopril-hydrochlorothiazide</i>
KRINTAFEL .....	13	LEVETIRACETAM IN NAACL		.....
KRYSTEXXA .....	120	(ISO-OS) .....	30	LITEAIRE MDI CHAMBER
<i>kurvelo (28)</i> .....	131	LEVICYN ANTIPRURITIC		.....
KYLEENA .....	124	SG .....	74	<i>lithium carbonate</i> .....
<b>L</b>		<i>levobunolol</i> .....	136	LITHOSTAT .....
<i>l norgest/e.estradiol-e.estrad</i>		<i>levocarnitine</i> .....	84	LIVMARLI .....
.....	131	<i>levocarnitine (with sugar)</i> ...	84	LO LOESTRIN FE .....
<i>labetalol</i> .....	59	<i>levofloxacin</i> .....	16, 17	<i>lofedidine</i> .....
LABETALOL .....	59	<i>levofloxacin in d5w</i> .....	16	<i>lojaimiess</i> .....
<i>lacosamide</i> .....	29	<i>levoleucovorin calcium</i> .....	19	LOKELMA .....
<i>lactated ringers</i> .....	83	<i>levonest (28)</i> .....	131	LONSURF .....
<i>lactulose</i> .....	105	<i>levonorgest-eth.estradiol-iron</i>		<i>lopinavir-ritonavir</i> .....
LAGEVRIO (EUA) .....	6	.....	131	<i>lorazepam</i> .....
<i>lamivudine</i> .....	6	<i>levonorgestrel</i> .....	131	.....
<i>lamivudine-zidovudine</i> .....	6	<i>levonorgestrel-ethinyl estrad</i>		<i>lorazepam intensol</i> .....
<i>lamotrigine</i> .....	30	.....	131	LORBRENA .....
LAMPIT .....	13	<i>levonorg-eth estrad triphasic</i>		<i>loryna (28)</i> .....
LAMZEDE .....	84	.....	131	<i>losartan</i> .....
LANCING DEVICE .....	91	<i>levora-28</i> .....	131	<i>losartan-hydrochlorothiazide</i>
<i>lansoprazole</i> .....	109	<i>levorphanol tartrate</i> .....	41	.....
<i>lanthanum</i> .....	102	<i>levo-t</i> .....	100	LOTEMAX .....
LANTUS SOLOSTAR U-100		<i>levothyroxine</i> .....	100	LOTEMAX SM .....
INSULIN .....	94	LEVOTHYROXINE .....	100	<i>loteprednol etabonate</i> .....
LANTUS U-100 INSULIN ..	94	<i>levoxyl</i> .....	100	<i>lovastatin</i> .....
<i>lapatinib</i> .....	23	LEVULAN .....	74	<i>low-ogestrel (28)</i> .....
<i>larin 1.5/30 (21)</i> .....	131	<i>lidocaine</i> .....	78	<i>loxapine succinate</i> .....
<i>larin 1/20 (21)</i> .....	131	<i>lidocaine (pf)</i> .....	78	<i>lo-zumandimine (28)</i> .....
<i>larin 24 fe</i> .....	131	<i>lidocaine hcl</i> .....	78	<i>lubiprostone</i> .....
<i>larin fe 1.5/30 (28)</i> .....	131	<i>lidocaine hcl-hydrocortison ac</i>		LUCEMYRA .....
<i>larin fe 1/20 (28)</i> .....	131	.....	78, 105	LUCIRA CHECK-IT COVID
<i>latanoprost</i> .....	139			HOME TST .....
				<i>ludent fluoride</i> .....

<i>lugols</i> .....	78, 150	<i>mb hydrogel</i> .....	74	<i>methylphenidate hcl</i> .....	52
LULICONAZOLE .....	79	<i>meclofenamate</i> .....	45	METHYLPHENIDATE HCL	
LUMAKRAS .....	23	<i>medroxyprogesterone</i> .....	126	.....	52
LUMIGAN .....	139	<i>mefenamic acid</i> .....	45	<i>methylprednisolone</i> .....	88
LUMIZYME .....	96	<i>mefloquine</i> .....	13	<i>methyltestosterone</i> .....	96
LUPKYNIS .....	23	<i>megestrol</i> .....	24	<i>metoclopramide hcl</i> .....	106
<i>lurasidone</i> .....	52	MEKINIST.....	24	<i>metolazone</i> .....	60
<i>lutra (28)</i> .....	131	MEKTOVI.....	24	<i>metoprolol succinate</i> .....	60
LYBALVI .....	52	<i>meloxicam</i> .....	45	<i>metoprolol ta-hydrochlorothiaz</i>	
<i>lyleq</i> .....	126	<i>memantine</i> .....	35	.....	60
<i>lyllana</i> .....	126	MENEST .....	126	<i>metoprolol tartrate</i> .....	60
LYNPARZA.....	23	MENQUADFI (PF).....	116	<i>metro i.v.</i> .....	13
LYSODREN.....	23	MENVEO A-C-Y-W-135-DIP		<i>metronidazole</i> .....	13, 76, 127
LYTGOBI .....	23	(PF).....	116	<i>metronidazole in nacl (iso-os)</i>	
LYUMJEV KWIKPEN U-100		<i>mepredine</i> .....	41	.....	13
INSULIN.....	94	<i>meprobamate</i> .....	36	<i>metyrosine</i> .....	60
LYUMJEV KWIKPEN U-200		MEPSEVII.....	96	<i>mexiletine</i> .....	56
INSULIN.....	94	<i>mercaptopurine</i> .....	24	<i>mibelas 24 fe</i> .....	132
LYUMJEV TEMPO PEN(U-		<i>meropenem</i> .....	13	<i>micafungin</i> .....	3
100)INSULN.....	94	MEROPENEM.....	13	<i>miconazole-3</i> .....	127
LYUMJEV U-100 INSULIN		MEROPENEM-0.9%		MICROCHAMBER .....	90
.....	94	SODIUM CHLORIDE.....	13	<i>microgestin 1.5/30 (21)</i> .....	132
<i>lyza</i> .....	126	<i>merzee</i> .....	132	<i>microgestin 1/20 (21)</i> .....	132
<b>M</b>		<i>mesalamine</i> .....	105, 106	<i>microgestin fe 1.5/30 (28)</i> ...	132
<i>mafenide acetate</i> .....	78	<i>mesalamine with cleansing</i>		<i>microgestin fe 1/20 (28)</i> .....	132
<i>magnesium sulfate in water</i>	150	<i>wipe</i> .....	106	MICROSPACER.....	90
<i>malathion</i> .....	82	<i>mesna</i> .....	19	<i>midazolam</i> .....	53
<i>maraviroc</i> .....	6	MESNEX.....	19	MIDAZOLAM .....	53
<i>marlissa (28)</i> .....	131	<i>metaxalone</i> .....	36	<i>midazolam (pf) in 0.9 % nacl</i>	52
MARPLAN .....	52	<i>metformin</i> .....	99	MIDAZOLAM (PF) IN 0.9 %	
MATULANE .....	23	METFORMIN .....	99	NACL .....	52
<i>matzim la</i> .....	60	<i>methadone</i> .....	41	MIDAZOLAM IN 0.9 % SOD	
MAVENCLAD (10 TABLET		<i>methadose</i> .....	41	CHLORID .....	52, 53
PACK).....	111	<i>methamphetamine</i> .....	52	MIDAZOLAM IN NACL,ISO-	
MAVENCLAD (4 TABLET		<i>methazolamide</i> .....	138	OSMO(PF) .....	53
PACK).....	111	<i>methenamine hippurate</i> .....	18	<i>midodrine</i> .....	84
MAVENCLAD (5 TABLET		<i>methenamine mandelate</i> .....	18	MIFEPREX .....	127
PACK).....	111	<i>methen-sod phos-meth blue-</i>		<i>mifepristone</i> .....	96, 127
MAVENCLAD (6 TABLET		<i>hyos</i> .....	149	<i>migergot</i> .....	34
PACK).....	112	<i>methimazole</i> .....	89	<i>miglitol</i> .....	99
MAVENCLAD (7 TABLET		<i>methocarbamol</i> .....	36	<i>miglustat</i> .....	96
PACK).....	112	<i>methotrexate sodium</i> .....	24	<i>mili</i> .....	132
MAVENCLAD (8 TABLET		<i>methotrexate sodium (pf)</i> .....	24	<i>millipred</i> .....	88
PACK).....	112	<i>methoxsalen</i> .....	74	<i>millipred dp</i> .....	88
MAVENCLAD (9 TABLET		<i>methscopolamine</i> .....	102	<i>mimvey</i> .....	126
PACK).....	112	<i>methsuximide</i> .....	30	MINIMED 770G INSULIN	
MAVYRET .....	6	<i>methyl salicylate</i> .....	74	PUMP .....	91
MAYZENT .....	112	<i>methyl dopa</i> .....	60	MINIMED MIO ADVANCE	
MAYZENT STARTER(FOR		<i>methyl dopa-</i>		INF SET23.....	92
1MG MAINT).....	112	<i>hydrochlorothiazide</i> .....	60	MINIMED QUICK SET 43	92
MAYZENT STARTER(FOR		<i>methyldopate</i> .....	60	MINIMED SILHOUETTE 23	
2MG MAINT).....	112	<i>methylergonovine</i> .....	134	.....	92

MINIMED SURE T 32 .....	92	MYLERAN .....	24	NERLYNX .....	24
MINOCIN .....	17	<i>mynatal</i> .....	151	NESTABS .....	152
<i>minocycline</i> .....	17	<i>mynatal plus</i> .....	151	NESTABS ABC .....	151
<i>minoxidil</i> .....	60	<i>mynatal-z</i> .....	151	NESTABS DHA.....	152
<i>mirabegron</i> .....	148	MYOBLOC .....	116	<i>neuac</i> .....	76
MIRENA .....	124	MYRBETRIQ .....	148	NEUAC KIT.....	76
<i>mirtazapine</i> .....	53	MYXREDLIN .....	94	NEULASTA .....	110
<i>misoprostol</i> .....	109	<b>N</b>		NEULASTA ONPRO .....	110
MKO (MIDAZOLAM-		NABI-HB .....	116	NEUPRO .....	33
KETAMINE-ONDAN)....	53	<i>nabumetone</i> .....	45	<i>nevirapine</i> .....	6
M-M-R II (PF).....	116	<i>nadolol</i> .....	60	<i>new day</i> .....	132
<i>m-natal plus</i> .....	151	<i>nafcillin</i> .....	16	<i>newgen</i> .....	152
<i>modafinil</i> .....	53	<i>nafcillin in dextrose iso-osm.</i>	15	NEXLETOL .....	70
MODERNA COVID 24-		<i>naftifine</i> .....	79	NEXLIZET .....	70
25(6M-11Y)PF .....	116	NAGLAZYME.....	96	NEXPLANON.....	127
<i>moexipril</i> .....	60	<i>nalbuphine</i> .....	45	NEXTSTELLIS .....	132
<i>molindone</i> .....	53	NALMEFENE.....	45	<i>niacin</i> .....	70
<i>mometasone</i> .....	82, 145	<i>naloxone</i> .....	46	<i>nicardipine</i> .....	60
<i>mondoxyne nl</i> .....	17, 18	<i>naltrexone</i> .....	46	NICODERM CQ .....	86
MONOFERRIC.....	151	<i>naproxen</i> .....	46	<i>nicorette</i> .....	86
<i>mono-lynyah</i> .....	132	<i>naproxen sodium</i> .....	46	NICORETTE.....	86
MONOVISC.....	45	<i>naratriptan</i> .....	34	<i>nicotine</i> .....	87
<i>montelukast</i> .....	145	NATACHEW (FE BIS-		<i>nicotine (polacrilex)</i> .....	86, 87
<i>morphine</i> .....	42, 43	GLYCINATE).....	151	NICOTROL NS.....	87
MORPHINE .....	42, 43	NATACYN .....	135	<i>nifedipine</i> .....	60
<i>morphine (pf)</i> .....	42	NATAZIA .....	132	<i>nikki (28)</i> .....	132
MORPHINE (PF).....	42	<i>nateglinide</i> .....	99	<i>nilutamide</i> .....	24
<i>morphine (pf) in 0.9 % sod chl</i>		NAYZILAM.....	30	<i>nimodipine</i> .....	60
.....	41, 42	<i>nebivolol</i> .....	60	<i>nisoldipine</i> .....	60
MORPHINE (PF) IN 0.9 %		<i>nebusal</i> .....	145	<i>nitazoxanide</i> .....	13
SOD CHL.....	41, 42	NEBUSAL.....	145	<i>nitisinone</i> .....	84
<i>morphine concentrate</i> .....	42	<i>necon 0.5/35 (28)</i> .....	132	<i>nitro-bid</i> .....	71
<i>morphine in 0.9 % sodium</i>		<i>nefazodone</i> .....	53	NITRO-DUR .....	71
<i>chlor</i> .....	42	<i>neomycin</i> .....	13	<i>nitrofurantoin</i> .....	18
MORPHINE IN 0.9 %		<i>neomycin-bacitracin-poly-hc</i>		<i>nitrofurantoin macrocrystal</i> .	18
SODIUM CHLOR.....	42	.....	139	<i>nitrofurantoin monohyd/m-</i>	
MOUNJARO.....	99	<i>neomycin-bacitracin-</i>		<i>cryst</i> .....	18
MOVANTIK .....	106	<i>polymyxin</i> .....	135	<i>nitroglycerin</i> .....	71, 106
<i>moxifloxacin</i> .....	17, 135	<i>neomycin-polymyxin b gu</i> .....	83	<i>nitro-time</i> .....	71
MOXIFLOXACIN-		<i>neomycin-polymyxin b-</i>		NITYR.....	85
SOD.ACE,SUL-WATER. 17		<i>dexameth</i> .....	139	NIVESTYM .....	110
<i>moxifloxacin-sod.chloride(iso)</i>		<i>neomycin-polymyxin-</i>		<i>nizatidine</i> .....	109
.....	17	<i>gramicidin</i> .....	135	NOCDURNA (MEN).....	96
MULTAQ.....	56	<i>neomycin-polymyxin-hc</i> 88, 139		NOCDURNA (WOMEN) ....	96
<i>mupirocin</i> .....	78	<i>neo-polycin</i> .....	135	<i>nora-be</i> .....	126
<i>my choice</i> .....	132	<i>neo-polycin hc</i> .....	139	<i>norelgestromin-ethin.estradiol</i>	
<i>my way</i> .....	132	<i>neostigmine in sterile water</i> .	36	.....	127
MYALEPT .....	96	<i>neostigmine methylsulfate</i> ....	36	<i>noreth-ethinyl estradiol-iron</i>	
MYCAPSSA .....	24	NEOSTIGMINE		.....	132
<i>mycophenolate mofetil</i> .....	24	METHYLSULFATE.....	36	<i>norethindrone (contraceptive)</i>	
<i>mycophenolate mofetil (hcl)</i> .	24	NEO-SYNALAR.....	78	.....	126
<i>mycophenolate sodium</i> .....	24	NEO-SYNALAR KIT.....	78	<i>norethindrone acetate</i> .....	126

<i>norethindrone ac-eth estradiol</i>	ODEFSEY .....	6	ORBACTIV .....	13
..... 126, 132	ODOMZO .....	24	ORENCIA .....	123
<i>norethindrone-e.estradiol-iron</i>	OFEV .....	145	ORENCIA (WITH	
..... 132	<i>ofloxacin</i> .....	17, 88, 135	MALTOSE).....	123
<i>norgestimate-ethinyl estradiol</i>	OGSIVEO .....	25	ORENCIA CLICKJECT ...	123
..... 132	OJJAARA.....	25	ORENITRAM .....	61
NORPACE CR.....	<i>olanzapine</i> .....	53	ORFADIN .....	85
<i>nortrel 0.5/35 (28)</i> .....	<i>olanzapine-fluoxetine</i> .....	53	ORIAHNN.....	127
<i>nortrel 1/35 (21)</i> .....	OLINVYK.....	46	ORLISSA .....	96
<i>nortrel 1/35 (28)</i> .....	<i>olmesartan</i> .....	61	ORKAMBI .....	145, 146
<i>nortrel 7/7/7 (28)</i> .....	<i>olmesartan-amlodipin-</i>		ORLADEYO .....	146
<i>nortriptyline</i> .....	<i>hcthiazyd</i> .....	61	<i>orphenadrine citrate</i> .....	36
NORVIR.....	<i>olmesartan-</i>		<i>orphengesic forte</i> .....	36
NOURIANZ.....	<i>hydrochlorothiazide</i> .....	61	ORSERDU .....	25
NOVAVAX COVID 2024-	<i>olopatadine</i> .....	87	ORTHOVISC .....	46
25(PF)(EUA).....	OLUMIANT.....	123	<i>oscimin</i> .....	102
NOVOEIGHT .....	<i>omega-3 acid ethyl esters</i> ....	70	<i>oscimin sl</i> .....	102
NOVOPEN ECHO.....	<i>omeprazole</i> .....	109	<i>oseltamivir</i> .....	6
NOVOSEVEN RT .....	OMISIRGE.....	85	OSPHENA.....	127
<i>np thyroid</i> .....	OMNIPOD CLASSIC PODS		OTEZLA.....	123
NPLATE.....	(GEN 3).....	92	OTEZLA STARTER.....	123
NUBEQA .....	OMNIPOD DASH INTRO		<i>oxacillin</i> .....	16
NUCALA .....	KIT (GEN 4) .....	92	<i>oxacillin in dextrose(iso-osm)</i>	
NUCORT .....	OMNIPOD DASH PODS		.....	16
NUCYNTA .....	(GEN 4).....	92	<i>oxaprozin</i> .....	46
NUCYNTA ER .....	OMNITROPE.....	110	<i>oxazepam</i> .....	53
NUEDEXTA .....	<i>ondansetron</i> .....	106	<i>oxcarbazepine</i> .....	30
NULOJIX .....	<i>ondansetron hcl</i> .....	106	OXERVATE.....	137
NUMBRINO .....	<i>ondansetron hcl (pf)</i> .....	106	<i>oxiconazole</i> .....	79
NUPLAZID.....	<i>onelix magnesium citrate</i> ... 106		OXISTAT .....	79
NURTEC ODT.....	ONETOUCH ULTRA		OXLUMO.....	149
NUZYRA .....	CONTROL.....	92	OXTELLAR XR .....	30
<i>nyamyc</i> .....	ONETOUCH ULTRA TEST		<i>oxybutynin chloride</i> .....	148
<i>nylia 1/35 (28)</i> .....	.....	89	OXYBUTYNIN CHLORIDE	
<i>nylia 7/7/7 (28)</i> .....	ONETOUCH ULTRA2		.....	148
NYMALIZE.....	METER .....	92	<i>oxycodone</i> .....	43
<i>nystatin</i> .....	ONETOUCH VERIO FLEX		OXYCODONE.....	43
3, 79	METER .....	92	<i>oxycodone-acetaminophen</i> ...	43
<i>nystatin-triamcinolone</i> .....	ONETOUCH VERIO MID		OXYCONTIN .....	43
79	CONTROL.....	92	<i>oxymorphone</i> .....	43
<i>nystop</i> .....	ONETOUCH VERIO TEST		OZEMPIC.....	99
79	STRIPS.....	89	<b>P</b>	
<b>O</b>	ONUREG .....	25	PACLITAXEL PROTEIN-	
OB COMPLETE ONE.....	<i>opcicon one-step</i> .....	133	BOUND.....	25
OB COMPLETE PETITE..	OPILL.....	126	PALFORZIA (LEVEL 1)..	117
OB COMPLETE PREMIER	<i>opium tincture</i> .....	102	PALFORZIA (LEVEL 2)..	117
..... 152	OPSUMIT .....	145	PALFORZIA (LEVEL 3)..	117
OB COMPLETE WITH DHA	OPTICHAMBER DIAMOND		PALFORZIA (LEVEL 4)..	117
..... 152	VHC.....	90	PALFORZIA (LEVEL 5)..	117
OBIZUR.....	<i>option-2</i> .....	133	PALFORZIA (LEVEL 6)..	117
OCALIVA.....	ORALAIR .....	117	PALFORZIA (LEVEL 7)..	117
<i>ocella</i> .....	<i>oralone</i> .....	87	PALFORZIA (LEVEL 8)..	117
OCREVUS .....				
<i>octreotide acetate</i> .....				
24				
ODACTRA.....				
117				

PALFORZIA (LEVEL 9)..	117	PERSERIS.....	54	<i>polocaine-mpf</i> .....	78
PALFORZIA (LEVEL 10).	117	PERTZYE .....	107	<i>polycin</i> .....	135
PALFORZIA INITIAL DOSE		PFIZER COVID 2024-25(5Y-		<i>polyethylene glycol 3350</i> ....	107
.....	117	11Y)PF .....	118	<i>polymyxin b sulfate</i> .....	14
PALFORZIA LEVEL 11		PFIZER COVID 2024-		<i>polymyxin b sulf-trimethoprim</i>	
MAINTENANCE.....	117	25(6MO-4Y)PF .....	118	.....	135
<i>paliperidone</i> .....	53	<i>pfizerpen-g</i> .....	16	POMALYST.....	25
<i>palonosetron</i> .....	106	<i>phenazopyridine</i> .....	149	PONVORY .....	112
PALONOSETRON .....	106	<i>phenelzine</i> .....	54	PONVORY 14-DAY	
PALYNZIQ.....	96	<i>phenobarb-atropine-</i>		STARTER PACK.....	112
<i>pamidronate</i> .....	97	<i>scop</i> .....	102	<i>portia 28</i> .....	133
PANCREAZE .....	106	<i>phenobarbital</i> .....	30	<i>posaconazole</i> .....	3, 4
PANRETIN .....	74	<i>phenoxybenzamine</i> .....	61	<i>potassium chloride</i> .....	150
<i>pantoprazole</i> .....	109	<i>phentermine</i> .....	82	<i>potassium citrate</i> .....	149
PANZYGA.....	117	<i>phenylephrine hcl</i> .....	141	<i>povidone-iodine</i> .....	135
<i>papaverine</i> .....	61	PHENYLEPH-		<i>pr natal 400</i> .....	152
PARAGARD T 380A.....	124	TROPICAMIDE IN		<i>pr natal 400 ec</i> .....	152
<i>paricalcitol</i> .....	97	WATER.....	136	<i>pr natal 430</i> .....	152
<i>paroex oral rinse</i> .....	87	<i>phenytoin</i> .....	31	<i>pr natal 430 ec</i> .....	152
<i>paromomycin</i> .....	13	<i>phenytoin sodium</i> .....	31	<i>pramipexole</i> .....	33
<i>paroxetine hcl</i> .....	53	<i>phenytoin sodium extended</i> ..	31	<i>prasugrel</i> .....	68
<i>paroxetine</i>		PHEXXI .....	127	<i>pravastatin</i> .....	70
<i>mesylate(menop.sym)</i> .....	54	<i>philith</i> .....	133	PRAXBIND.....	68
PARSABIV .....	97	PHOSPHOLINE IODIDE..	136	<i>praziquantel</i> .....	14
PASER .....	13	PHYSIOLYTE .....	83	<i>prazosin</i> .....	61
PAXLOVID .....	6	PHYSIOSOL IRRIGATION	83	<i>prednicarbate</i> .....	82
<i>pazopanib</i> .....	25	<i>phytonadione (vitamin k1)</i> ....	68	PREDNISOLN SP-	
PEDIARIX (PF) .....	117	PHYTONADIONE		MOXIFLOX-BROMFEN	
PEDVAX HIB (PF).....	117	(VITAMIN K1) .....	67, 68	.....	137
<i>peg 3350-electrolytes</i> .....	106	PIFELTRO .....	6	<i>prednisolone</i> .....	88, 89
<i>peg3350-sod sul-nacl-kcl-asb-c</i>		<i>pilocarpine hcl</i> .....	85, 87, 136	<i>prednisolone acetate</i> .....	140
.....	106	<i>pimecrolimus</i> .....	74	PREDNISOLONE ACETATE	
PEGASYS .....	111	<i>pimozide</i> .....	54	(PF).....	140
<i>peg-electrolyte soln</i> .....	106	<i>pimtree (28)</i> .....	133	PREDNISOLONE ACETATE-	
PEMAZYRE .....	25	<i>pindolol</i> .....	61	BROMFENAC .....	137
PENBRAYA (PF) .....	117	<i>pioglitazone</i> .....	99	PREDNISOLONE ACETATE-	
<i>penciclovir</i> .....	80	<i>pioglitazone-glimepiride</i> .....	99	NEPAFENAC.....	137
<i>penicillamine</i> .....	123	<i>pioglitazone-metformin</i> .....	99	PREDNISOLONE SOD PH-	
PENICILLIN G POT IN		<i>piperacillin-tazobactam</i> .....	16	MOXIFLOX .....	139
DEXTROSE.....	16	PIQRAY .....	25	<i>prednisolone sodium</i>	
<i>penicillin g potassium</i> .....	16	<i>pirfenidone</i> .....	146	<i>phosphate</i> .....	89, 140
<i>penicillin g sodium</i> .....	16	<i>piroxicam</i> .....	46	PREDNISOLONE-	
<i>penicillin v potassium</i> .....	16	<i>pitavastatin calcium</i> .....	70	MOXIFLO-NEPAFENAC	
PENTACEL (PF) .....	117	PIXEL COVID19 HOME		.....	137
<i>pentamidine</i> .....	13	COLLECT KIT .....	90	PREDNISOLONE-	
PENTASA.....	106	PLEGRIDY .....	112	MOXIFLOXACIN HCL	139
<i>pentazocine-naloxone</i> .....	46	PNEUMOVAX-23 .....	118	PREDNISOLONE-	
<i>pentoxifylline</i> .....	67	<i>pnv-dha</i> .....	152	MOXIFLOX-BROMFEN	
<i>perindopril erbumine</i> .....	61	<i>pnv-omega</i> .....	152	.....	137
<i>permethrin</i> .....	82	<i>pnv-select</i> .....	152	<i>prednisone</i> .....	89
<i>perphenazine</i> .....	54	POCKET CHAMBER.....	90	<i>prednisone intensol</i> .....	89
<i>perphenazine-amitriptyline</i> ..	54	<i>podofilox</i> .....	75	<i>pregabalin</i> .....	31

PREGENNA.....	152	PROCRIT .....	110	<i>quit 2</i> .....	87
PREMARIN .....	126	<i>procto-med hc</i> .....	107	<i>quit 4</i> .....	87
PREMPHASE .....	126	<i>proctosol hc</i> .....	107	QULIPTA .....	34
PREMPRO .....	126	<i>proctozone-hc</i> .....	107	QUZYTIR .....	142
PRENATA .....	152	PROFILNINE.....	68	<b>R</b>	
<i>prenatabs fa</i> .....	152	<i>progesterone</i> .....	126	RABAVERT (PF) .....	118
<i>prenatabs rx</i> .....	152	<i>progesterone micronized</i> ....	126	<i>rabeprazole</i> .....	109
PRENATAL .....	152	PROLASTIN-C .....	85	RADICAVA .....	35
<i>prenatal 19</i> .....	152	PROLATE .....	43	RADICAVA ORS STARTER	
<i>prenatal plus</i> .....	152	PROMACTA.....	68	KIT SUSP .....	35
<i>prenatal plus (calcium carb)</i>		<i>promethazine</i> .....	142	RADIOGARDASE.....	85
.....	152	<i>promethazine vc</i> .....	142	RAGWITEK.....	118
PRENATAL PLUS DHA... 152		<i>promethazine-codeine</i> .....	142	<i>raloxifene</i> .....	120
PRENATAL PLUS		<i>promethazine-dm</i> .....	142	<i>ramelteon</i> .....	54
VITAMIN-MINERAL ... 152		<i>promethegan</i> .....	142	<i>ramipril</i> .....	61
<i>prenatal vitamin</i> .....	152	<i>propafenone</i> .....	56	<i>ranolazine</i> .....	71
<i>prenatal vitamin plus low iron</i>		<i>proparacaine</i> .....	137	RAPIVAB (PF) .....	7
.....	153	<i>propranolol</i> .....	61	<i>rasagiline</i> .....	33
<i>prenatal vitamin with minerals</i>		<i>propranolol-</i>		RASUVO (PF).....	123
.....	153	<i>hydrochlorothiazid</i> .....	61	RAVICTI.....	85
<i>prenatal-u</i> .....	153	<i>propylthiouracil</i> .....	89	REBIF (WITH ALBUMIN)	
PRENATE DHA (FERR ASP		PROQUAD (PF).....	118	.....	112
GLYCIN) .....	153	<i>protamine</i> .....	68	REBIF REBIDOSE .....	112
PRENATE ELITE (IRON ASP		<i>protriptiline</i> .....	54	REBIF TITRATION PACK	
GLYC).....	153	PROVAYBLUE.....	83	.....	112
PRENATE ENHANCE.....	153	PROVIDA OB.....	153	REBINYN .....	68
PRENATE MINI (FERR ASP		<i>pruclair</i> .....	75	REBLOZYL .....	110
GLYCIN) .....	153	PULMOZYME.....	146	RECARBRIO .....	14
PRENATE PIXIE.....	153	PURIXAN .....	25	<i>reclipsen (28)</i> .....	133
PRENATE RESTORE .....	153	<i>pyrazinamide</i> .....	14	RECOMBIVAX HB (PF)... 118	
PRENATE STAR.....	153	<i>pyridostigmine bromide</i> .. 36, 37		RECTIV .....	107
PREPIDIL .....	127	PYRIDOSTIGMINE		<i>regonol</i> .....	37
PRESTALIA .....	61	BROMIDE.....	36	REGANEX .....	75
PRETOMANID.....	14	<i>pyrimethamine</i> .....	14	RELENZA DISKHALER .....	7
<i>prevalite</i> .....	70	PYRUKYND.....	85	RELISTOR .....	107
PREVNAR 20 (PF) .....	118	<b>Q</b>		RELYVRIO .....	35
PREVYMIS.....	6	QBREXZA .....	75	RENACIDIN .....	149
PREZCOBIX.....	6	QINLOCK .....	25	RENFLEXIS.....	107
PREZISTA .....	6	QNASL.....	146	<i>repaglinide</i> .....	99
PRIFTIN.....	14	QSYMIA .....	82	REPATHA PUSHTRONEX 70	
PRIMACARE.....	153	QUADRACEL (PF) .....	118	REPATHA SURECLICK ... 70	
<i>primaquine</i> .....	14	QUAZEPAM.....	54	REPATHA SYRINGE .....	70
PRIMEAIRE .....	90	<i>quetiapine</i> .....	54	RESPA-AR.....	142
<i>primidone</i> .....	31	QUICKVUE SARS ANTIGEN		RESTASIS MULTIDOSE.. 138	
PRIORIX (PF).....	118	.....	90	RETACRIT .....	110
<i>probenecid</i> .....	120	<i>quinapril</i> .....	61	RETEVMO.....	25
<i>probenecid-colchicine</i> .....	120	<i>quinapril-hydrochlorothiazide</i>		RETROVIR .....	7
<i>procainamide</i> .....	56	.....	61	REVCOVI .....	85
PROCHAMBER .....	90	<i>quinidine gluconate</i> .....	56	REXTOVY .....	46
<i>prochlorperazine</i> .....	107	<i>quinidine sulfate</i> .....	56	REXULTI.....	54
<i>prochlorperazine edisylate</i> . 107		<i>quinine sulfate</i> .....	14	REYATAZ .....	7
<i>prochlorperazine maleate</i> .. 107		QUINJA.....	78	REZDIFFRA .....	85

REZLIDHIA.....	25	<i>sapropterin</i> .....	97	<i>sodium chloride 3 %</i>	
RHOPRESSA.....	139	SAVELLA.....	123	<i>hypertonic</i> .....	150
RIASTAP .....	68	SAXENDA.....	83	<i>sodium chloride 5 %</i>	
<i>ribavirin</i> .....	7, 109	SCSEMBLIX.....	25	<i>hypertonic</i> .....	150
RIDAURA.....	123	SCENESSE .....	75	<i>sodium citrate-citric acid</i> ...	149
<i>rifabutin</i> .....	14	<i>scopolamine base</i> .....	107	SODIUM OXYBATE .....	54
<i>rifampin</i> .....	14	SEBUDERM .....	75	<i>sodium phenylbutyrate</i> .....	85
<i>riluzole</i> .....	85	SECUADO .....	54	<i>sodium polystyrene sulfonate</i>	
<i>rimantadine</i> .....	7	SELECT-OB + DHA .....	153	.....	103
<i>ringer's</i> .....	83	<i>selegiline hcl</i> .....	33	<i>sodium,potassium,mag sulfates</i>	
RINVOQ .....	123	<i>selenium sulfide</i> .....	72	.....	107
<i>risedronate</i> .....	85, 120	SELZENTRY .....	7	SOFIA SARS ANTIGEN FIA	
<i>risperidone</i> .....	54	<i>se-natal 19 chewable</i> .....	153	.....	90
<i>risperidone microspheres</i> .....	54	<i>se-natal-19</i> .....	153	SOFIA2 FLU-SARS	
RITEFLO AEROCHAMBER		SEREVENT DISKUS .....	146	ANTIGEN FIA .....	90
.....	90	SEROSTIM .....	111	SOFOSBUVIR-	
<i>ritonavir</i> .....	7	<i>sertraline</i> .....	54	VELPATASVIR.....	7
<i>rivastigmine</i> .....	35	<i>setlakin</i> .....	133	SOHONOS .....	85
<i>rivastigmine tartrate</i> .....	35	<i>sevelamer carbonate</i> .....	103	<i>solifenacin</i> .....	148
<i>rivelsa</i> .....	133	SEVENFACT .....	68	SOLQUA 100/33 .....	94
RIXUBIS.....	68	<i>sharobel</i> .....	126	SOLIRIS .....	85
<i>rizatriptan</i> .....	34	SHINGRIX (PF).....	118	SOLOSEC .....	14
ROCKLATAN .....	139	SIGNIFOR.....	26	<i>soluvita</i> .....	153
<i>roflumilast</i> .....	146	<i>sildenafil (pulm.hypertension)</i>		SOMATULINE DEPOT .....	26
<i>ropinirole</i> .....	33	.....	146	SOMAVERT .....	97
<i>rosadan</i> .....	76	<i>silodosin</i> .....	149	<i>sonafine</i> .....	75
<i>rosula cleansing cloths</i> .....	77	<i>silver nitrate</i> .....	75	<i>sorafenib</i> .....	26
<i>rosuvastatin</i> .....	70	<i>silver nitrate applicators</i> .....	75	SORBITOL.....	83
ROTARIX .....	118	<i>silver sulfadiazine</i> .....	73	SORBITOL-MANNITOL.....	83
ROTATEQ VACCINE .....	118	SIMBRINZA .....	139	<i>sotalol</i> .....	56
<i>roweepra</i> .....	31	<i>simliya (28)</i> .....	133	SOTALOL.....	56
ROXYBOND .....	43	<i>simpesse</i> .....	133	<i>sotalol af</i> .....	56
ROZLYTREK .....	25	SIMPONI.....	123	SOTYLIZE .....	56
RUBRACA.....	25	SIMPONI ARIA.....	123	SOVALDI.....	7
RUCONEST.....	146	SIMULECT .....	26	SPACE CHAMBER.....	90
<i>rufinamide</i> .....	31	<i>simvastatin</i> .....	71	SPIKEVAX 2024-2025(12Y	
RUKOBIA.....	7	SINUVA.....	146	UP)(PF).....	119
RYBELSUS .....	99	<i>sirolimus</i> .....	26	<i>spinosad</i> .....	82
RYDAPT.....	25	SIRTURO .....	14	SPIRIVA RESPIMAT.....	146
RYTARY .....	33	SIVEXTRO .....	14	<i>spironolactone</i> .....	61
<b>S</b>		SKYCLARYS .....	35	<i>spironolacton-</i>	
<i>sajazir</i> .....	146	SKYLA.....	124	<i>hydrochlorothiaz</i> .....	61
<i>salicylic acid</i> .....	73	SKYRIZI .....	72, 107	<i>sprintec (28)</i> .....	133
<i>salicylic acid-ceramides no.1</i>		SKYSONA .....	35	SPRITAM.....	31
.....	73	SLYND.....	133	SPRYCEL.....	26
<i>salimez</i> .....	73	<i>sodium benzoate-sod</i>		<i>sps (with sorbitol)</i> .....	103
SALIMEZ FORTE.....	73	<i>phenylacet</i> .....	85	<i>sronyx</i> .....	133
<i>salsalate</i> .....	46	<i>sodium chlor 0.9% bacteriostat</i>		<i>ssd</i> .....	73
<i>salvax</i> .....	73	.....	85	SSKI .....	89
<i>salycim</i> .....	73	<i>sodium chloride</i> ....	85, 146, 150	<i>sss 10-5</i> .....	77
SANCUSO .....	107	<i>sodium chloride 0.45 %</i> .....	150	<i>st joseph aspirin</i> .....	46
SANTYL .....	82	<i>sodium chloride 0.9 %</i> .....	85	<i>st. joseph aspirin</i> .....	46



STAMARIL (PF) .....	119	SYNJARDY .....	100	<i>tencon</i> .....	43
STEGLUJAN .....	99	SYNJARDY XR.....	100	TENIVAC (PF) .....	119
STELARA.....	72	SYNTHROID.....	101	<i>tenofovir disoproxil fumarate</i> .7	
STIOLTO RESPIMAT .....	146	<b>T</b>		TEPEZZA.....	97
STIVARGA.....	26	<b>T</b>		TEPMETKO.....	26
<i>stop smoking aid</i> .....	87	FLEX .....	92	<i>terazosin</i> .....	62
STRENSIQ.....	97	SLIM X2.....	92	<i>terbinafine hcl</i> .....	4
STREPTOMYCIN .....	14	SLIM X2 BASAL-IQ		<i>terbutaline</i> .....	146, 147
STRIBILD .....	7	INSULIN PMP .....	92	<i>terconazole</i> .....	127
STRIVERDI RESPIMAT ..	146	SLIM X2 CONTROL-IQ	92	<i>teriflunomide</i> .....	112
<i>strong iodine</i> .....	78, 150	TABLOID .....	26	<i>teriparatide</i> .....	121
SUBLOCADE.....	43	TABRECTA.....	26	TERIPARATIDE .....	121
<i>subvenite</i> .....	31	<i>tacrolimus</i> .....	26, 75	TESTONE CIK .....	97
<i>subvenite starter (blue) kit</i> ...	31	<i>tadalafil (pulm. hypertension)</i>		TESTOPEL.....	97
<i>subvenite starter (green) kit</i> .31		.....	146	<i>testosterone</i> .....	97
<i>subvenite starter (orange) kit</i> 31		TAFINLAR .....	26	TESTOSTERONE.....	97
SUCRAID .....	107	<i>tafluprost (pf)</i> .....	139	<i>testosterone cypionate</i> .....	97
<i>sucralfate</i> .....	109	TAGRISO .....	26	<i>testosterone enanthate</i> .....	97
SULCONAZOLE.....	80	TAKE ACTION .....	133	<i>tetrabenazine</i> .....	35
<i>sulfacetamide sodium</i> ...72, 140		TAKHZYRO .....	146	<i>tetracaine hcl</i> .....	138
<i>sulfacetamide sodium (acne)</i> 79		TALTZ AUTOINJECTOR ..	72	TETRACAINE HCL (PF)..	138
<i>sulfacetamide sodium-sulfur</i> 77		TALTZ AUTOINJECTOR (2		<i>tetracycline</i> .....	18
<i>sulfacetamide sod-sulfur-urea</i>		PACK).....	72	THALOMID .....	27
.....	77	TALTZ AUTOINJECTOR (3		<i>theophylline</i> .....	147
<i>sulfacetamide-prednisolone</i> 140		PACK).....	72	THIOLA EC .....	85
<i>sulfacleanse 8-4</i> .....	77	TALTZ SYRINGE.....	72, 73	<i>thioridazine</i> .....	55
<i>sulfadiazine</i> .....	17	TALVEY .....	26	<i>thiothixene</i> .....	55
<i>sulfamethoxazole-trimethoprim</i>		TALZENNA.....	26	THYMOGLOBULIN .....	119
.....	17	<i>tamoxifen</i> .....	26	<i>thyroid (pork)</i> .....	101
SULFAMYLON.....	79	<i>tamsulosin</i> .....	149	<i>tiadylt er</i> .....	62
<i>sulfasalazine</i> .....	107	<i>tanlor</i> .....	37	<i>tiagabine</i> .....	31
<i>sulfatrim</i> .....	17	<i>tarina 24 fe</i> .....	133	TIBSOVO.....	27
<i>sulindac</i> .....	46	<i>tarina fe 1/20 (28)</i> .....	133	TICANASE .....	147
<i>sumatriptan</i> .....	34	<i>taron-c dha</i> .....	153	TIGLUTIK .....	86
<i>sumatriptan succinate</i> .....	34	TASIGNA .....	26	<i>tilia fe</i> .....	133
<i>sumatriptan-naproxen</i> .....	34	<i>tasimelteon</i> .....	54	<i>timolol maleate</i> .....	62, 136
<i>sunitinib malate</i> .....	26	<i>tavaborole</i> .....	80	<i>timolol maleate (pf)</i> .....	136
SUNLENCA.....	7	TAVNEOS .....	85	TIMOLOL-BRIMONIDI-	
SUNOSI .....	54	<i>tazarotene</i> .....	77	DORZOLAM(PF) .....	139
SUTAB.....	108	<i>tazicef</i> .....	10	<i>tinidazole</i> .....	14
<i>syeda</i> .....	133	TAZORAC .....	77	<i>tiopronin</i> .....	86
SYMAX DUOTAB.....	102	TAZVERIK .....	26	<i>tiotropium bromide</i> .....	147
SYMDEKO .....	146	TDVAX .....	119	<i>tirofiban-0.9% sodium chloride</i>	
SYMJEPI.....	142	TEFLARO .....	10	.....	68
SYMLINPEN 120.....	99	TEGLUTIK .....	85	<i>tis-u-sol pentalyte</i> .....	83
SYMLINPEN 60.....	99	TEGSEDI .....	35	TIVICAY.....	7
SYMPAZAN.....	31	<i>telmisartan</i> .....	61	TIVICAY PD.....	7
SYMPROIC .....	108	<i>telmisartan-amlodipine</i> .....	61	<i>tizanidine</i> .....	37
SYMITUZA.....	7	<i>telmisartan-hydrochlorothiazid</i>		TLANDO.....	98
SYNAGIS.....	7	.....	61	TOBI PODHALER .....	14
SYNAREL .....	97	<i>temazepam</i> .....	54, 55	TOBRADEX .....	139
SYNDROS .....	108	<i>temozolomide</i> .....	26	TOBRADEX ST.....	139

<i>tobramycin</i> .....	14, 135	<i>triamterene-hydrochlorothiazid</i>	TWINRIX (PF).....	119
<i>tobramycin in 0.225 % nacl</i> .	14	.....	TWIRLA.....	127
<i>tobramycin sulfate</i> .....	14	<i>triazolam</i> .....	TYBOST.....	7
TOBRAMYCIN WITH		TRICARE.....	<i>tydemy</i> .....	134
NEBULIZER.....	14	<i>tridacaine ii</i> .....	TYMLOS.....	121
<i>tobramycin-dexamethasone</i>	140	<i>triderm</i> .....	TYPHIM VI.....	119
TOBRAMYCIN-		<i>trientine</i> .....	TYSABRI.....	35
VANCOMYCIN .....	135	TRIENTINE .....	TYVASO.....	147
TOBREX.....	135	<i>tri-estarylla</i> .....	TYVASO DPI .....	147
<i>tolcapone</i> .....	33	TRIFERIC .....	TYVASO REFILL KIT.....	147
<i>tolmetin</i> .....	46	<i>trifluoperazine</i> .....	TYVASO STARTER KIT .	147
<i>tolterodine</i> .....	148	<i>trifluridine</i> .....	<b>U</b>	
<i>tolvaptan</i> .....	98	<i>trihexphenidyl</i> .....	UBRELVY .....	34
<i>topiramate</i> .....	31	TRIJARDY XR.....	ULESFIA.....	82
<i>toremifene</i> .....	27	TRIKAFTA .....	ULTOMIRIS .....	86
TORONOVA II SUIK .....	46	<i>tri-legest fe</i> .....	ULTRASAL-ER.....	73
TORONOVA SUIK .....	46	<i>tri-linyah</i> .....	<i>unithroid</i> .....	101
<i>torseamide</i> .....	62	<i>tri-lo-estarylla</i> .....	UPLIZNA .....	27
TOTECT.....	19	<i>tri-lo-marzia</i> .....	UPTRAVI.....	62
TOUJEO MAX U-300		<i>tri-lo-mili</i> .....	<i>urea</i> .....	75
SOLOSTAR .....	94	<i>tri-lo-sprintec</i> .....	UREA .....	75
TOUJEO SOLOSTAR U-300		<i>trimethobenzamide</i> .....	<i>urea nail stick</i> .....	75
INSULIN.....	94	<i>trimethoprim</i> .....	<i>urimar-t</i> .....	149
TRACLEER .....	147	<i>tri-mili</i> .....	<i>uro-458</i> .....	149
<i>tramadol</i> .....	46, 47	<i>trimipramine</i> .....	<i>urogesic-blue</i> .....	149
TRAMADOL .....	46	TRIMO-SAN JELLY .....	<i>uro-mp</i> .....	149
<i>tramadol-acetaminophen</i> .....	47	<i>trinatal rx 1</i> .....	<i>ursodiol</i> .....	108
<i>trandolapril</i> .....	62	<i>trinate</i> .....	<i>uryl</i> .....	149
<i>trandolapril-verapamil</i> .....	62	TRINAZ .....	<b>V</b>	
<i>tranexamic acid</i> .....	68, 127	TRINTELLIX.....	VABOMERE.....	14
<i>tranexamic acid in nacl,iso-os</i>		TRIPTODUR.....	VAFSEO.....	86
.....	68	<i>tri-sprintec (28)</i> .....	<i>valacyclovir</i> .....	7
<i>tranylcypromine</i> .....	55	TRISTART DHA .....	VALCHLOR .....	75
<i>travoprost</i> .....	139	TRIUMEQ.....	<i>valganciclovir</i> .....	8
<i>trazodone</i> .....	55	TRIUMEQ PD.....	<i>valproate sodium</i> .....	31
TRECTOR.....	14	<i>trivora (28)</i> .....	<i>valproic acid</i> .....	32
TRELEGY ELLIPTA .....	147	<i>tri-vylibra</i> .....	<i>valproic acid (as sodium salt)</i>	
TREMFYA.....	73	<i>tri-vylibra lo</i> .....	.....	31
<i>treprostinil sodium</i> .....	62	TROGARZO .....	<i>valsartan</i> .....	62
TRESIBA FLEXTOUCH U-		<i>tropicamide</i> .....	<i>valsartan-hydrochlorothiazide</i>	
100.....	95	<i>trospium</i> .....	.....	62
TRESIBA FLEXTOUCH U-		TRULANCE.....	VALTOCO .....	32
200.....	95	TRULICITY .....	<i>vancomycin</i> .....	19
TRESIBA U-100 INSULIN .	95	TRUMENBA.....	VANCOMYCIN.....	18
<i>tretinoin</i> .....	77	TRUSTEEL INFUSION SET	<i>vancomycin in 0.9 % sodium</i>	
<i>tretinoin (antineoplastic)</i> .....	27	23.....	<i>chl</i> .....	18
<i>tretinoin microspheres</i> .....	77	TRUSTEX-RIA NON-LUB	VANCOMYCIN IN 0.9 %	
TRETTEN .....	68	CONDOMS .....	SODIUM CHL .....	18
TREXALL.....	27	TUKYSA.....	VANCOMYCIN IN	
<i>triamcinolone acetonide</i>	82, 87,	<i>tulana</i> .....	DEXTROSE 5 % .....	18
89		TURALIO .....	VANCOMYCIN-DILUENT	
<i>triamterene</i> .....	62	<i>turqoz (28)</i> .....	COMBO NO.1.....	19

VANFLYTA .....	27	VIMIZIM.....	98	WIDE-SEAL DIAPHRAGM	
VANOXIDE-HC.....	77	VIOKACE.....	108	.....	124
VAQTA (PF).....	119	<i>viorele (28)</i> .....	134	WILATE.....	69
<i>varenicline</i> .....	87	VIRACEPT .....	8	<i>wintergreen oil</i> .....	75
VARISOFT INFUSION SET		VIREAD.....	8	<i>wixela inhub</i> .....	147
23.....	92	VISCO-3.....	47	<i>wymzya fe</i> .....	134
VARIVAX (PF) .....	119	VITAFOL FE PLUS .....	154	<b>X</b>	
VARIZIG .....	119	VITAFOL ULTRA.....	154	XALKORI.....	27
VARUBI.....	108	VITAFOL-OB .....	154	XARELTO .....	69
<i>vasopressin</i> .....	98	VITAFOL-ONE .....	154	XARELTO DVT-PE TREAT	
VASOPRESSIN IN 0.9 %		VITAMEDMD ONE RX ..	154	30D START.....	69
SOD CHLOR .....	98	<i>vitamin k</i> .....	68	XCOPRI .....	32
VASOPRESSIN IN		<i>vitamin k1</i> .....	68	XCOPRI MAINTENANCE	
DEXTROSE 5 %.....	98	VITATRUE.....	154	PACK .....	32
VAXCHORA VACCINE ..	119	VITRAKVI.....	27	XCOPRI TITRATION PACK	
VAXELIS (PF).....	119, 120	VIVITROL.....	47	.....	32
VAXNEUVANCE (PF) .....	120	VIVOTIF.....	120	XDEMVY.....	138
VCF CONTRACEPTIVE		VIZIMPRO.....	27	XELJANZ.....	123
FILM .....	127	<i>volnea (28)</i> .....	134	XELJANZ XR.....	124
VCF CONTRACEPTIVE GEL		VONJO.....	27	XEMBIFY .....	120
.....	127	VONVENDI.....	68	XENLETA.....	15
VEKLURY.....	8	VOQUEZNA.....	109	XENPOZYME .....	86
<i>veletri</i> .....	62	VOQUEZNA DUAL PAK.	109	XEPI .....	79
<i>velivet triphasic regimen (28)</i>		VOQUEZNA TRIPLE PAK		XERAVA .....	18
.....	134	.....	109	XERMELO.....	28
VELPHORO.....	103	VORAXAZE.....	19	XGEVA .....	19
VEMLIDY .....	8	<i>voriconazole</i> .....	4	XIGDUO XR.....	100
VENCLEXTA.....	27	VORTEX HOLDING		XIIDRA .....	138
VENCLEXTA STARTING		CHAMBER .....	90	XOFLUZA .....	8
PACK .....	27	VOSEVI .....	8	XOLAIR.....	147, 148
<i>venlafaxine</i> .....	55	VOWST.....	108	XOSPATA.....	28
VENOFER .....	154	VOXZOGO .....	98	XTANDI.....	28
VENTAVIS.....	147	VOYDEYA .....	86	<i>xulane</i> .....	128
VEOPOZ.....	86	VPRIV .....	98	XULTOPHY 100/3.6 .....	95
VEOZAH .....	127	VRAYLAR.....	55	XURIDEN .....	86
<i>verapamil</i> .....	62	<i>vyfemla (28)</i> .....	134	XYNTHA .....	69
VERQUVO .....	71	VYJUVEK.....	75	XYNTHA SOLOFUSE .....	69
VERZENIO.....	27	<i>vylibra</i> .....	134	XYWAV .....	55
<i>vestura (28)</i> .....	134	VYNDAMAX .....	71	<b>Y</b>	
V-GO 20.....	92	VYNDAQEL.....	71	YCANTH .....	75
V-GO 30.....	92	VYVGART HYTRULO .....	37	YF-VAX (PF).....	120
V-GO 40.....	92	VYZULTA .....	139	YONSA .....	28
VIBATIV .....	19	<b>W</b>		YUPELRI .....	148
VIBERZI.....	108	WAKIX .....	55	<i>yuvafem</i> .....	126
VICTOZA 2-PAK.....	100	<i>warfarin</i> .....	69	<b>Z</b>	
VICTOZA 3-PAK.....	100	<i>water for irrigation, sterile</i> ...86		<i>zafemy</i> .....	128
<i>vienna</i> .....	134	WAVESENSE PRESTO.....	92	<i>zafirlukast</i> .....	148
<i>vigabatrin</i> .....	32	WEGOVI .....	83	<i>zaleplon</i> .....	55
<i>vigadrone</i> .....	32	WELIREG.....	27	ZALVIT.....	154
<i>vigpoder</i> .....	32	<i>wera (28)</i> .....	134	<i>zarah</i> .....	134
VIJOICE.....	27	<i>wesnatal dha complete</i> .....	154	ZARXIO .....	110
<i>vilazodone</i> .....	55	<i>westab plus</i> .....	154	<i>zatean-pn dha</i> .....	154

<i>zatean-pn plus</i> .....	154	<i>zileuton</i> .....	148	ZONTIVITY .....	69
ZEJULA .....	28	<i>zingiber</i> .....	154	ZORYVE .....	73
ZELBORAF .....	28	ZIPHEX .....	154	ZOSYN IN DEXTROSE (ISO- OSM) .....	16
ZEMAIRA .....	86	<i>ziprasidone hcl</i> .....	55	<i>zovia 1-35 (28)</i> .....	134
ZEMDRI .....	15	<i>ziprasidone mesylate</i> .....	55	ZTALMY .....	32
<i>zenatane</i> .....	77	ZIRGAN .....	135	ZUBSOLV .....	47
ZENPEP .....	108	ZITHRANOL .....	73	ZULRESSO .....	55
ZEPBOUND .....	83	ZOKINVY .....	86	<i>zumandimine (28)</i> .....	134
ZEPOSIA .....	35	<i>zoledronic acid</i> .....	98	ZURZUVAE .....	55
ZEPOSIA STARTER KIT (28- DAY) .....	35	<i>zoledronic acid-mannitol-water</i> .....	86, 98	ZYDELIG .....	28
ZEPOSIA STARTER PACK (7-DAY) .....	36	ZOLEDRONIC AC- MANNITOL-0.9NACL ...	98	ZYFLO .....	148
ZERBAXA .....	10	ZOLGENSMA .....	36	ZYKADIA .....	28
ZERVIAE .....	138	ZOLINZA .....	28	ZYLET .....	140
<i>zidovudine</i> .....	8	<i>zolmitriptan</i> .....	34	ZYNTEGLO .....	110
ZIEXTENZO .....	110	<i>zolpidem</i> .....	55	ZYPREXA RELPREVV .....	56
ZILBRYSQ .....	37	<i>zonisamide</i> .....	32		