

Preferred (B4) Drug list Effective 05-01-2023

LIST OF COVERED DRUGS

How to use this list:

On a 4 tier PPO plan? Refer to the B4 drug list.

Your drugs fall into 4 tiers: Generic (1), Brand (2), Non-Preferred Brand (3) and Specialty (4)

Please see the chart on page v for information.

Have questions? Please call customer service at 800-722-1471 (TTY:711), Monday through Friday, 5 a.m. to 8 p.m. Pacific Time.

What is the list of covered drugs (Drug list)?

This document contains a list of generic, brand and specialty drugs covered under your plan.

How is the list of covered drugs developed?

The drug list is developed with an independent committee of physicians, pharmacists and other healthcare providers called the Pharmacy and Therapeutics Committee. This independent committee reviews and selects drugs for coverage based on each drug's safety, effectiveness, and cost. The committee meets at least quarterly to review new drugs to market to determine placement on this list and also reviews new information related to safety, effectiveness, and cost for existing drugs to ensure the drug list remains up to date with current medical evidence.

How do I use the Drug list?

Drugs are listed by categories depending on the type of medical conditions that they are used to treat. If you know what your drug is used for, look for the category name in the list below. Then look under the category name for your drug.

If you are not sure what category to look under, you can also search for the drug in the Index. The Index provides an alphabetical list of all the drugs included in this document. Next to the name of the drug in the Index, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

How does this drug list help me understand my drug coverage?

Drug coverage is based on your coverage contract. Coverage for a specific drug is subject to the rules outlined in your member booklet. This document will tell you if a drug is included on the drug list attached to your plan.

Will this drug list change?

This drug list is updated throughout the year. If you are taking a drug and it will be removed from the drug list or moved to a higher cost sharing tier, we will notify you of this change via letter. We also post information on upcoming drug list changes on our website on the “Upcoming Drug list Changes” page.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These can be seen in the column next to the drug name on the list. These requirements and limits may include:

- **Prior Authorization:** some drugs require prior approval before they are covered.
- **Quantity Limits:** for some drugs, we limit the amount of the drug that we will cover. For example, we will cover 18 per 30-day supply of zolmitriptan oral tablets.
- **Step Therapy:** for some drugs we require that you first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, then we will then cover Drug B.

Drugs subject to these restrictions will generally mean that your physician or healthcare provider may need to provide additional information on your medical condition before the drug will be covered at the pharmacy. Information on this process is on our website on the “Drugs Requiring Approval” page.

Preferred (B4) Drug list

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower-case italics (e.g., *metformin oral tablet*).

The information in the Requirements/Limits column tells you if we have any special requirements for coverage of your drug.

COVERAGE NOTES ABBREVIATIONS

ABBREVIATION	DESCRIPTION	EXPLANATION
Utilization Management Restrictions		
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from us before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
QL	Quantity Limit Restriction	We limit the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before we will provide coverage for this drug, you must first try another drug to treat your medical condition. This drug may only be covered if the other drug does not work for you.
Other Special Requirements for Coverage		
LA	Limited Access Drug	This prescription may be available only at certain pharmacies.
ACA PV	Affordable Care Act (ACA) Preventive Medication	The Affordable Care Act (ACA) makes certain preventive medications available to you at no cost when you meet the requirements of the U.S. Preventive Services Task Force (USPSTF) recommendation grade of "A" or "B."
OCh	Oral Chemo	Oral Chemotherapy Drug. Certain oral chemotherapy drugs may be covered under your medical plan. Please check your member booklet for more details.
SP	Specialty Pharmacy	In general, specialty drugs are drugs typically used to treat chronic, complex, or rare conditions and may require enhanced clinical support. Specialty Drugs are generally limited to a month supply on dispense. Please check your member booklet for more details.
Vac	Vaccines	For more information on the coverage of vaccines administered at a Pharmacy, please see your member booklet or contact Customer Service.

The amount you pay for a covered drug will depend on if you have met any applicable deductible for the plan year, if you have met any applicable maximum out of pocket for the plan year and what tier the medication is on.

More information on applicable deductibles and maximum out of pockets can be found in your member booklet.

Preferred (B4) Drug list

Drug Tier	Includes
Generic (1)	Tier 1 is the lowest tier and includes generic drugs. Generic drugs are as effective, safe, and high quality as their brand-name counterparts, yet less expensive.
Brand (2)	Tier 2 includes preferred brand drugs. Considered “preferred” when there is no generic, and/or because of their value and effectiveness.
Non-Preferred Brand (3)	Tier 3 includes non-preferred brand drugs. These drugs may be more expensive than their alternatives tiers 1 and 2.
Specialty (4)	Tier 4 includes specialty drugs are drugs typically used to treat chronic, complex, or rare conditions and may require enhanced clinical support. Specialty Drugs are generally limited to a month supply on dispense. Please check your member booklet for more details.

Drug Name	Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ANCOBON ORAL CAPSULE 250 MG, 500 MG	3	
BREXAFEMME ORAL TABLET 150 MG	3	PA; ST; QL (4 per 30 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
CRESEMBA ORAL CAPSULE 186 MG	3	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML, 40 MG/ML	3	
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	3	
<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>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i>	1	
<i>itraconazole oral solution 10 mg/ml</i>	1	
<i>ketoconazole oral tablet 200 mg</i>	1	
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG	3	PA; ST
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	3	PA
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG	3	PA
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
ORAVIG MUCO-ADHESIVE BUCCAL TABLET 50 MG	3	
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	1	
SPORANOX ORAL CAPSULE 100 MG	3	
SPORANOX ORAL SOLUTION 10 MG/ML	3	
<i>terbinafine hcl oral tablet 250 mg</i>	1	

Drug Name	Tier	Requirements / Limits
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	3	PA; ST
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)	3	
VFEND ORAL TABLET 200 MG, 50 MG	3	
VIVJOA ORAL CAPSULE 150 MG	3	PA
<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	
ANTIVIRALS		
<i>abacavir oral solution 20 mg/ml</i>	1	
<i>abacavir oral tablet 300 mg</i>	1	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	1	
<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>adefovir oral tablet 10 mg</i>	1	
<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	
APTIVUS ORAL CAPSULE 250 MG	2	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	1	
ATRIPLA ORAL TABLET 600-200-300 MG	3	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	2	
BARACLUDE ORAL TABLET 0.5 MG, 1 MG	3	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	2	
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	4	PA; SP
CIMDUO ORAL TABLET 300-300 MG	3	
COMBIVIR ORAL TABLET 150-300 MG	3	
COMPLERA ORAL TABLET 200-25-300 MG	2	
DELSTRIGO ORAL TABLET 100-300-300 MG	3	
DESCOVY ORAL TABLET 120-15 MG	3	PA; ST
DESCOVY ORAL TABLET 200-25 MG	3	PA; ST; QL (30 per 30 days)

Drug Name	Tier	Requirements / Limits
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	1	
DOVATO ORAL TABLET 50-300 MG	2	
EDURANT ORAL TABLET 25 MG	2	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	1	
<i>efavirenz oral tablet 600 mg</i>	1	
<i>efavirenz-emtricitabin-tenofof oral tablet 600-200-300 mg</i>	1	
<i>efavirenz-lamivu-tenofof disop oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	
<i>emtricitabine oral capsule 200 mg</i>	1	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	1	
EMTRIVA ORAL CAPSULE 200 MG	3	
EMTRIVA ORAL SOLUTION 10 MG/ML	2	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	4	PA; SP; LA
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	4	PA; SP; LA
EPIVIR ORAL SOLUTION 10 MG/ML	3	
EPIVIR ORAL TABLET 150 MG, 300 MG	3	
EPZICOM ORAL TABLET 600-300 MG	3	
<i>etravirine oral tablet 100 mg, 200 mg</i>	1	
EVOTAZ ORAL TABLET 300-150 MG	3	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
FLUMADINE ORAL TABLET 100 MG	3	
<i>fosamprenavir oral tablet 700 mg</i>	1	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	4	SP
GENVOYA ORAL TABLET 150-150-200-10 MG	2	
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	4	PA; ST; SP; LA
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	4	PA; ST; SP; LA
HEPSERA ORAL TABLET 10 MG	3	

Drug Name	Tier	Requirements / Limits
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	3	
ISENTRESS HD ORAL TABLET 600 MG	2	
ISENTRESS ORAL POWDER IN PACKET 100 MG	3	
ISENTRESS ORAL TABLET 400 MG	2	
ISENTRESS ORAL TABLET, CHEWABLE 100 MG, 25 MG	2	
JULUCA ORAL TABLET 50-25 MG	2	
KALETRA ORAL SOLUTION 400-100 MG/5 ML	3	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	3	
<i>lamivudine oral solution 10 mg/ml</i>	1	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	1	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	4	PA; SP; LA
LEXIVA ORAL SUSPENSION 50 MG/ML	2	
LEXIVA ORAL TABLET 700 MG	3	
LIVTENCITY ORAL TABLET 200 MG	4	PA; SP
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	1	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	1	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	1	PA
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	4	PA; ST; SP; LA
MAVYRET ORAL TABLET 100-40 MG	4	PA; ST; SP; LA
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	
<i>nevirapine oral tablet 200 mg</i>	1	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	1	
NORVIR ORAL POWDER IN PACKET 100 MG	2	
NORVIR ORAL TABLET 100 MG	3	
ODEFSEY ORAL TABLET 200-25-25 MG	2	
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	1	
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1	

Drug Name	Tier	Requirements / Limits
PIFELTRO ORAL TABLET 100 MG	3	
PREVYMIS ORAL TABLET 240 MG, 480 MG	3	
PREZCOBIX ORAL TABLET 800-150 MG-MG	3	
PREZISTA ORAL SUSPENSION 100 MG/ML	2	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	
RETROVIR ORAL CAPSULE 100 MG	3	
RETROVIR ORAL SYRUP 10 MG/ML	3	
REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	
REYATAZ ORAL POWDER IN PACKET 50 MG	3	
<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	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	3	PA; ST; QL (60 per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	2	
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	
SITAVIG MUCO-ADHESIVE BUCCAL TABLET 50 MG	3	PA; ST; QL (4 per 30 days)
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	4	PA; ST; SP; LA
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	4	PA; ST; SP; LA
SOVALDI ORAL TABLET 200 MG, 400 MG	4	PA; ST; SP; LA
<i>stavudine oral capsule 15 mg, 20 mg, 40 mg</i>	1	
STRIBILD ORAL TABLET 150-150-200-300 MG	3	
SUNLENCA ORAL TABLET 300 MG	4	PA; ST; SP; QL (9 per 365 days)
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	4	PA; ST; SP; QL (2 per 135 days)
SYMFI LO ORAL TABLET 400-300-300 MG	3	
SYMFI ORAL TABLET 600-300-300 MG	3	
SYMTUZA ORAL TABLET 800-150-200-10 MG	3	

Drug Name	Tier	Requirements / Limits
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	3	
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	3	
TEMIXYS ORAL TABLET 300-300 MG	3	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	2	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	2	
TRIUMEQ ORAL TABLET 600-50-300 MG	2	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	3	PA
TRIZIVIR ORAL TABLET 300-150-300 MG	3	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	3	PA; ST
TYBOST ORAL TABLET 150 MG	3	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1	
VALCYTE ORAL RECON SOLN 50 MG/ML	3	
VALCYTE ORAL TABLET 450 MG	3	
<i>valganciclovir oral recon soln 50 mg/ml</i>	1	
<i>valganciclovir oral tablet 450 mg</i>	1	
VALTREX ORAL TABLET 1 GRAM, 500 MG	3	
VEMLIDY ORAL TABLET 25 MG	2	
VIEKIRA PAK ORAL TABLETS, DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	4	PA; SP; LA
VIRACEPT ORAL TABLET 250 MG, 625 MG	2	
VIRAZOLE INHALATION RECON SOLN 6 GRAM	3	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	3	
VOSEVI ORAL TABLET 400-100-100 MG	4	PA; ST; SP; LA
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	QL (2 per 365 days)
ZEPATIER ORAL TABLET 50-100 MG	4	PA; SP; LA
ZIAGEN ORAL SOLUTION 20 MG/ML	3	

Drug Name	Tier	Requirements / Limits
ZIAGEN ORAL TABLET 300 MG	3	
<i>zidovudine oral capsule 100 mg</i>	1	
<i>zidovudine oral syrup 10 mg/ml</i>	1	
<i>zidovudine oral tablet 300 mg</i>	1	QL (60 per 30 days)
ZOVIRAX ORAL SUSPENSION 200 MG/5 ML	3	
CEPHALOSPORINS		
<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>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefditoren pivoxil oral tablet 200 mg, 400 mg</i>	1	
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</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>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg, 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	
SPECTRACEF ORAL TABLET 400 MG	3	
SUPRAX ORAL CAPSULE 400 MG	3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	3	

Drug Name	Tier	Requirements / Limits
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	2	
SUPRAX ORAL TABLET, CHEWABLE 100 MG, 200 MG	3	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral packet 1 gram</i>	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 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	
DIFICID ORAL TABLET 200 MG	3	
<i>e.e.s. oral tablet 400 mg</i>	1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	3	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	3	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	3	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1	
ZITHROMAX ORAL PACKET 1 GRAM	3	

Drug Name	Tier	Requirements / Limits
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	3	
ZITHROMAX Z-PAK ORAL TABLET 250 MG	3	
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC) 194 MG	3	PA; ST
<i>albendazole oral tablet 200 mg</i>	1	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	3	PA; ST
ALINIA ORAL TABLET 500 MG	3	PA; ST
ARAKODA ORAL TABLET 100 MG	3	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	4	SP
<i>atovaquone oral suspension 750 mg/5 ml</i>	1	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	3	
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	4	PA; ST; SP
BILTRICIDE ORAL TABLET 600 MG	3	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	4	PA; SP; LA; QL (90 per 30 days)
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG	3	
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	3	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1	
COARTEM ORAL TABLET 20-120 MG	2	
CYCLOSERINE ORAL CAPSULE 250 MG	2	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	

Drug Name	Tier	Requirements / Limits
DARAPRIM ORAL TABLET 25 MG	4	PA; ST; SP
EMVERM ORAL TABLET, CHEWABLE 100 MG	3	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
FLAGYL ORAL CAPSULE 375 MG	3	
<i>gentamicin injection solution 40 mg/ml</i>	1	
HUMATIN ORAL CAPSULE 250 MG	4	SP; LA
<i>hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
IMPAVIDO ORAL CAPSULE 50 MG	3	
<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	QL (20 per 30 days)
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	PA; ST; SP
KRINTAFEL ORAL TABLET 150 MG	3	
LAMPIT ORAL TABLET 120 MG, 30 MG	3	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1	
<i>linezolid oral tablet 600 mg</i>	1	
MALARONE ORAL TABLET 250-100 MG	3	
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG	3	
<i>mefloquine oral tablet 250 mg</i>	1	
MEPRON ORAL SUSPENSION 750 MG/5 ML	3	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN ORAL CAPSULE 150 MG	3	
NEBUPENT INHALATION RECON SOLN 300 MG	3	
<i>neomycin oral tablet 500 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	1	
<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	

Drug Name	Tier	Requirements / Limits
PLAQUENIL ORAL TABLET 200 MG	3	
<i>praziquantel oral tablet 600 mg</i>	1	
PRETOMANID ORAL TABLET 200 MG	3	
PRIFTIN ORAL TABLET 150 MG	3	
<i>primaquine oral tablet 26.3 mg</i>	1	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	4	PA; ST; SP
QUALAQUIN ORAL CAPSULE 324 MG	3	
<i>quinine sulfate oral capsule 324 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	3	PA
SIVEXTRO ORAL TABLET 200 MG	3	QL (6 per 30 days)
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	3	PA; ST
STROMECTOL ORAL TABLET 3 MG	3	QL (20 per 30 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	PA; ST; SP
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	4	PA; ST; SP
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	4	SP
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	4	SP
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	PA; ST; SP
TRECTOR ORAL TABLET 250 MG	3	
XENLETA ORAL TABLET 600 MG	3	
XIFAXAN ORAL TABLET 200 MG	3	PA; ST; QL (60 per 30 days)
XIFAXAN ORAL TABLET 550 MG	2	PA; ST; QL (60 per 30 days)
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	3	
ZYVOX ORAL TABLET 600 MG	3	
PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<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, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR 1,000-62.5 MG	3	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML	3	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	3	
<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	
QUINOLONES		
BAXDELA ORAL TABLET 450 MG	3	
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	1	
FACTIVE ORAL TABLET 320 MG	3	QL (7 per 30 days)
<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	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S & RELATED AGENTS		

Drug Name	Tier	Requirements / Limits
BACTRIM DS ORAL TABLET 800-160 MG	3	
BACTRIM ORAL TABLET 400-80 MG	3	
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	1	
TETRACYCLINES		
ACTICLATE ORAL TABLET 150 MG, 75 MG	3	ST
AVIDOXY DK KIT 100 MG-2 % -SPF 30	3	ST
<i>avidoxy oral tablet 100 mg</i>	1	ST
<i>coremino oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg</i>	1	
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	
DORYX MPC ORAL TABLET, DELAYED RELEASE (DR/EC) 120 MG, 60 MG	3	ST
DORYX ORAL TABLET, DELAYED RELEASE (DR/EC) 200 MG, 50 MG, 80 MG	3	ST
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	
DOXYCYCLINE HYCLATE ORAL TABLET, DELAYED RELEASE (DR/EC) 80 MG	3	ST
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE, IR - DELAY REL, BIPHASE 40 MG	3	ST
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
LYMEPAK ORAL TABLET 100 MG	3	ST
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
MINOCYCLINE ORAL CAPSULE, EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG	3	ST
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	1	ST
MINOCYCLINE ORAL TABLET, IR - ER, BIPHASIC 24HR 105 MG, 135 MG	3	ST
MINOLIRA ER ORAL TABLET, IR - ER, BIPHASIC 24HR 105 MG, 135 MG	3	ST
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	1	
MONODOX ORAL CAPSULE 100 MG, 50 MG, 75 MG	3	ST
MORGIDOX 1X 50 KIT 50 MG	3	ST
MORGIDOX 2X100 KIT 100 MG	3	ST
<i>morgidox oral capsule 100 mg</i>	1	ST
NUZYRA ORAL TABLET 150 MG	3	
ORACEA ORAL CAPSULE, IR - DELAY REL, BIPHASE 40 MG	3	ST
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG	3	ST
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	ST
TARGADOX ORAL TABLET 50 MG	3	ST
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	
XIMINO ORAL CAPSULE, EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG	3	ST
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine oral packet 3 gram</i>	1	
FURADANTIN ORAL SUSPENSION 25 MG/5 ML	3	
HIPREX ORAL TABLET 1 GRAM	3	
MACROBID ORAL CAPSULE 100 MG	3	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG	3	
<i>methenamine hippurate oral tablet 1 gram</i>	1	
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	1	
MONUROL ORAL PACKET 3 GRAM	3	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	3	
<i>trimethoprim oral tablet 100 mg</i>	1	
VANCOMYCIN		
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	3	
VANCOCIN ORAL CAPSULE 125 MG, 250 MG	3	
<i>vancomycin oral capsule 125 mg, 250 mg</i>	1	
<i>vancomycin oral recon soln 50 mg/ml</i>	1	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
MESNEX ORAL TABLET 400 MG	3	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	4	SP
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	SP; LA
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	4	PA; SP; Och; LA
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	4	PA; ST; SP; Och; LA
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	4	PA; ST; SP; Och; LA
ALECENSA ORAL CAPSULE 150 MG	4	PA; SP; Och; LA; QL (240 per 30 days)
ALKERAN ORAL TABLET 2 MG	3	Och
ALUNBRIG ORAL TABLET 180 MG	4	PA; SP; Och; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	4	PA; SP; Och; QL (180 per 30 days)
ALUNBRIG ORAL TABLET 90 MG	4	PA; SP; Och; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS, DOSE PACK 90 MG (7)- 180 MG (23)	4	PA; SP; Och; QL (1 per 30 days)
<i>anastrozole oral tablet 1 mg</i>	1	Och; ACA PV; QL (30 per 30 days)
ARIMIDEX ORAL TABLET 1 MG	3	PA; ST; Och; QL (30 per 30 days)
AROMASIN ORAL TABLET 25 MG	3	PA; ST; Och; QL (30 per 30 days)

Drug Name	Tier	Requirements / Limits
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	3	
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	4	PA; SP; Och
AZASAN ORAL TABLET 100 MG, 75 MG	3	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	4	PA; ST; SP; Och
<i>bexarotene oral capsule 75 mg</i>	4	PA; ST; SP; Och
<i>bexarotene topical gel 1 %</i>	1	PA; ST
<i>bicalutamide oral tablet 50 mg</i>	1	Och; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	4	PA; ST; SP; Och; LA
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG	4	PA; SP; Och; LA
BRUKINSA ORAL CAPSULE 80 MG	4	PA; ST; SP; Och
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	4	PA; ST; SP; Och; LA
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	4	PA; ST; SP; Och
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG	4	PA; SP
<i>capecitabine oral tablet 150 mg</i>	4	SP; Och; LA; QL (210 per 30 days)
<i>capecitabine oral tablet 500 mg</i>	4	SP; Och; LA; QL (84 per 30 days)
CAPRELSA ORAL TABLET 100 MG, 300 MG	4	PA; SP; Och
CASODEX ORAL TABLET 50 MG	3	Och
CELLCEPT ORAL CAPSULE 250 MG	3	
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	3	
CELLCEPT ORAL TABLET 500 MG	3	
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; Och
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	4	PA; ST; SP; Och
COTELLIC ORAL TABLET 20 MG	4	PA; SP; Och; LA
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	Och
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	3	Och

Drug Name	Tier	Requirements / Limits
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1, 800 MG-30, 000 UNIT/15 ML	4	PA; ST; SP; LA
DAURISMO ORAL TABLET 100 MG, 25 MG	4	PA; SP; Och; LA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA; SP; LA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA; SP; LA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA; SP; LA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA; SP; LA
EMCYT ORAL CAPSULE 140 MG	2	Och
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	4	PA; SP; LA
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	3	
ERIVEDGE ORAL CAPSULE 150 MG	4	PA; SP; Och; LA
ERLEADA ORAL TABLET 240 MG, 60 MG	4	PA; SP; Och; LA
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	4	PA; ST; SP; Och; LA
<i>etoposide oral capsule 50 mg</i>	1	Och
EULEXIN ORAL CAPSULE 125 MG	3	Och
<i>everolimus (antineoplastic) oral tablet 10 mg</i>	4	PA; ST; SP; Och; LA; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	4	PA; ST; SP; Och; LA
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	4	PA; SP; Och; LA; QL (150 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	4	PA; SP; Och; LA; QL (90 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	4	PA; SP; Och; LA; QL (60 per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	1	PA

Drug Name	Tier	Requirements / Limits
<i>everolimus (immunosuppressive) oral tablet 1 mg</i>	1	PA; QL (300 per 30 days)
<i>exemestane oral tablet 25 mg</i>	1	Och; ACA PV; QL (30 per 30 days)
EXKIVITY ORAL CAPSULE 40 MG	4	PA; ST; SP; Och
FARESTON ORAL TABLET 60 MG	3	PA; ST; Och; QL (30 per 30 days)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	3	PA; Och
FEMARA ORAL TABLET 2.5 MG	3	PA; ST; Och; QL (30 per 30 days)
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	4	PA; SP
FOTIVDA ORAL CAPSULE 0.89 MG	4	PA; ST; SP; Och; QL (33 per 30 days)
FOTIVDA ORAL CAPSULE 1.34 MG	4	PA; ST; SP; Och; QL (22 per 30 days)
GAVRETO ORAL CAPSULE 100 MG	4	PA; SP; Och; LA; QL (120 per 30 days)
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	4	PA; ST; SP; Och; LA
GLEEVEC ORAL TABLET 100 MG, 400 MG	4	PA; SP; Och; LA
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	PA; ST; Och
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	4	SP; Och; LA
HYDREA ORAL CAPSULE 500 MG	3	Och
<i>hydroxyurea oral capsule 500 mg</i>	1	Och
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	4	PA; SP; Och; LA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	4	PA; SP; Och; LA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	4	PA; ST; SP; Och
IDHIFA ORAL TABLET 100 MG, 50 MG	4	PA; SP; Och; LA
<i>imatinib oral tablet 100 mg</i>	4	SP; Och; LA; QL (90 per 30 days)
<i>imatinib oral tablet 400 mg</i>	4	SP; Och; LA; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	4	PA; ST; SP; Och
IMBRUVICA ORAL SUSPENSION 70 MG/ML	4	PA; ST; SP; Och; LA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	4	PA; ST; SP; Och
IMURAN ORAL TABLET 50 MG	3	
INLYTA ORAL TABLET 1 MG, 5 MG	4	PA; ST; SP; Och; LA

Drug Name	Tier	Requirements / Limits
INQOVI ORAL TABLET 35-100 MG	4	PA; SP; Och; LA
INREBIC ORAL CAPSULE 100 MG	4	PA; SP; Och; LA
IRESSA ORAL TABLET 250 MG	4	PA; SP; Och; LA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA; ST; SP; Och; LA
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	4	PA; ST; SP; Och; LA
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	4	PA; ST; SP; Och; LA
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	3	PA; ST
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	4	PA; SP; Och
KRAZATI ORAL TABLET 200 MG	4	PA; SP; Och
LANREOTIDE SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	4	PA; SP; LA
<i>lapatinib oral tablet 250 mg</i>	4	PA; ST; SP; Och; LA; QL (180 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	4	PA; ST; SP; Och; LA; QL (30 per 30 days)
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	4	PA; ST; SP; Och; LA
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)	4	PA; ST; SP; Och; LA
<i>letrozole oral tablet 2.5 mg</i>	1	Och; ACA PV; QL (30 per 30 days)
LEUKERAN ORAL TABLET 2 MG	2	PA; Och
LEUPROLIDE (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PA; SP; LA
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	4	PA; SP
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	4	PA; ST; SP; Och; LA
LORBRENA ORAL TABLET 100 MG	4	PA; SP; Och; LA; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	4	PA; SP; Och; LA; QL (120 per 30 days)

Drug Name	Tier	Requirements / Limits
LUMAKRAS ORAL TABLET 120 MG	4	PA; ST; SP; Och; LA; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	4	PA; ST; SP; Och; LA; QL (90 per 30 days)
LUPKYNIS ORAL CAPSULE 7.9 MG	4	PA; ST; SP; QL (180 per 30 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	4	PA; ST; SP; LA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	4	PA; ST; SP; LA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA; ST; SP; LA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	4	PA; ST; SP; LA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	4	PA; ST; SP; LA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	4	PA; ST; SP; LA
LYNPARZA ORAL TABLET 100 MG, 150 MG	4	PA; ST; SP; Och; LA
LYSODREN ORAL TABLET 500 MG	4	SP; Och
LYTGOBI ORAL TABLET 4 MG	4	PA; SP; Och
MATULANE ORAL CAPSULE 50 MG	4	SP; Och
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	QL (2 per 30 days)
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	1	QL (1 per 30 days)
<i>megestrol oral tablet 20 mg</i>	1	Och; QL (480 per 30 days)
<i>megestrol oral tablet 40 mg</i>	1	Och; QL (240 per 30 days)
MEKINIST ORAL TABLET 0.5 MG, 2 MG	4	PA; ST; SP; Och; LA
MEKTOVI ORAL TABLET 15 MG	4	PA; SP; Och; LA
<i>melphalan oral tablet 2 mg</i>	1	Och; QL (63 per 21 days)
<i>mercaptopurine oral tablet 50 mg</i>	1	Och; QL (120 per 30 days)
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	Och
MYCAPSSA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG	4	PA; ST; SP; QL (120 per 30 days)

Drug Name	Tier	Requirements / Limits
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	1	
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG, 360 MG	3	
MYLERAN ORAL TABLET 2 MG	2	Och
NEORAL ORAL CAPSULE 100 MG, 25 MG	3	
NEORAL ORAL SOLUTION 100 MG/ML	3	
NERLYNX ORAL TABLET 40 MG	4	PA; ST; SP; Och; LA; QL (180 per 30 days)
NEXAVAR ORAL TABLET 200 MG	4	PA; ST; SP; Och; LA
NILANDRON ORAL TABLET 150 MG	3	Och
<i>nilutamide oral tablet 150 mg</i>	1	Och; QL (60 per 30 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	4	PA; ST; SP; Och; LA
NUBEQA ORAL TABLET 300 MG	4	PA; SP; Och; LA
ODOMZO ORAL CAPSULE 200 MG	4	PA; SP; Och; LA; QL (30 per 30 days)
ONUREG ORAL TABLET 200 MG	4	PA; ST; SP; Och; LA; QL (21 per 30 days)
ONUREG ORAL TABLET 300 MG	4	PA; ST; SP; Och; LA; QL (14 per 30 days)
ORGOVYX ORAL TABLET 120 MG	4	PA; SP; Och
ORSERDU ORAL TABLET 345 MG, 86 MG	4	PA; SP; Och
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	4	PA; ST; SP; Och; QL (28 per 30 days)
PHESGO SUBCUTANEOUS SOLUTION 1, 200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML	4	PA; ST; SP; LA
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)	4	PA; ST; SP; Och; LA; QL (30 per 30 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4	PA; ST; SP; Och; LA; QL (30 per 30 days)
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	3	

Drug Name	Tier	Requirements / Limits
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	3	
PURIXAN ORAL SUSPENSION 20 MG/ML	4	SP; Och
QINLOCK ORAL TABLET 50 MG	4	PA; ST; SP; Och; QL (90 per 30 days)
RAPAMUNE ORAL SOLUTION 1 MG/ML	3	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	
RETEVMO ORAL CAPSULE 40 MG	4	PA; SP; Och; LA; QL (240 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	4	PA; SP; Och; LA; QL (120 per 30 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	4	PA; ST; SP; Och; LA; QL (30 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	4	PA; SP; Och
REZUROCK ORAL TABLET 200 MG	3	PA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	4	PA; SP; Och; LA
RYDAPT ORAL CAPSULE 25 MG	4	PA; ST; SP; Och; LA
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	3	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	2	
SANDOSTATIN INJECTION SOLUTION 50 MCG/ML	4	PA; ST; SP; LA
SCSEMBLIX ORAL TABLET 20 MG, 40 MG	4	PA; ST; SP; Och; LA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	4	PA; ST; SP
SIKLOS ORAL TABLET 1,000 MG, 100 MG	3	
<i>sirolimus oral solution 1 mg/ml</i>	1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	3	Och; ACA PV
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	4	PA; SP; LA
<i>sorafenib oral tablet 200 mg</i>	4	PA; ST; SP; Och; LA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	4	PA; ST; SP; Och; LA
STIVARGA ORAL TABLET 40 MG	4	PA; ST; SP; Och; LA

Drug Name	Tier	Requirements / Limits
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	4	PA; ST; SP; Och; LA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	4	PA; ST; SP; Och; LA
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	4	PA; ST; SP
TABLOID ORAL TABLET 40 MG	2	PA; Och
TABRECTA ORAL TABLET 150 MG, 200 MG	4	PA; SP; Och; LA; QL (168 per 30 days)
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	PA; ST; SP; Och; LA
TAGRISSE ORAL TABLET 40 MG, 80 MG	4	PA; ST; SP; Och; LA
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	4	PA; SP; Och; LA
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG	4	PA; ST; SP; Och; LA
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	Och; ACA PV; QL (60 per 30 days)
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	4	PA; ST; SP; Och; LA
TARGRETIN ORAL CAPSULE 75 MG	3	PA; ST; Och
TARGRETIN TOPICAL GEL 1 %	3	PA; ST
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	4	PA; ST; SP; Och; LA
TAZVERIK ORAL TABLET 200 MG	4	PA; ST; SP; Och; QL (240 per 30 days)
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	4	SP; Och; LA
TEPMETKO ORAL TABLET 225 MG	4	PA; SP; Och; QL (60 per 30 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	4	SP; Och; LA
TIBSOVO ORAL TABLET 250 MG	4	PA; SP; Och
<i>toremifene oral tablet 60 mg</i>	1	Och
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	1	Och
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	3	PA; ST; Och; QL (15 per 30 days)
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3)	4	PA; SP; Och; QL (1 per 30 days)
TUKYSA ORAL TABLET 150 MG, 50 MG	4	PA; ST; SP; Och; QL (120 per 30 days)

Drug Name	Tier	Requirements / Limits
TURALIO ORAL CAPSULE 125 MG	4	PA; SP; Och
TYKERB ORAL TABLET 250 MG	4	PA; ST; SP; Och; LA; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	4	PA; ST; SP; Och
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG	4	PA; SP; Och
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA; ST; SP; Och; LA
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	4	PA; SP
VITRAKVI ORAL CAPSULE 100 MG	4	PA; SP; Och; LA
VITRAKVI ORAL CAPSULE 25 MG	4	PA; ST; SP; Och; LA
VITRAKVI ORAL SOLUTION 20 MG/ML	4	PA; SP; Och; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	4	PA; SP; Och; LA
VONJO ORAL CAPSULE 100 MG	4	PA; ST; SP; Och; QL (120 per 30 days)
VOTRIENT ORAL TABLET 200 MG	4	PA; ST; SP; Och; LA
WELIREG ORAL TABLET 40 MG	4	PA; SP; Och; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG	4	PA; SP; Och; LA; QL (75 per 30 days)
XALKORI ORAL CAPSULE 250 MG	4	PA; SP; Och; LA; QL (60 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	3	PA; ST; Och; QL (2 per 30 days)
XELODA ORAL TABLET 150 MG, 500 MG	4	SP; Och; LA
XERMELO ORAL TABLET 250 MG	4	PA; ST; SP
XOSPATA ORAL TABLET 40 MG	4	PA; SP; Och
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	4	PA; ST; SP; Och
XTANDI ORAL CAPSULE 40 MG	4	PA; SP; Och; LA
XTANDI ORAL TABLET 40 MG, 80 MG	4	PA; SP; Och; LA
YONSA ORAL TABLET 125 MG	4	PA; SP; Och; LA
ZEJULA ORAL CAPSULE 100 MG	4	PA; ST; SP; Och; LA

Drug Name	Tier	Requirements / Limits
ZELBORAF ORAL TABLET 240 MG	4	PA; ST; SP; Och; LA
ZOLINZA ORAL CAPSULE 100 MG	4	PA; ST; SP; Och; LA
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	3	
ZYDELIG ORAL TABLET 100 MG, 150 MG	4	PA; ST; SP; Och; LA; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	4	PA; ST; SP; Och; LA; QL (90 per 30 days)
ZYTIGA ORAL TABLET 250 MG, 500 MG	4	PA; ST; SP; Och; LA

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG	3	PA; ST; QL (240 per 30 days)
APTIOM ORAL TABLET 400 MG	3	PA; ST; QL (120 per 30 days)
APTIOM ORAL TABLET 600 MG	3	PA; ST; QL (80 per 30 days)
APTIOM ORAL TABLET 800 MG	3	PA; ST; QL (60 per 30 days)
BANZEL ORAL SUSPENSION 40 MG/ML	3	PA; ST
BANZEL ORAL TABLET 200 MG, 400 MG	3	PA; ST
BRIVIACT ORAL SOLUTION 10 MG/ML	3	PA; ST; QL (2 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	PA; ST; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 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	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	3	
CELONTIN ORAL CAPSULE 300 MG	3	PA; ST; QL (1200 per 30 days)
<i>clobazam oral suspension 2.5 mg/ml</i>	1	
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	PA; ST

Drug Name	Tier	Requirements / Limits
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	3	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	3	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	3	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	4	PA; ST; SP
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	4	PA; ST; SP
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	3	
DIASTAT RECTAL KIT 2.5 MG	3	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	
DILANTIN EXTENDED ORAL CAPSULE 100 MG	2	
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	2	
DILANTIN ORAL CAPSULE 30 MG	2	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	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	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1, 000 MG, 1, 500 MG	3	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA; ST; SP; LA; QL (400 per 30 days)
<i>epitol oral tablet 200 mg</i>	1	
EPRONTIA ORAL SOLUTION 25 MG/ML	3	PA
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	3	
<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	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	

Drug Name	Tier	Requirements / Limits
FELBATOL ORAL SUSPENSION 600 MG/5 ML	3	
FELBATOL ORAL TABLET 400 MG, 600 MG	3	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	4	PA; ST; SP; QL (210 per 30 days)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	3	PA; ST; QL (2 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	PA; ST; QL (30 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
GABITRIL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG	3	
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG	3	PA; ST
KEPPRA ORAL SOLUTION 100 MG/ML	3	PA; ST; QL (9 per 30 days)
KEPPRA ORAL TABLET 1, 000 MG	3	PA; ST; QL (90 per 30 days)
KEPPRA ORAL TABLET 250 MG	3	PA; ST; QL (360 per 30 days)
KEPPRA ORAL TABLET 500 MG	3	PA; ST; QL (180 per 30 days)
KEPPRA ORAL TABLET 750 MG	3	PA; ST; QL (120 per 30 days)
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	3	PA; ST; QL (180 per 30 days)
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG	3	PA; ST; QL (120 per 30 days)
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	
<i>lacosamide oral solution 10 mg/ml</i>	1	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
LAMICTAL ODT ORAL TABLET, DISINTEGRATING 100 MG	3	PA; ST; QL (225 per 30 days)
LAMICTAL ODT ORAL TABLET, DISINTEGRATING 200 MG	3	PA; ST; QL (113 per 30 days)
LAMICTAL ODT ORAL TABLET, DISINTEGRATING 25 MG	3	PA; ST; QL (900 per 30 days)
LAMICTAL ODT ORAL TABLET, DISINTEGRATING 50 MG	3	PA; ST; QL (450 per 30 days)

Drug Name	Tier	Requirements / Limits
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)	3	PA; ST; QL (1 per 30 days)
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	3	PA; ST; QL (1 per 30 days)
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	3	PA; ST; QL (1 per 30 days)
LAMICTAL ORAL TABLET 100 MG	3	PA; ST; QL (225 per 30 days)
LAMICTAL ORAL TABLET 150 MG	3	PA; ST; QL (150 per 30 days)
LAMICTAL ORAL TABLET 200 MG	3	PA; ST; QL (113 per 30 days)
LAMICTAL ORAL TABLET 25 MG	3	PA; ST; QL (900 per 30 days)
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG	3	PA; ST; QL (900 per 30 days)
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 5 MG	3	PA; ST; QL (4500 per 30 days)
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS, DOSE PACK 25 MG (35)	3	PA; ST; QL (1 per 30 days)
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS, DOSE PACK 25 MG (84) -100 MG (14)	3	PA; ST; QL (1 per 30 days)
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS, DOSE PACK 25 MG (42) -100 MG (7)	3	PA; ST; QL (1 per 365 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG	3	PA; ST; QL (225 per 30 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 200 MG	3	PA; ST; QL (113 per 30 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 25 MG	3	PA; ST; QL (900 per 30 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 250 MG	3	PA; ST; QL (90 per 30 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 300 MG	3	PA; ST; QL (75 per 30 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 50 MG	3	PA; ST; QL (450 per 30 days)
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL, DOSE PACK 25 MG (21) -50 MG (7)	3	PA; ST; QL (1 per 365 days)

Drug Name	Tier	Requirements / Limits
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL, DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	3	PA; ST; QL (1 per 365 days)
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL, DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	3	PA; ST; QL (1 per 365 days)
<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	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<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	
<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 oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG	3	PA; ST
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	3	PA; ST
LYRICA ORAL SOLUTION 20 MG/ML	3	PA; ST
MYSOLINE ORAL TABLET 250 MG	3	PA; ST; QL (240 per 30 days)
MYSOLINE ORAL TABLET 50 MG	3	PA; ST; QL (1200 per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	2	
NEURONTIN ORAL CAPSULE 100 MG	3	PA; ST; QL (540 per 30 days)
NEURONTIN ORAL CAPSULE 300 MG	3	PA; ST; QL (180 per 30 days)
NEURONTIN ORAL CAPSULE 400 MG	3	PA; ST; QL (135 per 30 days)
NEURONTIN ORAL SOLUTION 250 MG/5 ML	3	
NEURONTIN ORAL TABLET 600 MG	3	PA; ST; QL (90 per 30 days)

Drug Name	Tier	Requirements / Limits
NEURONTIN ORAL TABLET 800 MG	3	PA; ST; QL (68 per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML	3	PA; ST; QL (4 per 30 days)
ONFI ORAL TABLET 10 MG	3	PA; ST; QL (120 per 30 days)
ONFI ORAL TABLET 20 MG	3	PA; ST; QL (60 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	PA; ST; QL (480 per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	PA; ST; QL (240 per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	PA; ST; QL (120 per 30 days)
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	2	
<i>phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1	
<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	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG	3	PA; ST; QL (120 per 30 days)
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 150 MG	3	PA; ST; QL (80 per 30 days)
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 200 MG	3	PA; ST; QL (60 per 30 days)
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 25 MG	3	PA; ST; QL (480 per 30 days)
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 50 MG	3	PA; ST; QL (240 per 30 days)
<i>roweepra oral tablet 500 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>rufinamide oral suspension 40 mg/ml</i>	1	PA
<i>rufinamide oral tablet 200 mg, 400 mg</i>	1	PA
SABRIL ORAL POWDER IN PACKET 500 MG	4	PA; ST; SP; LA
SABRIL ORAL TABLET 500 MG	4	PA; ST; SP; LA
SPRITAM ORAL TABLET FOR SUSPENSION 1, 000 MG	3	PA; ST; QL (90 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG	3	PA; ST; QL (360 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 500 MG	3	PA; ST; QL (180 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	3	PA; ST; QL (120 per 30 days)
<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	3	PA; ST; QL (120 per 30 days)
SYMPAZAN ORAL FILM 20 MG	3	PA; ST; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	3	PA; ST; QL (240 per 30 days)
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	3	
TEGRETOL ORAL TABLET 200 MG	3	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	3	
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG	3	PA; ST; QL (800 per 30 days)
TOPAMAX ORAL CAPSULE, SPRINKLE 25 MG	3	PA; ST; QL (480 per 30 days)
TOPAMAX ORAL TABLET 100 MG	3	PA; ST; QL (120 per 30 days)
TOPAMAX ORAL TABLET 200 MG	3	PA; ST; QL (60 per 30 days)
TOPAMAX ORAL TABLET 25 MG	3	PA; ST; QL (480 per 30 days)
TOPAMAX ORAL TABLET 50 MG	3	PA; ST; QL (240 per 30 days)
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>topiramate oral capsule, extended release 24hr 100 mg, 25 mg, 50 mg</i>	1	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)	3	PA; ST; QL (5 per 30 days)
TRILEPTAL ORAL TABLET 150 MG	3	PA; ST; QL (480 per 30 days)
TRILEPTAL ORAL TABLET 300 MG	3	PA; ST; QL (240 per 30 days)
TRILEPTAL ORAL TABLET 600 MG	3	PA; ST; QL (120 per 30 days)
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG	3	PA; ST; QL (120 per 30 days)
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG	3	PA; ST; QL (60 per 30 days)
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 25 MG	3	PA; ST; QL (480 per 30 days)
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 50 MG	3	PA; ST; QL (240 per 30 days)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 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	
<i>vigabatrin oral powder in packet 500 mg</i>	4	PA; ST; SP; LA
<i>vigabatrin oral tablet 500 mg</i>	4	PA; ST; SP; LA
<i>vigadrone oral powder in packet 500 mg</i>	4	PA; ST; SP
VIMPAT ORAL SOLUTION 10 MG/ML	3	PA; ST; QL (6 per 30 days)
VIMPAT ORAL TABLET 100 MG	3	PA; ST; QL (120 per 30 days)
VIMPAT ORAL TABLET 150 MG	3	PA; ST; QL (80 per 30 days)
VIMPAT ORAL TABLET 200 MG	3	PA; ST; QL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	3	PA; ST; QL (240 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	PA; ST
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA; ST

Drug Name	Tier	Requirements / Limits
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	PA; ST
ZARONTIN ORAL CAPSULE 250 MG	3	
ZARONTIN ORAL SOLUTION 250 MG/5 ML	3	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	
ZONISADE ORAL SUSPENSION 100 MG/5 ML	3	PA; ST
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
ZTALMY ORAL SUSPENSION 50 MG/ML	4	PA; SP
ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	4	PA; ST; SP; LA; QL (1 per 30 days)
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	4	PA; SP
AZILECT ORAL TABLET 0.5 MG, 1 MG	3	
<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, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet 25-100 mg</i>	1	PA; ST
<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</i>	1	
<i>carbidopa-levodopa oral tablet, disintegrating 25-250 mg</i>	1	PA; ST
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
COMTAN ORAL TABLET 200 MG	3	
DHIVY ORAL TABLET 25-100 MG	3	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	4	SP; LA
<i>entacapone oral tablet 200 mg</i>	1	
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 137 MG, 68.5 MG	4	SP

Drug Name	Tier	Requirements / Limits
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	4	PA; ST; SP
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	PA; ST; QL (150 per 30 days)
LODOSYN ORAL TABLET 25 MG	3	
MIRAPEX ER 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	3	
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	PA; ST
NOURIANZ ORAL TABLET 20 MG, 40 MG	4	PA; ST; SP; LA
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	3	PA; ST
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 322 MG/DAY(129 MG X1-193MG X1)	4	SP
PARLODEL ORAL CAPSULE 5 MG	3	
PARLODEL ORAL TABLET 2.5 MG	3	
<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	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1	
<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	
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	3	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	
STALEVO 100 ORAL TABLET 25-100-200 MG	3	
STALEVO 125 ORAL TABLET 31.25-125-200 MG	3	

Drug Name	Tier	Requirements / Limits
STALEVO 150 ORAL TABLET 37.5-150-200 MG	3	
STALEVO 200 ORAL TABLET 50-200-200 MG	3	
STALEVO 50 ORAL TABLET 12.5-50-200 MG	3	
STALEVO 75 ORAL TABLET 18.75-75-200 MG	3	
TASMAR ORAL TABLET 100 MG	3	
<i>tolcapone oral tablet 100 mg</i>	1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
XADAGO ORAL TABLET 100 MG, 50 MG	3	
ZELAPAR ORAL TABLET, DISINTEGRATING 1.25 MG	3	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; ST
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	2	PA; ST
AJOVY SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	2	PA; ST
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	1	QL (18 per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	1	
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	1	QL (8 per 30 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i>	1	QL (18 per 30 days)
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)	3	PA; ST; QL (18 per 30 days)
EMGALITY SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA; ST
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3)	2	PA; ST
ERGOMAR SUBLINGUAL TABLET 2 MG	2	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
FROVA ORAL TABLET 2.5 MG	3	QL (18 per 30 days)
<i>frovatriptan oral tablet 2.5 mg</i>	1	QL (18 per 30 days)
IMITREX NASAL SPRAY, NON-AEROSOL 20 MG/ACTUATION, 5 MG/ACTUATION	3	QL (18 per 30 days)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (18 per 30 days)

Drug Name	Tier	Requirements / Limits
IMITREX STATDOSE SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML	3	QL (8 per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML	3	QL (8 per 30 days)
MAXALT ORAL TABLET 10 MG	3	QL (18 per 30 days)
MAXALT-MLT ORAL TABLET, DISINTEGRATING 10 MG	3	QL (18 per 30 days)
<i>migergot rectal suppository 2-100 mg</i>	1	
MIGRANAL NASAL SPRAY, NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML)	3	QL (8 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL (18 per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	3	PA; ST; QL (8 per 30 days)
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG	3	ST; QL (16 per 30 days)
QULIPTA ORAL TABLET 10 MG	3	PA; ST; QL (180 per 30 days)
QULIPTA ORAL TABLET 30 MG	3	PA; ST; QL (60 per 30 days)
QULIPTA ORAL TABLET 60 MG	3	PA; ST; QL (30 per 30 days)
RELPAX ORAL TABLET 20 MG, 40 MG	3	QL (18 per 30 days)
REYVOW ORAL TABLET 100 MG, 50 MG	3	PA; ST; QL (8 per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL (18 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	1	QL (18 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	1	QL (18 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL (8 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL (8 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	QL (8 per 30 days)
<i>sumatriptan-naproxen oral tablet 85-500 mg</i>	1	PA; ST; QL (18 per 30 days)
TOSYMRA NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	3	QL (18 per 30 days)
TREXIMET ORAL TABLET 85-500 MG	3	PA; ST; QL (18 per 30 days)
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	3	QL (8 per 30 days)

Drug Name	Tier	Requirements / Limits
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; ST; QL (10 per 30 days)
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	3	ST; QL (8 per 30 days)
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	1	PA
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	QL (18 per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	QL (18 per 30 days)
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG, 5 MG	3	ST; QL (18 per 30 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG	3	QL (18 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR	3	PA; ST
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	4	PA; ST; SP; LA; QL (60 per 30 days)
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	3	
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	4	PA; SP; LA
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	4	PA; SP; LA; QL (60 per 30 days)
<i>dichlorphenamide oral tablet 50 mg</i>	4	SP; LA; QL (120 per 30 days)
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	1	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	1	
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	4	PA; SP; LA; QL (3 per 30 days)
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	3	
FIRDAPSE ORAL TABLET 10 MG	4	PA; ST; SP
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	
<i>galantamine oral solution 4 mg/ml</i>	1	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	3	PA; ST
INGREZZA INITIATION PACK ORAL CAPSULE, DOSE PACK 40 MG (7)- 80 MG (21)	4	PA; ST; SP
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	4	PA; ST; SP

Drug Name	Tier	Requirements / Limits
KEVEYIS ORAL TABLET 50 MG	4	PA; ST; SP; QL (120 per 30 days)
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	1	
<i>memantine oral solution 2 mg/ml</i>	1	
<i>memantine oral tablet 10 mg, 5 mg</i>	1	
MEMANTINE ORAL TABLETS, DOSE PACK 5-10 MG	2	
NAMENDA ORAL TABLET 10 MG, 5 MG	3	
NAMENDA TITRATION PAK ORAL TABLETS, DOSE PACK 5-10 MG	2	
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7-14-21-28 MG	3	
NAMENDA XR ORAL CAPSULE, SPRINKLE, ER 24HR 14 MG, 21 MG, 28 MG, 7 MG	3	
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	3	
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	
NUEDEXTA ORAL CAPSULE 20-10 MG	3	PA; QL (60 per 30 days)
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	4	SP; LA
RAZADYNE ER ORAL CAPSULE, EXT REL. PELLETS 24 HR 16 MG, 24 MG, 8 MG	3	
RELYVRIO ORAL POWDER IN PACKET 3-1 GRAM	4	PA; ST; SP; LA
<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	
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	4	PA; SP; LA; QL (4 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	4	SP; LA
XENAZINE ORAL TABLET 12.5 MG, 25 MG	4	PA; ST; SP; LA
ZEPOSIA ORAL CAPSULE 0.92 MG	4	PA; SP; LA; QL (30 per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE, DOSE PACK 0.23-0.46-0.92 MG	4	PA; SP; LA; QL (1 per 365 days)
ZEPOSIA STARTER PACK ORAL CAPSULE, DOSE PACK 0.23 MG (4)- 0.46 MG (3)	4	PA; SP; LA; QL (1 per 365 days)

MUSCLE RELAXANTS & ANTISPASMODIC THERAPY

Drug Name	Tier	Requirements / Limits
AMRIX ORAL CAPSULE, EXTENDED RELEASE 24HR 15 MG, 30 MG	3	ST
BACLOFEN ORAL SOLUTION 5 MG/5 ML	3	PA; ST
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1	
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	1	
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	1	PA; ST
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	1	ST
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine oral capsule, extended release 24hr 15 mg, 30 mg</i>	1	ST
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	1	
DANTRIUM ORAL CAPSULE 25 MG	3	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	
FEXMID ORAL TABLET 7.5 MG	3	
FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML)	3	ST
LORZONE ORAL TABLET 375 MG, 750 MG	3	PA; ST
LYVISPAH ORAL GRANULES IN PACKET 10 MG, 20 MG, 5 MG	3	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1	
MESTINON ORAL SYRUP 60 MG/5 ML	3	
MESTINON ORAL TABLET 60 MG	3	
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG	3	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1	
METHOCARBAMOL ORAL TABLET 1,000 MG	3	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
NORGESIC FORTE ORAL TABLET 50-770-60 MG	3	
NORGESIC ORAL TABLET 25-385-30 MG	3	PA
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg, 50-770-60 mg</i>	1	
<i>orphengesic forte oral tablet 50-770-60 mg</i>	1	

Drug Name	Tier	Requirements / Limits
OZOBAX ORAL SOLUTION 5 MG/5 ML	3	PA; ST
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	
SOMA ORAL TABLET 250 MG, 350 MG	3	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	1	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	
<i>vanadom oral tablet 350 mg</i>	1	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	3	
ZANAFLEX ORAL TABLET 4 MG	3	
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i>	1	PA; ST
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	1	PA; ST
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	PA; ST
ACTIQ BUCCAL LOZENGE ON A HANDLE 1, 200 MCG, 1, 600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA
ALLZITAL ORAL TABLET 25-325 MG	3	PA; ST
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	3	PA; ST
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	1	PA; ST
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	3	PA; ST
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	3	PA; ST
BUPAP ORAL TABLET 50-300 MG	3	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	1	ST
<i>butalbital compound w/codeine oral capsule 30-50-325-40 mg</i>	1	PA; ST
<i>butalbital-acetaminop-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	PA; ST
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	1	
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1	
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR	3	
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	PA; ST
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1	PA; ST
DILAUDID ORAL LIQUID 1 MG/ML	3	PA; ST
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG	3	PA; ST
<i>diskets oral tablet, soluble 40 mg</i>	1	PA; ST
DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG	3	
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA; ST
ESGIC ORAL CAPSULE 50-325-40 MG	3	
ESGIC ORAL TABLET 50-325-40 MG	3	
<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
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 100 MCG	3	PA; ST

Drug Name	Tier	Requirements / Limits
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	1	PA; ST
FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA
FIORICET ORAL CAPSULE 50-300-40 MG	3	
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG	3	PA; ST
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	1	PA; ST; QL (60 per 30 days)
<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	PA; ST; QL (60 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml</i>	1	PA; ST
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	PA; ST
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	PA; ST
<i>hydromorphone oral liquid 1 mg/ml</i>	1	PA; ST
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	1	PA; ST
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	1	PA; ST; QL (60 per 30 days)
<i>hydromorphone rectal suppository 3 mg</i>	1	PA; ST
HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	PA; ST
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	1	PA; ST
<i>meperidine oral solution 50 mg/5 ml</i>	1	PA; ST
<i>meperidine oral tablet 50 mg</i>	1	PA; ST
<i>methadone oral concentrate 10 mg/ml</i>	1	PA; ST
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	PA; ST
<i>methadone oral tablet 10 mg, 5 mg</i>	1	PA; ST
<i>methadone oral tablet, soluble 40 mg</i>	1	PA; ST
<i>methadose oral concentrate 10 mg/ml</i>	1	PA; ST
<i>methadose oral tablet, soluble 40 mg</i>	1	PA; ST
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	PA; ST

Drug Name	Tier	Requirements / Limits
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1	PA; ST; QL (60 per 30 days)
<i>morphine oral capsule, extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	PA; ST; QL (90 per 30 days)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	PA; ST
<i>morphine oral tablet 15 mg, 30 mg</i>	1	PA; ST
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	PA; ST; QL (120 per 30 days)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	1	PA; ST
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG	3	PA; ST; QL (120 per 30 days)
NALOCET ORAL TABLET 2.5-300 MG	3	PA; ST
OXAYDO ORAL TABLET, ORAL ONLY 5 MG, 7.5 MG	3	PA; ST
<i>oxycodone oral capsule 5 mg</i>	1	PA; ST
<i>oxycodone oral concentrate 20 mg/ml</i>	1	PA; ST
<i>oxycodone oral solution 5 mg/5 ml</i>	1	PA; ST
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	PA; ST
OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 10 MG, 20 MG, 40 MG	3	PA; ST; QL (90 per 30 days)
OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 80 MG	3	PA; ST; QL (120 per 30 days)
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml, 5-325 mg/5 ml</i>	1	PA; ST
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-300 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	PA; ST
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	2	PA; ST; QL (90 per 30 days)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 60 MG, 80 MG	2	PA; ST; QL (120 per 30 days)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	1	PA; ST
<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	PA; ST; QL (90 per 30 days)

Drug Name	Tier	Requirements / Limits
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	PA; ST
PRIMLEV ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	3	PA; ST
PROLATE ORAL SOLUTION 10-300 MG/5 ML	3	PA; ST
<i>prolate oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	1	PA; ST
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	PA; ST
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG, 5 MG	3	PA; ST
SEGLENTIS ORAL TABLET 44-56 MG	3	PA; ST
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL 1,200 MCG (600 MCG/SPRAY X 2), 1,600 MCG (800 MCG/SPRAY X 2), 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 600 MCG/SPRAY, 800 MCG/SPRAY	3	PA
<i>tencon oral tablet 50-325 mg</i>	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG	3	PA; ST
XTAMPZA ER ORAL CAP, SPRINKL, ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	3	PA; ST
<i>zebutal oral capsule 50-325-40 mg</i>	1	
NON-NARCOTIC ANALGESICS		
ANAPROX DS ORAL TABLET 550 MG	3	
ARTHROTEC 50 ORAL TABLET, IR, DELAYED REL, BIPHASIC 50-200 MG-MCG	3	
ARTHROTEC 75 ORAL TABLET, IR, DELAYED REL, BIPHASIC 75-200 MG-MCG	3	
<i>aspirin oral tablet 325 mg</i>	1	ACA PV
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	QL (90 per 30 days)
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	1	PA; ST; QL (2 per 30 days)
CAMBIA ORAL POWDER IN PACKET 50 MG	3	PA; ST
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	3	

Drug Name	Tier	Requirements / Limits
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	
CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 17-83 300 MG	3	PA; ST
CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; ST
DAYPRO ORAL TABLET 600 MG	3	
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR 1.3 %	3	ST
<i>diclofenac potassium oral capsule 25 mg</i>	1	ST
<i>diclofenac potassium oral powder in packet 50 mg</i>	1	
<i>diclofenac potassium oral tablet 25 mg</i>	1	
<i>diclofenac potassium oral tablet 50 mg</i>	1	ST
<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	
<i>diclofenac sodium topical gel 1 %</i>	1	
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	1	PA; ST
DICLOFENAC SUBMICRONIZED ORAL CAPSULE 35 MG	3	ST
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	1	
<i>diflunisal oral tablet 500 mg</i>	1	
DISALCID ORAL TABLET 500 MG, 750 MG	3	
DUEXIS ORAL TABLET 800-26.6 MG	3	ST
EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG	3	
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1	
FELDENE ORAL CAPSULE 10 MG, 20 MG	3	
FENOPROFEN ORAL CAPSULE 200 MG	3	ST
<i>fenoprofen oral capsule 400 mg</i>	1	ST
<i>fenoprofen oral tablet 600 mg</i>	1	

Drug Name	Tier	Requirements / Limits
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	3	
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	1	PA
INDOCIN ORAL SUSPENSION 25 MG/5 ML	3	ST
INDOCIN RECTAL SUPPOSITORY 50 MG	3	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral capsule, extended release 75 mg</i>	1	
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	
<i>ketorolac injection solution 15 mg/ml</i>	1	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	1	
KETOROLAC NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY	3	
<i>ketorolac oral tablet 10 mg</i>	1	QL (20 per 5 days)
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	3	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	3	
LODINE ORAL TABLET 400 MG	3	
<i>lofena oral tablet 25 mg</i>	1	ST
LUCEMYRA ORAL TABLET 0.18 MG	3	PA; ST
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	1	
<i>mefenamic acid oral capsule 250 mg</i>	1	
MELOXICAM ORAL SUSPENSION 7.5 MG/5 ML	3	PA; ST
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>meloxicam submicronized oral capsule 10 mg, 5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
NALFON ORAL CAPSULE 400 MG	3	ST
NALFON ORAL TABLET 600 MG	3	

Drug Name	Tier	Requirements / Limits
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	1	PA
<i>naltrexone oral tablet 50 mg</i>	1	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG	3	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 750 MG	3	ST
NAPROSYN ORAL SUSPENSION 125 MG/5 ML	3	
NAPROSYN ORAL TABLET 500 MG	3	
<i>naproxen oral suspension 125 mg/5 ml</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	
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr 750 mg</i>	1	PA; ST
<i>naproxen-esomeprazole oral tablet, ir, delayed rel, biphasic 375-20 mg, 500-20 mg</i>	1	ST
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	3	PA; ST; QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	3	PA; ST; QL (181 per 30 days)
<i>oxaprozin oral tablet 600 mg</i>	1	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)	3	PA; ST
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	1	PA; ST
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
QDOLO ORAL SOLUTION 5 MG/ML	3	PA; ST
RELAFEN DS ORAL TABLET 1, 000 MG	3	ST
<i>salsalate oral tablet 500 mg, 750 mg</i>	1	
SPRIX NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY	4	PA; ST; SP; QL (5 per 30 days)

Drug Name	Tier	Requirements / Limits
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG	3	QL (90 per 30 days)
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
TIVORBEX ORAL CAPSULE 20 MG	3	ST
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 17-83 300 MG	3	PA; ST
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; ST
TRAMADOL ORAL SOLUTION 5 MG/ML	3	PA; ST
TRAMADOL ORAL TABLET 100 MG	3	PA; ST
<i>tramadol oral tablet 50 mg</i>	1	PA; ST
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	1	PA; ST
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	1	PA; ST
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	PA; ST
<i>tri-buffered aspirin oral tablet 325 mg</i>	1	
VIMOVO ORAL TABLET, IR, DELAYED REL, BIPHASIC 375-20 MG, 500-20 MG	3	ST
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	4	SP
VIVLODEX ORAL CAPSULE 10 MG, 5 MG	3	
ZIPSOR ORAL CAPSULE 25 MG	3	ST
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG	3	ST
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	QL (90 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	3	QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG	3	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG	3	

Drug Name	Tier	Requirements / Limits
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	3	PA; ST
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	3	PA; ST
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	3	
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	3	PA; ST
ADDERALL XR ORAL CAPSULE, EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	3	PA; ST
ADDYI ORAL TABLET 100 MG	3	PA
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	PA; ST
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	1	
<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>	1	
AMBIEN CR ORAL TABLET, EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG	3	
AMBIEN ORAL TABLET 10 MG, 5 MG	3	
<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	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	3	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	3	PA; ST
APTENSIO XR ORAL CAP, ER SPRINKLE, BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	PA; ST

Drug Name	Tier	Requirements / Limits
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>aripiprazole oral tablet, disintegrating 10 mg, 15 mg</i>	1	
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML	3	
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	3	
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	1	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	3	PA; ST
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG	3	PA; ST
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	PA; ST
<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	
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	PA; ST
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	3	ST
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG	3	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<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	
CITALOPRAM ORAL CAPSULE 30 MG	3	PA; ST
<i>citalopram oral solution 10 mg/5 ml</i>	1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1	
<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</i>	1	ST
<i>clozapine oral tablet 50 mg</i>	1	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	1	
CLOZARIL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3	
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	3	PA; ST
COTEMPLA XR-ODT ORAL TABLET, DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG	3	PA; ST
CYMBALTA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG, 30 MG, 60 MG	3	
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	3	PA; ST
DAYVIGO ORAL TABLET 10 MG, 5 MG	3	PA; ST
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
DESOXYN ORAL TABLET 5 MG	3	PA; ST
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	3	PA; ST
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG	3	PA; ST

Drug Name	Tier	Requirements / Limits
<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	
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	1	
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	1	
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</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	
DORAL ORAL TABLET 15 MG	3	
<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	
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	3	PA; ST
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg</i>	1	
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	3	ST
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG	3	PA; ST
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	3	PA; ST
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG	3	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	3	
<i>ergoloid oral tablet 1 mg</i>	1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	

Drug Name	Tier	Requirements / Limits
<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	
EVEKEO ODT ORAL TABLET, DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	3	PA; ST
EVEKEO ORAL TABLET 10 MG, 5 MG	3	PA; ST
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	PA; ST
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	3	PA; ST
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	3	PA; ST
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	3	PA; ST
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	1	
<i>fluoxetine oral tablet 60 mg</i>	1	PA; ST
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	1	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	PA; ST
FOCALIN XR ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	3	PA; ST
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	PA; ST
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	3	

Drug Name	Tier	Requirements / Limits
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	3	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
HALCION ORAL TABLET 0.25 MG	3	
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML	3	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	4	PA; ST; SP; LA
HETLIOZ ORAL CAPSULE 20 MG	4	PA; ST; SP; LA
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG	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>	1	
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG	3	PA; ST
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML	3	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 6 MG, 9 MG	3	
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	
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	
JORNAY PM ORAL CAPSULE, DEL REL, EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	PA; ST
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HR 0.1 MG	3	PA; ST
KETAMINE SUBLINGUAL TROCHE 100 MG	3	

Drug Name	Tier	Requirements / Limits
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	PA; ST
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG	3	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	3	
<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	
LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR 1 MG, 1.5 MG, 2 MG, 3 MG	3	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG	3	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	3	ST
MARPLAN ORAL TABLET 10 MG	3	
<i>methamphetamine oral tablet 5 mg</i>	1	
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML	3	PA; ST
<i>methylphenidate hcl oral cap, er sprinkle, biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG	3	ST
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	3	PA; ST
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	1	
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i>	1	
MIDAZOLAM ORAL SYRUP 10 MG/5 ML (2 MG/ML)	3	
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	1	
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG	3	
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	1	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	3	PA; ST
NARDIL ORAL TABLET 15 MG	3	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
<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	4	PA; SP; LA
NUPLAZID ORAL TABLET 10 MG	4	PA; SP; LA
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG	3	
<i>olanzapine intramuscular recon soln 10 mg</i>	1	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1	
<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>	1	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	3	
PARNATE ORAL TABLET 10 MG	3	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	1	
<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>	1	
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	1	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	3	
PAXIL ORAL SUSPENSION 10 MG/5 ML	3	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	3	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	3	ST
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG	3	PA; ST
<i>phenelzine oral tablet 15 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG	3	
<i>procentra oral solution 5 mg/5 ml</i>	1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	
PROVIGIL ORAL TABLET 100 MG, 200 MG	3	
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG	3	
QELBREE ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG	3	PA; ST; QL (120 per 30 days)

Drug Name	Tier	Requirements / Limits
QELBREE ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG	3	PA; ST; QL (80 per 30 days)
QELBREE ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG	3	PA; ST; QL (60 per 30 days)
QUAZEPAM ORAL TABLET 15 MG	3	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	
QUETIAPINE ORAL TABLET 150 MG	3	ST
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	
QUILLICHEW ER ORAL TABLET, CHEW, IR-ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG	3	PA; ST
QUILLIVANT XR ORAL SUSPENSION, EXT REL 24HR, RECON 5 MG/ML (25 MG/5 ML)	3	PA; ST
QUVIVIQ ORAL TABLET 25 MG, 50 MG	3	PA; ST
<i>ramelteon oral tablet 8 mg</i>	1	
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG	3	ST
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 72 MG	3	PA; ST
REMERON ORAL TABLET 15 MG, 30 MG	3	
REMERON SOLTAB ORAL TABLET, DISINTEGRATING 15 MG, 30 MG, 45 MG	3	
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG	3	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	PA; ST
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	3	
RISPERDAL ORAL SOLUTION 1 MG/ML	3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	
<i>risperidone oral solution 1 mg/ml</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	

Drug Name	Tier	Requirements / Limits
RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	3	PA; ST
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	3	PA; ST
ROZEREM ORAL TABLET 8 MG	3	
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	3	ST
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	3	ST
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	3	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	3	
SERTRALINE ORAL CAPSULE 150 MG, 200 MG	3	PA; ST
<i>sertraline oral concentrate 20 mg/ml</i>	1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	
SILENOR ORAL TABLET 3 MG, 6 MG	3	
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	4	PA; ST; SP; QL (3 per 30 days)
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	4	PA; ST; SP
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	3	PA; ST
SUNOSI ORAL TABLET 150 MG	3	PA; ST; QL (30 per 30 days)
SUNOSI ORAL TABLET 75 MG	3	PA; ST; QL (60 per 30 days)
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	
<i>tasimelteon oral capsule 20 mg</i>	4	PA; SP; LA
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	1	
<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	
TRANXENE T-TAB ORAL TABLET 7.5 MG	3	
<i>tranylcypromine oral tablet 10 mg</i>	1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	PA; ST
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG	3	
VENLAFAXINE BESYLATE ORAL TABLET EXTENDED RELEASE 24HR 112.5 MG	3	
<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>	1	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	3	PA; ST
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	3	ST
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	3	PA; ST
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	1	PA
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	3	PA; ST
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)	3	PA; ST
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML	4	PA; SP
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	3	PA; ST
VYVANSE ORAL TABLET, CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	PA; ST
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	4	PA; ST; SP; LA; QL (60 per 30 days)
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG	3	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	3	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	3	

Drug Name	Tier	Requirements / Limits
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 2 MG, 3 MG	3	
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR	3	ST
XYREM ORAL SOLUTION 500 MG/ML	4	PA; ST; SP; QL (3 per 30 days)
XYWAV ORAL SOLUTION 0.5 GRAM/ML	4	PA; ST; SP; QL (3 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	PA; ST
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	PA; ST
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	1	
ZOLOFT ORAL CONCENTRATE 20 MG/ML	3	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG	3	
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i>	1	
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	1	
ZOLPIMIST ORAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	3	PA; ST
ZYPREXA INTRAMUSCULAR RECON SOLN 10 MG	3	
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	3	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	3	
ZYPREXA ZYDIS ORAL TABLET, DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	3	

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	3	

Drug Name	Tier	Requirements / Limits
BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	3	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	3	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	3	
NORPACE ORAL CAPSULE 100 MG, 150 MG	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg</i>	1	PA; QL (60 per 30 days)
<i>quinidine sulfate oral tablet 300 mg</i>	1	
RYTHMOL SR ORAL CAPSULE, EXTENDED RELEASE 12 HR 225 MG, 325 MG, 425 MG	3	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	3	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	3	
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	3	ST
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	ST
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
ALDACTAZIDE ORAL TABLET 25-25 MG	3	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	3	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	1	

Drug Name	Tier	Requirements / Limits
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG	3	ST
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	ST
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	ST
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	ST
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG	3	ST
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	ST
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	3	ST
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG	3	ST
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	3	ST
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	3	ST
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	3	ST
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	
BIDIL ORAL TABLET 20-37.5 MG	3	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	

Drug Name	Tier	Requirements / Limits
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG	3	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
CARDIZEM CD ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	3	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	3	
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	3	PA
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR	3	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR	3	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR	3	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 24 HR 0.17 MG	3	

Drug Name	Tier	Requirements / Limits
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	3	
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG	3	ST
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	3	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG	3	
COZAAR ORAL TABLET 100 MG	3	PA; ST
COZAAR ORAL TABLET 25 MG, 50 MG	3	ST
DEMSER ORAL CAPSULE 250 MG	3	
DIBENZYLINE ORAL CAPSULE 10 MG	3	
<i>diltiazem hcl oral capsule, ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>dilt-xr oral capsule, ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	3	ST
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	3	ST
DIURIL ORAL SUSPENSION 250 MG/5 ML	2	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	3	
EDARBI ORAL TABLET 40 MG, 80 MG	3	ST

Drug Name	Tier	Requirements / Limits
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	3	ST
EDECIN ORAL TABLET 25 MG	3	
<i>enalapril maleate oral solution 1 mg/ml</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
EPANED ORAL SOLUTION 1 MG/ML	3	ST
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>eprosartan oral tablet 600 mg</i>	1	
<i>ethacrynic acid oral tablet 25 mg</i>	1	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG	3	ST
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	3	ST
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	4	SP
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	3	ST
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
INDERAL LA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG	3	

Drug Name	Tier	Requirements / Limits
INDERAL XL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 80 MG	3	
INNOPRAN XL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 80 MG	3	
INSPIRA ORAL TABLET 25 MG, 50 MG	3	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	1	PA; ST
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
KAPSPARGO SPRINKLE ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 200 MG, 25 MG, 50 MG	3	
KATERZIA ORAL SUSPENSION 1 MG/ML	3	
KERENDIA ORAL TABLET 10 MG	3	PA; ST; QL (60 per 30 days)
KERENDIA ORAL TABLET 20 MG	3	PA; ST; QL (30 per 30 days)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	3	
LEVAMLODIPINE ORAL TABLET 2.5 MG	3	PA; ST
LEVAMLODIPINE ORAL TABLET 5 MG	3	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG	3	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	ST
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	ST
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	ST
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
MAXZIDE ORAL TABLET 75-50 MG	3	
MAXZIDE-25MG ORAL TABLET 37.5-25 MG	3	

Drug Name	Tier	Requirements / Limits
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>metyrosine oral capsule 250 mg</i>	1	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	3	ST
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG	3	ST
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	3	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HR 0.17 MG	3	PA
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
NORLIQVA ORAL SOLUTION 1 MG/ML	3	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	
NYMALIZE ORAL SOLUTION 60 MG/10 ML	3	
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	3	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>olmesartan-amlodipin-hcthiazid 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	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	ST
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL, DOSE PACK 0.125 MG (126)- 0.25 MG (42)	4	PA; SP
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL, DOSE PACK 0.125 MG (126)- 0.25 MG (210)	4	PA; SP
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL, DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG	4	PA; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	4	PA; SP; LA
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>phenoxybenzamine oral capsule 10 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG	3	ST
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG	3	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1	
QBRELIS ORAL SOLUTION 1 MG/ML	3	ST
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
SOANZ ORAL TABLET 20 MG, 40 MG, 60 MG	3	PA; ST

Drug Name	Tier	Requirements / Limits
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	3	
TEKTURNA ORAL TABLET 150 MG, 300 MG	3	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	ST
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
TENORETIC 100 ORAL TABLET 100-25 MG	3	
TENORETIC 50 ORAL TABLET 50-25 MG	3	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	3	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
THALITONE ORAL TABLET 15 MG	3	
<i>tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
TIAZAC ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	3	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	3	
<i>torse mide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	ST
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	

Drug Name	Tier	Requirements / Limits
TRIBENZOR 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	3	ST
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; SP; LA
UPTRAVI ORAL TABLETS, DOSE PACK 200 MCG (140)- 800 MCG (60)	4	PA; SP; LA
VALSARTAN ORAL SOLUTION 4 MG/ML	3	ST
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
VASERETIC ORAL TABLET 10-25 MG	3	ST
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	ST
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
VERELAN PM ORAL CAPSULE, 24 HR ER PELLETT CT 100 MG, 200 MG, 300 MG	3	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	ST
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	3	ST
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG	3	
CARDIAC GLYCOSIDES		
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)</i>	1	

Drug Name	Tier	Requirements / Limits
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	3	
COAGULATION THERAPY		
AMICAR ORAL SOLUTION 250 MG/ML (25 %)	3	
AMICAR ORAL TABLET 1,000 MG, 500 MG	3	
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	1	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	1	
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 2.5 MG/0.5 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	4	SP
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	
ASPIRIN-OMEPRAZOLE ORAL TABLET, IR, DELAYED REL, BIPHASIC 81-40 MG	3	
BRILINTA ORAL TABLET 60 MG	2	
CABLIVI INJECTION KIT 11 MG	4	PA; SP
<i>cilostazol oral tablet 100 mg</i>	1	
<i>clopidogrel oral tablet 75 mg</i>	1	
<i>dabigatran etexilate oral capsule 150 mg, 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg</i>	1	
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	4	PA; ST; SP; LA
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 5 MG (74 TABS)	2	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	4	SP
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	4	SP
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	4	SP
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML	4	SP

Drug Name	Tier	Requirements / Limits
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	4	SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML	4	PA; SP; LA
<i>heparin (porcine) injection solution 1,000 unit/ml</i>	1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE 5, 000 UNIT/0.5 ML	3	
<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	
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML	4	SP
LOVENOX 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	4	SP
MEPHYTON ORAL TABLET 5 MG	3	
MULPLETA ORAL TABLET 3 MG	4	PA; SP; LA
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	3	
<i>prasugrel oral tablet 5 mg</i>	1	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	4	PA; ST; SP; LA; QL (360 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	4	PA; ST; SP; LA; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG	4	PA; ST; SP; LA; QL (360 per 30 days)
PROMACTA ORAL TABLET 25 MG	4	PA; ST; SP; LA; QL (180 per 30 days)
PROMACTA ORAL TABLET 50 MG	4	PA; ST; SP; LA; QL (90 per 30 days)
PROMACTA ORAL TABLET 75 MG	4	PA; ST; SP; LA; QL (60 per 30 days)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	3	

Drug Name	Tier	Requirements / Limits
TAVALISSE ORAL TABLET 100 MG, 150 MG	4	PA; ST; SP
<i>vitamin k injection solution 1 mg/0.5 ml</i>	1	
<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	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 15 MG (42)- 20 MG (9)	2	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	2	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	
ZONTIVITY ORAL TABLET 2.08 MG	3	
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	3	
<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
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	ST
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	ACA PV
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	ST
<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 powder in packet 3.75 gram</i>	1	
<i>colesevelam oral tablet 625 mg</i>	1	
COLESTID FLAVORED ORAL PACKET 7.5 GRAM	2	
COLESTID ORAL GRANULES 5 GRAM	3	
COLESTID ORAL PACKET 5 GRAM	3	
COLESTID ORAL TABLET 1 GRAM	3	
<i>colestipol oral granules 5 gram</i>	1	
<i>colestipol oral packet 5 gram</i>	1	
<i>colestipol oral tablet 1 gram</i>	1	

Drug Name	Tier	Requirements / Limits
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	3	
EZALLOR ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	3	PA; ST
<i>ezetimibe oral tablet 10 mg</i>	1	
EZETIMIBE-ROSUVASTATIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	3	PA; ST
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
FENOFIBRATE MICRONIZED ORAL CAPSULE 30 MG, 90 MG	3	ST
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
FENOFIBRATE ORAL CAPSULE 150 MG, 50 MG	3	ST
<i>fenofibrate oral tablet 120 mg, 160 mg, 40 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, 35 mg</i>	1	
FENOGLIDE ORAL TABLET 120 MG, 40 MG	3	ST
FIBRICOR ORAL TABLET 105 MG, 35 MG	3	ST
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML)	3	PA; ST
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	1	ACA PV
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	1	ACA PV
<i>gemfibrozil oral tablet 600 mg</i>	1	
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i>	1	PA; ST; QL (120 per 30 days)
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	4	PA; ST; SP; LA; QL (30 per 30 days)
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG	3	
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	3	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	3	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	3	PA; ST

Drug Name	Tier	Requirements / Limits
LOPID ORAL TABLET 600 MG	3	ST
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	ACA PV
LOVAZA ORAL CAPSULE 1 GRAM	3	ST; QL (120 per 30 days)
NEXLETOL ORAL TABLET 180 MG	3	PA; ST
NEXLIZET ORAL TABLET 180-10 MG	3	PA; ST
<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	
NIACOR ORAL TABLET 500 MG	3	ST
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1	
PRALUENT SUBCUTANEOUS PEN INJECTOR 150 MG/ML	3	PA; ST; QL (2 per 30 days)
PRALUENT SUBCUTANEOUS PEN INJECTOR 75 MG/ML	3	PA; ST; QL (4 per 30 days)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	ACA PV
<i>prevalite oral powder 4 gram</i>	1	
<i>prevalite oral powder in packet 4 gram</i>	1	
QUESTRAN LIGHT ORAL POWDER 4 GRAM	3	
QUESTRAN ORAL POWDER 4 GRAM	3	
QUESTRAN ORAL POWDER IN PACKET 4 GRAM	3	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	PA; ST
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA; ST
REPATHA SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA; ST
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	1	ACA PV
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	3	PA; ST
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	ACA PV
<i>simvastatin oral tablet 80 mg</i>	1	
TRICOR ORAL TABLET 145 MG, 48 MG	3	ST
TRILIPIX ORAL CAPSULE, DELAYED RELEASE(DR/EC) 135 MG, 45 MG	3	ST

Drug Name	Tier	Requirements / Limits
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	3	PA; ST; QL (120 per 30 days)
VYTORIN ORAL TABLET 10-10 MG	3	
VYTORIN ORAL TABLET 10-20 MG	3	
VYTORIN ORAL TABLET 10-40 MG	3	
VYTORIN ORAL TABLET 10-80 MG	3	
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	3	
WELCHOL ORAL TABLET 625 MG	3	
ZETIA ORAL TABLET 10 MG	3	ST
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	PA; ST
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES,PACKET 1,000 MG, 500 MG	3	PA; ST
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	4	PA; SP; LA
CORLANOR ORAL SOLUTION 5 MG/5 ML	3	PA; ST
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3	PA; ST
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	PA; ST
FILSPARI ORAL TABLET 200 MG, 400 MG	4	PA; ST; SP; LA
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1	ST
VECAMYL ORAL TABLET 2.5 MG	3	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	PA; ST
VYNDAMAX ORAL CAPSULE 61 MG	4	PA; SP; LA
VYNDAQEL ORAL CAPSULE 20 MG	4	PA; SP; LA
NITRATES		
GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG	3	
ISORDIL ORAL TABLET 40 MG	3	
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>nitro-bid transdermal ointment 2 %</i>	1	
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	2	QL (30 per 30 days)
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	1	
NITROLINGUAL TRANSLINGUAL SPRAY, NON-AEROSOL 400 MCG/SPRAY	3	
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY	3	
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	3	
<i>nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	1	

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	3	ST
<i>calcipotriene scalp solution 0.005 %</i>	1	
<i>calcipotriene topical cream 0.005 %</i>	1	
CALCIPOTRIENE TOPICAL FOAM 0.005 %	3	ST
<i>calcipotriene topical ointment 0.005 %</i>	1	
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	1	
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	1	
<i>calcitriol topical ointment 3 mcg/gram</i>	1	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; ST; SP; LA
COSENTYX PEN (2 PENS) SUBCUTANEOUS NJECTOR 150 MG/ML	4	PA; ST; SP; LA
COSENTYX PEN SUBCUTANEOUS INJECTOR 150 MG/ML	4	PA; ST; SP; LA

Drug Name	Tier	Requirements / Limits
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	4	PA; ST; SP; LA
DOVONEX TOPICAL CREAM 0.005 %	3	ST
ENSTILAR TOPICAL FOAM 0.005-0.064 %	3	ST
EPIFOAM TOPICAL FOAM 1-1 %	3	
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; ST; SP; LA
OVACE PLUS TOPICAL SHAMPOO 10 %	3	ST
OVACE PLUS TOPICAL CLEANSER 10 %	3	ST
OVACE PLUS TOPICAL CREAM 10 %	3	ST
OVACE PLUS TOPICAL LOTION 9.8 %	3	ST
OVACE PLUS WASH TOPICAL CLEANSER, GEL 10 %	3	ST
OVACE TOPICAL CLEANSER 10 %	3	ST
PLEXION NS TOPICAL SHAMPOO 9.8 %	3	ST
PRAMOSONE TOPICAL CREAM 1-1 %, 2.5-1 %	2	ST
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	2	ST
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 %	2	ST
<i>selenium sulfide topical lotion 2.5 %</i>	1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	1	
SELRX TOPICAL SHAMPOO 2.3 %	3	ST
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	4	PA; ST; SP; LA
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; ST; SP; LA
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; ST; SP; LA
SORILUX TOPICAL FOAM 0.005 %	3	ST
SOTYKTU ORAL TABLET 6 MG	4	PA; ST; SP; LA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; ST; SP; LA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; ST; SP; LA
<i>sulfacetamide sodium topical cleanser 10 %</i>	1	

Drug Name	Tier	Requirements / Limits
<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	1	
<i>sulfacetamide sodium topical shampoo 10 %, 9.8 %</i>	1	
TACLONEX TOPICAL OINTMENT 0.005-0.064 %	3	ST
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	3	ST
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; ST; SP; LA
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; ST; SP; LA
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; ST; SP; LA
TALTZ SUBCUTANEOUS SYRINGE 80 MG/ML	4	PA; ST; SP; LA
TERSI TOPICAL FOAM 2.25 %	3	ST
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; ST; SP; LA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; ST; SP; LA
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM	3	ST
VTAMA TOPICAL CREAM 1 %	3	PA; ST
WYNZORA TOPICAL CREAM 0.005-0.064 %	3	PA
ZORYVE TOPICAL CREAM 0.3 %	3	
BURN THERAPY		
SILVADENE TOPICAL CREAM 1 %	3	
<i>silver sulfadiazine topical cream 1 %</i>	1	
<i>ssd topical cream 1 %</i>	1	
KERATOLYTICS		
INOVA 4-1 TOPICAL COMBO PACK 1-4-5 %	3	ST
INOVA 8-2 TOPICAL COMBO PACK 2-8-5 %	3	ST
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; ST; SP; LA
AMELUZ TOPICAL GEL 10 %	3	

Drug Name	Tier	Requirements / Limits
<i>ammonium lactate topical cream 12 %</i>	1	
<i>ammonium lactate topical lotion 12 %</i>	1	
CANTHARIDIN IN ACETONE TOPICAL SOLUTION 0.7 %	3	
CARAC TOPICAL CREAM 0.5 %	2	PA; ST
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	4	PA; ST; SP; LA
CONDYLOX TOPICAL GEL 0.5 %	3	PA; ST
CORTANE-B TOPICAL LOTION 1-1-0.1 %	3	
<i>diclofenac sodium topical gel 3 %</i>	1	
<i>doxepin topical cream 5 %</i>	1	
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	3	
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	4	PA; ST; SP; LA; QL (2 per 30 days)
DUPIXENT SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	4	PA; ST; SP; LA; QL (6 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	4	PA; ST; SP; LA; QL (2 per 30 days)
EFUDEX TOPICAL CREAM 5 %	3	
ELIDEL TOPICAL CREAM 1 %	3	PA; ST
EUCRISA TOPICAL OINTMENT 2 %	3	PA; ST
FLUOROPLEX TOPICAL CREAM 1 %	2	PA; ST
FLUOROURACIL TOPICAL CREAM 0.5 %	2	PA; ST
<i>fluorouracil topical cream 5 %</i>	1	PA; ST
<i>fluorouracil topical solution 2 %, 5 %</i>	1	PA; ST
<i>iodine-sodium iodide topical tincture 2 %</i>	1	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	3	
IODOSORB TOPICAL GEL 0.9 %	3	
LEVULAN TOPICAL SOLUTION 20 %	3	
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	1	
<i>methyl salicylate topical liquid</i>	1	
OPZELURA TOPICAL CREAM 1.5 %	3	PA; ST
PANRETIN TOPICAL GEL 0.1 %	3	
<i>pimecrolimus topical cream 1 %</i>	1	

Drug Name	Tier	Requirements / Limits
<i>podofilox topical solution 0.5 %</i>	1	
PROTOPIC TOPICAL OINTMENT 0.03 %, 0.1 %	3	PA; ST
<i>prudoxin topical cream 5 %</i>	1	
QBREXZA TOPICAL TOWELETTE 2.4 %	3	PA; ST
REGRANEX TOPICAL GEL 0.01 %	3	
SCENESSE SUBCUTANEOUS IMPLANT 16 MG	4	PA; SP
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	
TOLAK TOPICAL CREAM 4 %	2	PA; ST
VALCHLOR TOPICAL GEL 0.016 %	4	PA; ST; SP; LA
VEREGEN TOPICAL OINTMENT 15 %	3	
ZONALON TOPICAL CREAM 5 %	3	
THERAPY FOR ACNE		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	3	PA; ST
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	3	PA; ST
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	3	ST
<i>acutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
ACZONE TOPICAL GEL 5 %	3	
ACZONE TOPICAL GEL WITH PUMP 7.5 %	3	ST
<i>adapalene topical cream 0.1 %</i>	1	PA; ST
<i>adapalene topical gel 0.3 %</i>	1	PA; ST
<i>adapalene topical gel with pump 0.3 %</i>	1	PA; ST
ADAPALENE TOPICAL LOTION 0.1 %	2	PA; ST
<i>adapalene topical solution 0.1 %</i>	1	PA; ST
<i>adapalene topical swab 0.1 %</i>	1	PA; ST
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	1	
<i>adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %</i>	1	PA; ST
AKLIEF TOPICAL CREAM 0.005 %	3	PA; ST
ALTRENO TOPICAL LOTION 0.05 %	3	PA; ST
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	1	PA; ST
AMZEEQ TOPICAL FOAM 4 %	3	PA; ST

Drug Name	Tier	Requirements / Limits
ARAZLO TOPICAL LOTION 0.045 %	3	PA; ST
ATRALIN TOPICAL GEL 0.05 %	3	PA; ST
AVAR LS TOPICAL CLEANSER 10-2 %	3	ST
<i>avar topical cleanser 10-5 % (w/w)</i>	1	
AVAR-E GREEN TOPICAL CREAM 10-5 % (W/W)	3	ST
AVAR-E LS TOPICAL CREAM 10-2 %	3	ST
<i>avita topical cream 0.025 %</i>	1	
AVITA TOPICAL GEL 0.025 %	2	PA; ST
<i>azelaic acid topical gel 15 %</i>	1	
AZELEX TOPICAL CREAM 20 %	3	PA; ST
BENZAMYCIN TOPICAL GEL 3-5 %	3	ST
BENZepro (MICROSPHERES) TOPICAL CLEANSER 7 %	3	ST
<i>benzepro topical towelette 6 %</i>	1	ST
<i>benzoyl peroxide topical cleanser 7 %</i>	1	
<i>benzoyl peroxide topical foam 9.8 %</i>	1	ST
<i>bp topical cleanser 10-1 %</i>	1	
<i>brimonidine topical gel with pump 0.33 %</i>	1	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	PA; ST
CLENIA PLUS TOPICAL SUSPENSION 9-4.25 %	3	ST
CLEOCIN T TOPICAL LOTION 1 %	3	ST
CLINDACIN ETZ TOPICAL KIT 1 %	3	ST
<i>clindacin etz topical swab 1 %</i>	1	
<i>clindacin p topical swab 1 %</i>	1	
CLINDACIN PAC TOPICAL KIT 1 %	3	ST
<i>clindacin topical foam 1 %</i>	1	
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 %	3	PA; ST
<i>clindamycin phosphate topical foam 1 %</i>	1	
<i>clindamycin phosphate topical gel 1 %</i>	1	
<i>clindamycin phosphate topical gel, once daily 1 %</i>	1	
<i>clindamycin phosphate topical lotion 1 %</i>	1	
<i>clindamycin phosphate topical solution 1 %</i>	1	
<i>clindamycin phosphate topical swab 1 %</i>	1	

Drug Name	Tier	Requirements / Limits
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2-2.5 %</i>	1	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	1	
<i>dapsone topical gel 5 %</i>	1	
<i>dapsone topical gel with pump 7.5 %</i>	1	
DIFFERIN TOPICAL CREAM 0.1 %	3	PA; ST
DIFFERIN TOPICAL GEL WITH PUMP 0.3 %	3	PA; ST
DIFFERIN TOPICAL LOTION 0.1 %	2	PA; ST
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	3	PA; ST
EPSOLAY TOPICAL CREAM 5 %	3	PA; ST
<i>ery pads topical swab 2 %</i>	1	
<i>erygel topical gel 2 %</i>	1	
<i>erythromycin with ethanol topical gel 2 %</i>	1	
<i>erythromycin with ethanol topical solution 2 %</i>	1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	1	
EVOCLIN TOPICAL FOAM 1 %	3	ST
FABIOR TOPICAL FOAM 0.1 %	3	PA; ST
FINACEA TOPICAL FOAM 15 %	3	PA; ST
FINACEA TOPICAL GEL 15 %	3	
INOVA TOPICAL COMBO PACK 4-5 %, 8-5 %	3	ST
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	1	
<i>ivermectin topical cream 1 %</i>	1	
METROCREAM TOPICAL CREAM 0.75 %	3	PA; ST
METROGEL TOPICAL GEL 1 %	3	PA; ST
<i>metronidazole topical cream 0.75 %</i>	1	
<i>metronidazole topical gel 0.75 %, 1 %</i>	1	
<i>metronidazole topical gel with pump 1 %</i>	1	
<i>metronidazole topical lotion 0.75 %</i>	1	
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	3	
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 %	3	ST
<i>neuac topical gel 1.2 %(1 % base) -5 %</i>	1	

Drug Name	Tier	Requirements / Limits
NORITATE TOPICAL CREAM 1 %	3	PA; ST
ONEXTON TOPICAL GEL WITH PUMP 1.2 % (1 % BASE) -3.75 %	3	PA; ST
PACNEX TOPICAL CLEANSER 7 %	3	ST
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 %	3	ST
PLEXION TOPICAL CLEANSER 9.8-4.8 %	3	ST
PLEXION TOPICAL CREAM 9.8-4.8 %	3	ST
PLEXION TOPICAL LOTION 9.8-4.8 %	3	ST
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	3	ST
RETIN-A MICRO TOPICAL GEL WITH PUMP 0.04 %, 0.06 %, 0.08 %, 0.1 %	3	PA; ST
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	3	PA; ST
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 %	3	PA; ST
RETIN-A TOPICAL GEL 0.01 %, 0.025 %	3	PA; ST
RHOFADE TOPICAL CREAM 1 %	3	
<i>rosadan topical cream 0.75 %</i>	1	
<i>rosadan topical gel 0.75 %</i>	1	
ROSDAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	3	ST
ROSDAN TOPICAL KIT, CLEANSER AND CREAM 0.75 %	3	ST
<i>rosula cleansing cloths topical pads, medicated 10-5 %</i>	1	
ROSULA TOPICAL CLEANSER 10-4.5 %	3	ST
SOOLANTRA TOPICAL CREAM 1 %	3	PA; ST
<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 %, 10-5 % (w/w), 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %, 9.8-4.8 %</i>	1	

Drug Name	Tier	Requirements / Limits
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	1	
SULFACETAMIDE SODIUM-SULFUR TOPICAL SUSPENSION 9-4.25 %	3	
<i>sulfacleanse 8-4 topical suspension 8-4 %</i>	1	
SUMADAN TOPICAL CLEANSER 9-4.5 %	3	ST
SUMADAN TOPICAL KIT 9-4.5 %	3	ST
SUMADAN XLT TOPICAL COMBO PACK, CLEANSER AND CREAM 9 %-4.5 % -SPF 25	3	ST
SUMAXIN CP TOPICAL KIT 10-4 %	3	ST
SUMAXIN TOPICAL CLEANSER 9-4 %	3	ST
SUMAXIN TOPICAL PADS, MEDICATED 10-4 %	3	ST
SUMAXIN TS TOPICAL SUSPENSION 8-4 %	3	ST
<i>tazarotene topical cream 0.1 %</i>	1	PA; ST
TAZAROTENE TOPICAL FOAM 0.1 %	3	PA; ST
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	1	
TAZORAC TOPICAL CREAM 0.05 %, 0.1 %	3	PA; ST
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	3	PA; ST
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	1	
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	1	
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	1	
TWYNEO TOPICAL CREAM 0.1-3 %	3	PA; ST
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	3	ST
VELTIN TOPICAL GEL 1.2-0.025 %	3	PA; ST
WINLEVI TOPICAL CREAM 1 %	3	PA; ST
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	PA; ST
ZIANA TOPICAL GEL 1.2-0.025 %	3	ST
ZILXI TOPICAL FOAM 1.5 %	3	PA; ST
TOPICAL ANESTHETICS		
COCAINE NASAL SOLUTION 4 %	3	
GOPRELTO NASAL SOLUTION 4 %	3	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	1	

Drug Name	Tier	Requirements / Limits
<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	
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	1	
LIDOCAINE-TETRACAINE TOPICAL CREAM 7-7 %	3	PA; ST
<i>lidocort topical cream 3-0.5 %</i>	1	
LIDODERM TOPICAL ADHESIVE PATCH, MEDICATED 5 %	3	ST
<i>lta pre-attached laryngotracheal solution 4 %</i>	1	
NUMBRINO NASAL SOLUTION 4 %	3	
NYNUTEY TOPICAL CREAM 23-7 %	3	ST
PLIAGLIS TOPICAL CREAM 7-7 %	3	ST
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 %	3	ST
TOPICAL ANTIBACTERIALS		
ALCORTIN A TOPICAL GEL 2-1-1 %	3	ST
ALCORTIN A TOPICAL GEL IN PACKET 2-1-1 %	3	ST
ALTABAX TOPICAL OINTMENT 1 %	3	
CENTANY AT TOPICAL OINTMENT KIT 2 %	3	ST
CENTANY TOPICAL OINTMENT 2 %	2	
<i>gentamicin topical cream 0.1 %</i>	1	
<i>gentamicin topical ointment 0.1 %</i>	1	
KLARON TOPICAL SUSPENSION 10 %	3	ST
<i>lugols topical solution 5-10 %</i>	1	
<i>mafenide acetate topical packet 50 gram</i>	1	
<i>mupirocin calcium topical cream 2 %</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
<i>strong iodine topical solution 5-10 %</i>	1	

Drug Name	Tier	Requirements / Limits
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	
SULFAMYLON TOPICAL CREAM 85 MG/G	3	
XEPI TOPICAL CREAM 1 %	3	PA; ST
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	3	ST
CICLODAN KIT TOPICAL SOLUTION 8 %	3	ST
<i>ciclodan topical cream 0.77 %</i>	1	ST
<i>ciclodan topical solution 8 %</i>	1	ST
<i>ciclopirox topical cream 0.77 %</i>	1	
<i>ciclopirox topical gel 0.77 %</i>	1	
<i>ciclopirox topical shampoo 1 %</i>	1	
<i>ciclopirox topical solution 8 %</i>	1	
<i>ciclopirox topical suspension 0.77 %</i>	1	
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	1	
<i>clotrimazole topical cream 1 %</i>	1	
<i>clotrimazole topical solution 1 %</i>	1	
<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	
ECOZA TOPICAL FOAM 1 %	3	ST
ERTACZO TOPICAL CREAM 2 %	3	ST
EXELDERM TOPICAL CREAM 1 %	3	ST
EXELDERM TOPICAL SOLUTION 1 %	3	ST
EXTINA TOPICAL FOAM 2 %	3	ST
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	3	PA; ST
KERYDIN TOPICAL SOLUTION WITH APPLICATOR 5 %	3	PA; ST
<i>ketconazole topical cream 2 %</i>	1	
<i>ketconazole topical foam 2 %</i>	1	
<i>ketconazole topical shampoo 2 %</i>	1	
<i>ketodan kit topical combo pack 2 %</i>	1	ST

Drug Name	Tier	Requirements / Limits
<i>ketodan topical foam 2 %</i>	1	
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 %	3	ST
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 %	3	ST
LOPROX KIT TOPICAL COMBO PACK 0.77 %	3	ST
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %	3	ST
LOPROX TOPICAL SHAMPOO 1 %	3	ST
LULICONAZOLE TOPICAL CREAM 1 %	3	ST
LUZU TOPICAL CREAM 1 %	3	ST
MENTAX TOPICAL CREAM 1 %	3	ST
MICONAZOLE NITRATE-ZINC OX-PET TOPICAL OINTMENT 0.25-15-81.35 %	3	ST
<i>naftifine topical cream 1 %, 2 %</i>	1	
NAFTIN TOPICAL GEL 1 %, 2 %	3	ST
<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>	1	
OXISTAT TOPICAL LOTION 1 %	3	ST
SULCONAZOLE TOPICAL CREAM 1 %	3	ST
SULCONAZOLE TOPICAL SOLUTION 1 %	3	ST
<i>tavaborole topical solution with applicator 5 %</i>	1	PA; ST
VUSION TOPICAL OINTMENT 0.25-15-81.35 %	3	ST
XOLEGEL TOPICAL GEL 2 %	3	ST
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream 5 %</i>	1	
<i>acyclovir topical ointment 5 %</i>	1	
DENAVIR TOPICAL CREAM 1 %	3	ST

Drug Name	Tier	Requirements / Limits
<i>penciclovir topical cream 1 %</i>	1	
XERESE TOPICAL CREAM 5-1 %	3	ST
ZOVIRAX TOPICAL CREAM 5 %	3	ST
ZOVIRAX TOPICAL OINTMENT 5 %	3	ST
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	
ALA-SCALP TOPICAL LOTION 2 %	3	ST
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	
<i>apexicon e topical cream 0.05 %</i>	1	ST
<i>beser topical lotion 0.05 %</i>	1	
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical foam 0.12 %</i>	1	ST
<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	
BRYHALI TOPICAL LOTION 0.01 %	3	ST
CAPEX TOPICAL SHAMPOO 0.01 %	2	ST
<i>clobetasol scalp solution 0.05 %</i>	1	ST
<i>clobetasol topical cream 0.05 %</i>	1	ST
<i>clobetasol topical foam 0.05 %</i>	1	ST
<i>clobetasol topical gel 0.05 %</i>	1	ST
<i>clobetasol topical lotion 0.05 %</i>	1	ST
<i>clobetasol topical ointment 0.05 %</i>	1	ST
<i>clobetasol topical shampoo 0.05 %</i>	1	ST
<i>clobetasol topical spray, non-aerosol 0.05 %</i>	1	ST
<i>clobetasol-emollient topical cream 0.05 %</i>	1	ST

Drug Name	Tier	Requirements / Limits
<i>clobetasol-emollient topical foam 0.05 %</i>	1	ST
CLOBEX TOPICAL SHAMPOO 0.05 %	3	ST
CLOBEX TOPICAL SPRAY, NON-AEROSOL 0.05 %	3	ST
<i>clocortolone pivalate topical cream 0.1 %</i>	1	ST
CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER 0.05 %	3	ST
<i>clodan topical shampoo 0.05 %</i>	1	
CLODERM TOPICAL CREAM 0.1 %	3	PA; ST
CORDRAN LARGE ROLL TOPICAL TAPE 4 MCG/CM2	3	ST
CORDRAN TOPICAL CREAM 0.025 %, 0.05 %	3	ST
CORDRAN TOPICAL LOTION 0.05 %	3	ST
CORDRAN TOPICAL OINTMENT 0.05 %	3	ST
DERMA-SMOOTHIE/FS BODY TOPICAL OIL 0.01 %	3	
DERMA-SMOOTHIE/FS SCALP OIL 0.01 %	3	
<i>desonide topical cream 0.05 %</i>	1	
<i>desonide topical gel 0.05 %</i>	1	
<i>desonide topical lotion 0.05 %</i>	1	
<i>desonide topical ointment 0.05 %</i>	1	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	1	
<i>desoximetasone topical gel 0.05 %</i>	1	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	1	
<i>desoximetasone topical spray, non-aerosol 0.25 %</i>	1	
<i>desrx topical gel 0.05 %</i>	1	
<i>diflorasone topical cream 0.05 %</i>	1	ST
<i>diflorasone topical ointment 0.05 %</i>	1	ST
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 %	3	ST
DUOBRII TOPICAL LOTION 0.01-0.045 %	3	ST
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone topical oil 0.01 %</i>	1	
<i>fluocinolone topical ointment 0.025 %</i>	1	
<i>fluocinolone topical solution 0.01 %</i>	1	

Drug Name	Tier	Requirements / Limits
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	1	
<i>fluocinonide topical gel 0.05 %</i>	1	
<i>fluocinonide topical ointment 0.05 %</i>	1	
<i>fluocinonide topical solution 0.05 %</i>	1	
<i>fluocinonide-e topical cream 0.05 %</i>	1	
<i>flurandrenolide topical cream 0.05 %</i>	1	ST
<i>flurandrenolide topical lotion 0.05 %</i>	1	ST
<i>flurandrenolide topical ointment 0.05 %</i>	1	ST
<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>	1	ST
<i>halobetasol propionate topical cream 0.05 %</i>	1	
HALOBETASOL PROPIONATE TOPICAL FOAM 0.05 %	3	ST
<i>halobetasol propionate topical ointment 0.05 %</i>	1	
HALOG TOPICAL CREAM 0.1 %	3	ST
HALOG TOPICAL OINTMENT 0.1 %	3	ST
HALOG TOPICAL SOLUTION 0.1 %	3	ST
<i>hydrocortisone butyrate topical cream 0.1 %</i>	1	ST
<i>hydrocortisone butyrate topical lotion 0.1 %</i>	1	ST
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	1	ST
<i>hydrocortisone butyrate topical solution 0.1 %</i>	1	ST
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i>	1	ST
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	1	
IMPEKLO TOPICAL LOTION IN METERED-DOSE PUMP 0.05 %	3	ST
IMPOYZ TOPICAL CREAM 0.025 %	3	ST
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	3	ST
LEXETTE TOPICAL FOAM 0.05 %	3	ST

Drug Name	Tier	Requirements / Limits
LOCOID LIPOCREAM TOPICAL CREAM 0.1 %	3	ST
LOCOID TOPICAL LOTION 0.1 %	3	ST
LUXIQ TOPICAL FOAM 0.12 %	3	
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
<i>nolix topical cream 0.05 %</i>	1	
<i>nolix topical lotion 0.05 %</i>	1	
NUCORT TOPICAL LOTION 2 %	3	ST
OLUX TOPICAL FOAM 0.05 %	3	ST
OLUX-E TOPICAL FOAM 0.05 %	3	ST
PANDEL TOPICAL CREAM 0.1 %	3	ST
<i>prednicarbate topical cream 0.1 %</i>	1	
<i>prednicarbate topical ointment 0.1 %</i>	1	
PROCTOCORT TOPICAL CREAM 1 %	3	ST
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	3	ST
<i>scalacort topical lotion 2 %</i>	1	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	3	ST
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %	3	ST
SYNALAR OINTMENT KIT TOPICAL COMBO PACK, OINTMENT AND CREAM 0.025 %	3	ST
SYNALAR TOPICAL CREAM 0.025 %	3	ST
SYNALAR TOPICAL OINTMENT 0.025 %	3	ST
SYNALAR TOPICAL SOLUTION 0.01 %	3	ST
SYNALAR TS TOPICAL KIT 0.01 %	3	ST
TEMOVATE TOPICAL OINTMENT 0.05 %	3	ST
TEXACORT TOPICAL SOLUTION 2.5 %	3	ST
TOPICORT TOPICAL CREAM 0.05 %, 0.25 %	3	ST
TOPICORT TOPICAL GEL 0.05 %	3	ST
TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 %	3	ST
TOPICORT TOPICAL SPRAY, NON-AEROSOL 0.25 %	3	ST

Drug Name	Tier	Requirements / Limits
<i>tovet emollient topical foam 0.05 %</i>	1	ST
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	1	
<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 %, 0.05 %, 0.1 %, 0.5 %</i>	1	
<i>trianex topical ointment 0.05 %</i>	1	
<i>triderm topical cream 0.1 %, 0.5 %</i>	1	
TRIDESILON TOPICAL CREAM 0.05 %	3	ST
<i>tritocin topical ointment 0.05 %</i>	1	
ULTRAVATE TOPICAL LOTION 0.05 %	3	ST
VANOS TOPICAL CREAM 0.1 %	3	ST
VERDESO TOPICAL FOAM 0.05 %	3	ST
TOPICAL ENZYMES		
NEXOBRID TOPICAL GEL 8.8 %	3	PA
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	3	QL (6 per 30 days)
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical lotion 10 %</i>	1	
ELIMITE TOPICAL CREAM 5 %	3	
EURAX TOPICAL CREAM 10 %	2	
EURAX TOPICAL LOTION 10 %	3	
<i>lindane topical shampoo 1 %</i>	1	
<i>malathion topical lotion 0.5 %</i>	1	
NATROBA TOPICAL SUSPENSION 0.9 %	3	
OVIDE TOPICAL LOTION 0.5 %	3	
<i>permethrin topical cream 5 %</i>	1	
<i>spinosad topical suspension 0.9 %</i>	1	
ULESFIA TOPICAL LOTION 5 %	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation solution</i>	1	

Drug Name	Tier	Requirements / Limits
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	1	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	3	
PHYSIOSOL IRRIGATION SOLUTION 140-5-3-98 MEQ/L	3	
<i>ringer's irrigation solution</i>	1	
SORBITOL IRRIGATION SOLUTION 3 %	3	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION 2.7-0.54 GRAM/100 ML	3	
<i>tis-u-sol pentalyte irrigation solution 800-40-20-8.75- 6.25 mg/100 ml</i>	1	
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1	
<i>acetic acid irrigation solution 0.25 %</i>	1	
AGRYLIN ORAL CAPSULE 0.5 MG	3	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	
<i>aqua care sodium chloride irrigation solution 0.9 %</i>	1	
<i>aqua care sterile water irrigation solution</i>	1	
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM	3	PA; ST
BUPHENYL ORAL TABLET 500 MG	3	PA; ST
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	1	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	4	PA; SP; LA
<i>carglumic acid oral tablet, dispersible 200 mg</i>	4	PA; SP; LA
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	3	
CARNITOR ORAL SOLUTION 100 MG/ML	3	
CARNITOR ORAL TABLET 330 MG	3	
<i>cevimeline oral capsule 30 mg</i>	1	
CHEMET ORAL CAPSULE 100 MG	2	
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	4	PA; SP; LA
<i>deferasirox oral tablet 180 mg</i>	4	PA; SP; LA

Drug Name	Tier	Requirements / Limits
<i>deferasirox oral tablet 360 mg, 90 mg</i>	4	PA; ST; SP; LA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	4	PA; ST; SP; LA
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	4	PA; SP
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	4	PA; ST; SP; LA
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	4	PA; ST; SP
ENDARI ORAL POWDER IN PACKET 5 GRAM	4	PA; ST; SP; LA; QL (180 per 30 days)
EVOXAC ORAL CAPSULE 30 MG	3	
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	4	PA; ST; SP; LA
EXSERVAN ORAL FILM 50 MG	4	ST; SP
FERRIPROX (2 TIMES A DAY) ORAL TABLET 1,000 MG	4	PA; SP
FERRIPROX ORAL SOLUTION 100 MG/ML	4	PA; SP
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	4	PA; SP
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	4	PA; SP; LA
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA; SP; LA
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	4	PA; ST; SP; LA
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	4	PA; ST; SP; LA
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	1	
LITHOSTAT ORAL TABLET 250 MG	3	
METOPIRONE ORAL CAPSULE 250 MG	3	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	4	PA; SP; LA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	4	PA; ST; SP; LA
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	4	PA; ST; SP; LA

Drug Name	Tier	Requirements / Limits
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	4	PA; ST; SP
ORFADIN ORAL SUSPENSION 4 MG/ML	4	PA; ST; SP
OXBRYTA ORAL TABLET 300 MG, 500 MG	4	PA; SP; LA
OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG	4	PA; SP; LA
PHEBURANE ORAL GRANULES 483 MG/GRAM	4	PA; ST; SP; LA
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	4	PA; ST; SP
PYRUKYND ORAL TABLETS, DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	4	PA; ST; SP
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	3	
RAVICTI ORAL LIQUID 1.1 GRAM/ML	4	PA; ST; SP; LA
RILUTEK ORAL TABLET 50 MG	3	
<i>riluzole oral tablet 50 mg</i>	1	
<i>risedronate oral tablet 30 mg</i>	1	
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	3	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	1	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	1	PA
SYPRINE ORAL CAPSULE 250 MG	3	PA; ST; QL (240 per 30 days)
TAVNEOS ORAL CAPSULE 10 MG	4	PA; SP
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG	4	SP
THIOLA ORAL TABLET 100 MG	4	SP
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	4	SP
<i>tiopronin oral tablet 100 mg</i>	4	SP; LA
<i>trientine oral capsule 250 mg</i>	1	PA; ST; QL (240 per 30 days)
<i>water for irrigation, sterile irrigation solution</i>	1	ST
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	4	PA; SP; QL (120 per 30 days)
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	4	PA; ST; SP

Drug Name	Tier	Requirements / Limits
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	ACA PV
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR	3	
NICORETTE BUCCAL GUM 2 MG	3	
<i>nicorette buccal gum 4 mg</i>	1	ACA PV
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	1	ACA PV
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	1	ACA PV
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	1	ACA PV
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	1	ACA PV
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	1	ACA PV
NICOTROL INHALATION CARTRIDGE 10 MG	2	ACA PV
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	2	ACA PV
<i>quit 2 buccal gum 2 mg</i>	1	ACA PV
<i>quit 2 buccal lozenge 2 mg</i>	1	ACA PV
<i>quit 4 buccal gum 4 mg</i>	1	ACA PV
<i>quit 4 buccal lozenge 4 mg</i>	1	ACA PV
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	1	ACA PV
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	1	ACA PV
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	1	ACA PV
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>	1	
<i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i>	1	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
CLINPRO 5000 DENTAL PASTE 1.1 %	3	
<i>denta 5000 plus dental cream 1.1 %</i>	1	
<i>dentagel dental gel 1.1 %</i>	1	

Drug Name	Tier	Requirements / Limits
<i>fluoride (sodium) dental cream 1.1 %</i>	1	
<i>fluoride (sodium) dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental paste 1.1 %</i>	1	
<i>fluoride (sodium) dental solution 0.2 %</i>	1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	3	
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	3	
GELX MUCOUS MEMBRANE GEL	3	
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	
JUSTRIGHT 5000 DENTAL PASTE 1.1 %	3	
MUGARD MUCOUS MEMBRANE SOLUTION	4	SP
<i>olopatadine nasal spray, non-aerosol 0.6 %</i>	1	
<i>oralone dental paste 0.1 %</i>	1	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	3	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	
PATANASE NASAL SPRAY, NON-AEROSOL 0.6 %	3	
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 %	3	
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	3	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	3	
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %	3	
PREVIDENT DENTAL GEL 1.1 %	3	
PREVIDENT DENTAL SOLUTION 0.2 %	3	

Drug Name	Tier	Requirements / Limits
PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML	4	SP
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	3	
<i>sf 5000 plus dental cream 1.1 %</i>	1	
<i>sf dental gel 1.1 %</i>	1	
SILATRIX MUCOUS MEMBRANE GEL 1 GRAM/10 GRAM	3	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution 2 %</i>	1	
CETRAXAL OTIC (EAR) DROPPERETTE 0.2 %	3	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	1	
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	3	
<i>flac oil otic (ear) drops 0.01 %</i>	1	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS, SUSPENSION 0.2-1 %	3	
CIPRODEX OTIC (EAR) DROPS, SUSPENSION 0.3-0.1 %	3	ST
<i>ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %</i>	1	
CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	3	
CORTISPORIN-TC OTIC (EAR) DROPS, SUSPENSION 3.3-3-10-0.5 MG/ML	3	
<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	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	3	

Drug Name	Tier	Requirements / Limits
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ALKINDI ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	3	ST
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST
<i>cortisone oral tablet 25 mg</i>	1	
CORTROPHIN GEL INJECTION 80 UNIT/ML	4	PA; SP; LA
<i>dexabliss oral tablets, dose pack 1.5 mg (39 tabs)</i>	1	
<i>dexamethasone intensol oral drops 1 mg/ml</i>	1	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone oral tablets, dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>	1	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml</i>	1	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	4	PA; ST; SP; LA
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	4	PA; ST; SP; LA
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
HEMADY ORAL TABLET 20 MG	3	ST
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
KENALOG INJECTION SUSPENSION 40 MG/ML	3	
MEDROL (PAK) ORAL TABLETS, DOSE PACK 4 MG	3	ST
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	ST
MEDROL ORAL TABLET 2 MG	2	ST
<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>	1	
<i>millipred oral tablet 5 mg</i>	1	

Drug Name	Tier	Requirements / Limits
ORAPRED ODT ORAL TABLET, DISINTEGRATING 10 MG, 15 MG, 30 MG	3	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, 15 mg/5 ml (3 mg/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>	1	
<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	
RAYOS ORAL TABLET, DELAYED RELEASE (DR/EC) 1 MG, 2 MG, 5 MG	3	ST
TAPERDEX ORAL TABLETS, DOSE PACK 1.5 MG (21 TABS), 1.5 MG (27 TABS), 1.5 MG (49 TABS)	3	ST
TARPEYO ORAL CAPSULE, DELAYED RELEASE(DR/EC) 4 MG	4	PA; ST; SP
ZCORT ORAL TABLETS, DOSE PACK 1.5 MG (25 TABS)	3	ST
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>potassium iodide oral solution 1 gram/ml</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
SSKI ORAL SOLUTION 1 GRAM/ML	3	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ACCU-CHEK AVIVA PLUS TEST STRP STRIP	3	ST
ACCU-CHEK GUIDE TEST STRIPS STRIP	3	ST
ACCU-CHEK SMARTVIEW TEST STRIP	3	ST
ACCUTREND GLUCOSE TEST STRIPS STRIP	3	ST
ADVANCED GLUC METER TEST STRIP	3	ST
ADVOCATE REDI-CODE STRIP	3	ST
ADVOCATE TEST STRIPS STRIP	3	ST
AGAMATRIX AMP TEST STRIPS STRIP	3	ST

Drug Name	Tier	Requirements / Limits
ASSURE 4 STRIPS STRIP	3	ST
ASSURE PLATINUM TEST STRIP	3	ST
ASSURE PRISM MULTI STRIP	3	ST
BIONIME RIGHTEST TEST STRIPS STRIP	3	ST
BLOOD GLUCOSE TEST STRIP	3	ST
CARESENS N TEST STRIPS STRIP	3	ST
CARETOUCH TEST STRIP	3	ST
CLEVER CHOICE MICRO TEST STRIP	3	ST
CLEVER CHOICE PRO STRIP	3	ST
CLEVER CHOICE TALK TEST STRIP	3	ST
CLEVER CHOICE TEST STRIPS STRIP	3	ST
CLEVER CHOICE VOICE PLUS TEST STRIP	3	ST
CONTOUR NEXT TEST STRIPS STRIP	2	
CONTOUR TEST STRIPS STRIP	2	
COOL GLUCOSE TEST STRIP	3	ST
DIATRUE PLUS TEST STRIP	3	ST
EASY PLUS II TEST STRIP	3	ST
EASY STEP STRIP	3	ST
EASY TALK GLUCOSE TEST STRIP	3	ST
EASY TOUCH BLU LINK TEST STRIP	3	PA; ST
EASY TOUCH TEST STRIP	3	ST
EASY TRAK GLUCOSE TEST STRIP	3	ST
EASY TRAK II TEST STRIP	3	ST
EASYGLUCO TEST STRIP	3	ST
EASYMAX STRIP	3	ST
ELEMENT COMPACT TEST STRIPS STRIP	3	ST
ELEMENT TEST STRIPS STRIP	3	ST
EMBRACE BLOOD GLUCOSE SYSTEM STRIP	3	ST
EMBRACE EVO TEST STRIPS STRIP	3	ST
EMBRACE PRO TEST STRIPS STRIP	3	ST
EMBRACE TALK TEST STRIPS STRIP	3	ST
EVENCARE G2 STRIP	3	ST
EVENCARE G3 TEST STRIP	3	ST
EVENCARE MINI GLUCOSE TEST STR STRIP	3	ST

Drug Name	Tier	Requirements / Limits
EVENCARE PROVIEW TEST STRIP	3	ST
EVOLUTION TEST STRIPS STRIP	3	ST
EZ SMART PLUS TEST STRIP	3	ST
EZ SMART TEST STRIP	3	ST
FIFTY50 TEST STRIP	3	ST
FORA 6 CONNECT GLUCOSE STRIP	3	ST
FORA D15G STRIPS STRIP	3	ST
FORA D20 STRIP	3	ST
FORA D40-G31 TEST STRIPS STRIP	3	ST
FORA G20 STRIP	3	ST
FORA G30-PREMIUM V10 TEST STRP STRIP	3	ST
FORA GD50 TEST STRIPS STRIP	3	ST
FORA GTEL GLUCOSE TEST STRIP	3	ST
FORA TEST STRIP	3	ST
FORA TN'G VOICE TEST STRIPS STRIP	3	ST
FORA V10 STRIP	3	ST
FORA V10-V12-D10-D20 STRIPS STRIP	3	ST
FORA V12 GLUCOSE STRIP	3	ST
FORA V20 STRIP	3	ST
FORACARE GD20 STRIP	3	ST
FORACARE GD40 TEST STRIPS STRIP	3	ST
FORTISCARE G1 TEST STRIP	3	PA; ST
FORTISCARE GLUCOSE TEST STRIPS STRIP	3	ST
FREESTYLE INSULINX STRIP	3	ST
FREESTYLE INSULINX TEST STRIPS STRIP	3	ST
FREESTYLE LITE STRIPS STRIP	3	ST
FREESTYLE PRECISION NEO STRIPS STRIP	3	ST
FREESTYLE TEST STRIP	3	ST
GE100 BLOOD GLUCOSE TEST STRIP	3	ST
GE333 BLOOD GLUCOSE TEST STRIP STRIP	3	ST
GENSTRIP TEST STRIP	3	ST
GLUCO NAVII TEST STRIP	3	ST
GLUCOCARD 01 SENSOR PLUS STRIP	3	ST
GLUCOCARD EXPRESSION STRIP	3	ST
GLUCOCARD SHINE TEST STRIPS STRIP	3	ST

Drug Name	Tier	Requirements / Limits
GLUCOCARD VITAL SENSOR STRIP	3	ST
GLUCOCARD VITAL TEST STRIPS STRIP	3	ST
GLUCOCOM GLUCOSE STRIP	3	ST
GM100 STRIP	3	ST
GOJJI BLOOD GLUCOSE TEST STRIP	3	ST
HARMONY GLUCOSE TEST STRIP	3	ST
HEALTHPRO TEST STRIPS STRIP	3	ST
IGLUCOSE TEST STRIP	3	ST
INFINITY TEST STRIPS STRIP	3	ST
INFINITY VOICE TEST STRIP	3	ST
MICRO BLOOD GLUCOSE STRIP	3	ST
MICRODOT BLOOD GLUCOSE SYSTEM STRIP	3	ST
MICRODOT XTRA BLOOD GLUCOSE STRIP	3	ST
MYGLUCOHEALTH STRIP	3	ST
NEUTEK 2TEK TEST STRIPS STRIP	3	ST
NOVA MAX GLUCOSE TEST STRIP	3	ST
ON CALL EXPRESS TEST STRIP	3	ST
ON CALL PLUS TEST STRIP	3	ST
ON CALL VIVID TEST STRIP	3	ST
ONETOUCH ULTRA TEST STRIP	2	
ONETOUCH VERIO TEST STRIPS STRIP	2	
OPTIUM EZ STRIP	3	ST
OPTIUM TEST STRIP	3	ST
OPTUMRX STRIP	3	ST
PHARMACIST CHOICE STRIP	3	ST
PRECISION PCX PLUS TEST STRIP	3	ST
PRECISION PCX TEST STRIP	3	ST
PRECISION POINT OF CARE TEST STRIP	3	ST
PRECISION Q-I-D TEST STRIP	3	ST
PRECISION XTRA TEST STRIP	3	ST
PREMIER TEST STRIP	3	ST
PREMIUM V10 STRIP	3	ST
PRO VOICE V8-V9 TEST STRIP	3	ST
PRODIGY NO CODING STRIP	3	ST

Drug Name	Tier	Requirements / Limits
QUINTET AC STRIP	3	ST
REFUAH PLUS STRIP	3	ST
RELION CONFIRM-MICRO STRIP	3	ST
RELION PRIME TEST STRIPS STRIP	3	ST
RELION ULTIMA STRIP	3	ST
REVEAL TEST STRIP	3	ST
RIGHTEST GS550 TEST STRIPS STRIP	3	ST
SMART SENSE TEST STRIPS STRIP	3	ST
SMARTEST TEST STRIP	3	ST
SOLUS V2 TEST STRIPS STRIP	3	ST
SURE-TEST EASYPLUS MINI STRIP	3	ST
TELCARE TEST STRIPS STRIP	3	ST
TEST N'GO TEST STRIP	3	ST
TRUE METRIX GLUCOSE TEST STRIP	3	ST
TRUETEST TEST STRIPS STRIP	3	ST
TRUETRACK TEST STRIP	3	ST
ULTRATRAK STRIP	3	ST
ULTRATRAK ULTIMATE STRIP	3	ST
UNISTRIP1 TEST STRIP	3	ST
VIVAGUARD INO TEST STRIP	3	ST
WAVESENSE JAZZ STRIP	3	ST
WAVESENSE PRESTO STRIP	3	ST
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
ACE AEROSOL CLOUD ENHANCER SPACER	3	
AEROCHAMBER MINI SPACER	3	
AEROCHAMBER PLUS FLOW-VU SPACER	3	
AEROCHAMBER PLUS Z STAT SPACER	3	
AEROTRACH PLUS SPACER	3	
AEROVENT PLUS SPACER	3	
BREATHERITE MDI SPACER	3	
COMPACT SPACE CHAMBER SPACER	3	
EASIVENT HOLDING CHAMBER SPACER	3	
FLEXICHAMBER SPACER	3	
INSPIRACHAMBER SPACER	3	

Drug Name	Tier	Requirements / Limits
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	2	
LITEAIRE MDI CHAMBER SPACER	3	
MICROCHAMBER SPACER	3	
MICROSPACER SPACER	3	
OPTICHAMBER DIAMOND VHC SPACER	3	
POCKET CHAMBER SPACER	3	
PRIMEAIRE SPACER	3	
PROCHAMBER SPACER	2	
RITEFLO AEROCHAMBER SPACER	3	
VORTEX HOLDING CHAMBER SPACER	3	
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	2	
<i>diazoxide oral suspension 50 mg/ml</i>	1	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	3	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	2	
GVOKE HYOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE PFS 2-PACK SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	3	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION	2	
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION	2	
ACCUTREND GLUCOSE CONTROL SOLUTION	2	
ADVOCATE LOW CONTROL SOLUTION	2	
ADVOCATE REDI-CODE PLUS CTRL L SOLUTION	2	
AGAMATRIX CONTROL HIGH SOLUTION	2	

Drug Name	Tier	Requirements / Limits
ASSURE 4 CONTROL SOLUTION COMBO PACK	2	
ASSURE DOSE NORMAL CONTROL SOLUTION	2	
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION	3	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	3	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	3	
BD INTEGRA NEEDLE 23 GAUGE X 1"	2	
BD MICROTAINER LANCET 30 GAUGE	2	
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	
BD ULTRA FINE LANCETS 33 GAUGE	2	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32"	2	
BLOOD GLUCOSE CONTROL, NORMAL SOLUTION	2	
BREEZE 2 CONTROL SOLUTION, HIGH SOLUTION	2	
CARESENS CONTROL A NORMAL SOLUTION	2	
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION	2	
CONTOUR CONTROL SOLUTION, NML SOLUTION	2	
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION	2	
COOL CONTROL A SOLUTION	2	
DEXCOM G6 SENSOR DEVICE	3	
DEXCOM G6 TRANSMITTER DEVICE	3	
DEXCOM G7 SENSOR DEVICE	3	
DIATRUE CONTROL SOLN NORMAL SOLUTION	2	
EASY PLUS II HIGH CONTROL SOLUTION	2	
EASY STEP HIGH CONTROL SOLN SOLUTION	2	
EASY TALK HIGH CONTROL SOLUTION	2	

Drug Name	Tier	Requirements / Limits
EASY TALK PLUS II LOW CONTROL SOLUTION	2	
EASY TOUCH BLU CTRL SOLN-L1, L3 SOLUTION	2	
EASY TRAK II CTRL SOLN-NORMAL SOLUTION	2	
EASY TRAK LOW CONTROL SOLUTION	2	
EASYMAX 15 LEVEL 2 SOLUTION	2	
EASYMAX NORMAL CONTROL SOLUTION	2	
ELEMENT COMPACT NORMAL CONTROL SOLUTION	2	
ELEMENT NORMAL CONTROL SOLUTION	2	
EMBRACE EVO LEVEL 1 SOLUTION	2	
EMBRACE GLUCOSE CONTROL LOW SOLUTION	2	
EMBRACE TALK CONTROL-LOW (L1) SOLUTION	2	
ENLITE GLUCOSE SENSOR DEVICE	3	
ENLITE SYSTEM	3	
EVERSENSE SMART TRANSMITTER DEVICE	3	
EVOLUTION NORMAL CONTROL SOLUTION	2	
FORA NORMAL CONTROL SOLUTION	2	
FORACARE GDH LOW CONTROL SOLUTION	2	
FORTISCARE NORMAL SOLUTION	2	
FREESTYLE CONTROL SOLUTION	2	
FREESTYLE LIBRE 14 DAY SENSOR KIT	3	
FREESTYLE LIBRE 2 SENSOR KIT	3	
FREESTYLE LIBRE 3 SENSOR DEVICE	3	
GE100 CONTROL SOLUTION NORMAL	2	
GLUCOCARD 01 NORMAL CONTROL SOLUTION	2	
GLUCOCOM CONTROL NORMAL SOLUTION	2	
GLUCOSE CONTROL SOLUTION	2	
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION	2	

Drug Name	Tier	Requirements / Limits
GUARDIAN CONNECT TRANSMITTER DEVICE	3	
GUARDIAN LINK 3 TRANSMITTER DEVICE	3	
GUARDIAN SENSOR 3 DEVICE	3	
HEALTHPRO HIGH-LOW CONTROL SOLUTION	2	
INFINITY CONTROL SOLUTION NORM	2	
INFINITY VOICE CTRL SOLN-LVL 2 SOLUTION	2	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	3	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	3	
LANCETS 33 GAUGE	2	
MEDISENSE COMBO PACK	2	
MEDISENSE GLUCOSE KETONE COMBO PACK	2	
MYGLUCOHEALTH CONTROL SOLUTION	3	
NOVA MAX GLUCOSE CONTROL SOLUTION	2	
NOVAMAX PLUS GLU-KET SOLUTION	3	
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	3	
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	PA
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	3	PA
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	
ON CALL EXPRESS CONTROL SOLUTION	3	
ON CALL PLUS CONTROL SOLUTION	3	
ON CALL VIVID CONTROL SOLUTION	3	
ONETOUCH ULTRA CONTROL SOLUTION	2	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	2	

Drug Name	Tier	Requirements / Limits
PIP GLUCOSE CONTROL SOLN L1-L2 SOLUTION	3	
PRODIGY CONTROL SOLUTION, LOW SOLUTION	2	
PRODIGY CONTROL SOLUTION, HIGH SOLUTION	2	
REFUAH PLUS GLUCOSE CONTROL SOLUTION	2	
RIGHTEST CONTROL SOLUTION HIGH	2	
SMARTEST CONTROL SOLUTION	2	
SOLUS V2 CONTROL SOLUTION, HIGH SOLUTION	2	
TELCARE CONTROL SOLUTION	2	
TRUE METRIX LEVEL 1 SOLUTION	2	
TRUECONTROL LEVEL 0 SOLUTION	2	
UNISTRIP LOW CONTROL SOLUTION	2	
V-GO 20 DEVICE	3	
V-GO 30 DEVICE	3	
V-GO 40 DEVICE	3	
VIVAGUARD INO CTRL SOLN-L1, 2, 3 SOLUTION	3	
WAVESENSE CONTROL SOLUTION	2	
INSULIN THERAPY		
FLOVENT HFA INHALATION AEROSOL INHALER 110 MCG/ACTUATION, 44 MCG/ACTUATION	3	PA; ST
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA; ST
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	3	
FLOVENT HFA INHALATION AEROSOL INHALER 220 MCG/ACTUATION	3	PA; ST
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA; ST
BASAGLAR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	PA; ST

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

Drug Name	Tier	Requirements / Limits
HUMULIN N NPH KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	PA; ST
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	PA; ST
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	PA; ST
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	2	
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
INSULIN DEGLUDEC SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML), 200 UNIT/ML (3 ML)	3	PA; ST
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA; ST
INSULIN GLARGINE SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
INSULIN GLARGINE SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA; ST
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	PA; ST
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA; ST
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	3	PA; ST

Drug Name	Tier	Requirements / Limits
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	PA; ST
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	3	PA; ST
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA; ST
LANTUS SOLOSTAR U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	ACA PV
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LYUMJEV KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	PA; ST
LYUMJEV KWIKPEN U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	3	PA; ST
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	PA; ST
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA; ST
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
NOVOLOG FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	2	

Drug Name	Tier	Requirements / Limits
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	2	
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	PA
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA; ST
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	PA; ST
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	PA; ST
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	
TOUJEO SOLOSTAR U-300 SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	PA; ST
MISCELLANEOUS HORMONES		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	2	ST

Drug Name	Tier	Requirements / Limits
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	ST
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM), 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	3	ST
AVEED INTRAMUSCULAR SOLUTION 750 MG/3 ML (250 MG/ML)	4	ST; SP
<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 oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
CERDELGA ORAL CAPSULE 84 MG	4	PA; SP; LA
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	1	PA
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	3	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML	3	
<i>desmopressin injection solution 4 mcg/ml</i>	4	SP; LA
<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)	3	LA
<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	
FORTESTA TRANSDERMAL GEL IN METERED-DOSE PUMP 10 MG/0.5 GRAM /ACTUATION	3	ST
GALAFOLD ORAL CAPSULE 123 MG	4	PA; SP; LA
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG	4	PA; ST; SP; QL (180 per 30 days)
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	3	ST
<i>javygtor oral powder in packet 100 mg, 500 mg</i>	4	PA; SP; LA
<i>javygtor oral tablet, soluble 100 mg</i>	4	PA; SP
JYNARQUE ORAL TABLET 15 MG, 30 MG	4	PA; SP; QL (60 per 30 days)

Drug Name	Tier	Requirements / Limits
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	4	PA; SP; QL (60 per 30 days)
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	4	PA; ST; SP; LA
KUVAN ORAL TABLET, SOLUBLE 100 MG	4	PA; ST; SP; LA
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	3	PA; ST
METHITEST ORAL TABLET 10 MG	2	ST
<i>methyltestosterone oral capsule 10 mg</i>	1	
<i>miglustat oral capsule 100 mg</i>	4	PA; ST; SP; LA
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	4	PA; SP; LA; QL (27 per 30 days)
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	3	ST
NOCDURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING 55.3 MCG	3	
NOCDURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING 27.7 MCG	3	
NOCTIVA NASAL SPRAY, NON-AEROSOL 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML)	3	
ORILISSA ORAL TABLET 150 MG	3	PA; QL (1 per 30 days)
ORILISSA ORAL TABLET 200 MG	3	PA; QL (90 per 30 days)
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1	
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	4	PA; ST; SP; LA
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	3	
RECORLEV ORAL TABLET 150 MG	4	PA; ST; SP; QL (240 per 30 days)
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG	3	
ROCALTROL ORAL SOLUTION 1 MCG/ML	3	
SAMSCA ORAL TABLET 15 MG, 30 MG	4	PA; SP; LA; QL (60 per 30 days)
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	4	PA; SP; LA
<i>sapropterin oral tablet, soluble 100 mg</i>	4	PA; SP; LA

Drug Name	Tier	Requirements / Limits
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	4	PA; ST; SP
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA; ST; SP; LA; QL (30 per 30 days)
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	4	PA; SP
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	2	
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	3	ST
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	1	
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 20.25 mg/1.25 gram (1.62 %)</i>	1	
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1	ST
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	1	
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	1	
TLANDO ORAL CAPSULE 112.5 MG	3	PA; ST
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	4	PA; SP; LA; QL (60 per 30 days)
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	3	ST
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	3	ST
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	3	ST
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	4	PA; SP; LA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	3	ST
ZAVESCA ORAL CAPSULE 100 MG	4	PA; ST; SP; LA

Drug Name	Tier	Requirements / Limits
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	
ACTOPLUS MET ORAL TABLET 15-850 MG	3	
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	3	
ALOGLIPTIN ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	3	PA; ST
ALOGLIPTIN-METFORMIN ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	3	PA; ST
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	PA; ST
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	3	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	2	PA; ST
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; ST
CYCLOSET ORAL TABLET 0.8 MG	3	
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	3	
FARXIGA ORAL TABLET 10 MG, 5 MG	2	PA; ST
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 2.5 MG, 5 MG	3	
GLUMETZA ORAL TABLET, ER GAST.RETENTION 24 HR 1,000 MG, 500 MG	3	PA; ST
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
GLYNASE ORAL TABLET 1.5 MG, 3 MG, 6 MG	3	

Drug Name	Tier	Requirements / Limits
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	PA; ST
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	3	PA; ST
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	3	PA; ST
INVOKANA ORAL TABLET 100 MG, 300 MG	3	PA; ST
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	PA; ST
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	2	PA; ST
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	PA; ST
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	PA; ST
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	2	PA; ST
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	2	PA; ST
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	3	PA; ST
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	PA; ST
<i>metformin oral solution 500 mg/5 ml</i>	1	PA
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
METFORMIN ORAL TABLET 625 MG	3	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
<i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i>	1	PA; ST
<i>metformin oral tablet, er gast.retention 24 hr 1,000 mg, 500 mg</i>	1	PA; ST
<i>migliol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	PA; ST
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	

Drug Name	Tier	Requirements / Limits
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	3	PA; ST
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	3	PA; ST
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	PA; ST
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; ST
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1	
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG	3	PA; ST
QTERN ORAL TABLET 10-5 MG, 5-5 MG	2	PA; ST
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	1	
RIOMET ER ORAL SUSPENSION, EXTENDED REL RECON 500 MG/5 ML	3	PA; ST
RIOMET ORAL SOLUTION 500 MG/5 ML	3	PA; ST
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; ST
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	3	PA; ST
STEGLATRO ORAL TABLET 15 MG, 5 MG	3	PA; ST
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	3	PA; ST
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	2	PA; ST
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	2	PA; ST
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	PA; ST
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	PA; ST
TRADJENTA ORAL TABLET 5 MG	2	PA; ST

Drug Name	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	2	PA; ST
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; ST
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	PA; ST
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	PA; ST
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	PA; ST
THYROID HORMONES		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	3	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	3	
ERMEZA ORAL SOLUTION 30 MCG/ML	3	
<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, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
LEVOTHYROXINE ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<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>	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	

Drug Name	Tier	Requirements / Limits
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	
THYQUIDITY ORAL SOLUTION 20 MCG/ML	3	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	3	
<i>unithroid 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	

GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

<i>anaspaz oral tablet, disintegrating 0.125 mg</i>	1	
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	1	PA; ST
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	1	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	3	
DARTISLA ORAL TABLET, DISINTEGRATING 1.7 MG	3	PA
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	3	
DONNATAL ORAL TABLET 16.2-0.1037 -0.0194 MG	3	
<i>ed-spaz oral tablet, disintegrating 0.125 mg</i>	1	
GLYCATE ORAL TABLET 1.5 MG	3	

Drug Name	Tier	Requirements / Limits
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	1	PA; ST
<i>glycopyrrolate oral tablet 1 mg, 1.5 mg, 2 mg</i>	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	PA; ST
<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	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	3	
LEVSIN ORAL TABLET 0.125 MG	3	
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG	3	
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG	3	
LOMOTIL ORAL TABLET 2.5-0.025 MG	3	
<i>loperamide oral capsule 2 mg</i>	1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1	
MOTOFEN ORAL TABLET 1-0.025 MG	3	
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG	4	PA; ST; SP; QL (60 per 30 days)
NULEV ORAL TABLET, DISINTEGRATING 0.125 MG	3	
<i>opium 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	
<i>phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg</i>	1	
<i>phenohydro oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	1	
<i>phenohydro oral tablet 16.2-0.1037 -0.0194 mg</i>	1	
ROBINUL FORTE ORAL TABLET 2 MG	3	PA; ST
ROBINUL ORAL TABLET 1 MG	3	PA; ST

Drug Name	Tier	Requirements / Limits
SYMAX DUOTAB ORAL TABLET, EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	3	
<i>symax fastabs oral tablet, disintegrating 0.125 mg</i>	1	
<i>symax-sl sublingual tablet 0.125 mg</i>	1	
<i>symax-sr oral tablet extended release 12 hr 0.375 mg</i>	1	
MISCELLANEOUS AGENTS		
AURYXIA ORAL TABLET 210 MG IRON	3	PA; ST
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	3	PA; ST
FOSRENOL ORAL TABLET, CHEWABLE 1,000 MG, 500 MG, 750 MG	3	
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	3	
RENAGEL ORAL TABLET 800 MG	3	PA; ST
REVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	3	PA; ST
REVELA ORAL TABLET 800 MG	3	PA; ST
<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>sevelamer hcl oral tablet 400 mg, 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>	1	
VELPHORO ORAL TABLET, CHEWABLE 500 MG	3	PA; ST
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	4	SP
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	3	
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	1	
<i>alvimopan oral capsule 12 mg</i>	1	

Drug Name	Tier	Requirements / Limits
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	3	PA; ST
ANA-LEX RECTAL KIT 2-2 %	3	ST
ANALPRAM-HC RECTAL CREAM 1-1 %, 2.5-1 %	2	
ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1 % (4G)	3	
ANTIVERT ORAL TABLET 50 MG	3	
ANTIVERT ORAL TABLET, CHEWABLE 25 MG	3	PA
<i>anucort-hc rectal suppository 25 mg</i>	1	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	3	
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	3	ST
ANZEMET ORAL TABLET 50 MG	3	
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	1	
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	1	
APRISO ORAL CAPSULE, EXTENDED RELEASE 24HR 0.375 GRAM	3	PA; ST
ASACOL HD ORAL TABLET, DELAYED RELEASE (DR/EC) 800 MG	3	PA; ST
AZULFIDINE EN-TABS ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	
AZULFIDINE ORAL TABLET 500 MG	3	
<i>balsalazide oral capsule 750 mg</i>	1	
<i>betaine oral powder 1 gram/scoop</i>	4	SP
BONJESTA ORAL TABLET, IR, DELAYED REL, BIPHASIC 20-20 MG	3	PA; ST
<i>budesonide oral capsule, delayed, extend.release 3 mg</i>	1	
<i>budesonide oral tablet, delayed and ext.release 9 mg</i>	1	
BYLVAY ORAL CAPSULE 1,200 MCG	4	PA; ST; SP; LA; QL (150 per 30 days)
BYLVAY ORAL CAPSULE 400 MCG	4	PA; ST; SP; LA; QL (450 per 30 days)
BYLVAY ORAL PELLETT 200 MCG	4	PA; ST; SP; LA; QL (900 per 30 days)

Drug Name	Tier	Requirements / Limits
BYLVAY ORAL PELLETT 600 MCG	4	PA; ST; SP; LA; QL (300 per 30 days)
CANASA RECTAL SUPPOSITORY 1,000 MG	3	
CHENODAL ORAL TABLET 250 MG	4	SP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	4	SP
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	4	PA; ST; SP; LA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4	PA; ST; SP; LA
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML	3	ACA PV
COLAZAL ORAL CAPSULE 750 MG	3	PA; ST
COMPAZINE ORAL TABLET 10 MG, 5 MG	3	
COMPAZINE RECTAL SUPPOSITORY 25 MG	3	
<i>compro rectal suppository 25 mg</i>	1	
<i>constulose oral solution 10 gram/15 ml</i>	1	
CORTENEMA RECTAL ENEMA 100 MG/60 ML	3	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	2	
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	
CYSTADANE ORAL POWDER 1 GRAM/SCOOP	4	SP
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	3	PA; ST
DICLEGIS ORAL TABLET, DELAYED RELEASE (DR/EC) 10-10 MG	3	PA; ST
DIPENTUM ORAL CAPSULE 250 MG	3	PA; ST
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i>	1	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	
EMEND ORAL CAPSULE 80 MG	3	
EMEND ORAL CAPSULE, DOSE PACK 125 MG (1)- 80 MG (2)	3	

Drug Name	Tier	Requirements / Limits
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	2	
ENTEREG ORAL CAPSULE 12 MG	3	
<i>enulose oral solution 10 gram/15 ml</i>	1	
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML	3	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	4	PA; SP; LA
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	ACA PV
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	ACA PV
<i>generlac oral solution 10 gram/15 ml</i>	1	
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY	4	PA; ST; SP
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	3	
<i>granisetron hcl oral tablet 1 mg</i>	1	
<i>hemmorex-hc rectal suppository 25 mg, 30 mg</i>	1	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	1	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 % (4g)</i>	1	ST
HYDROCORTISONE-PRAMOXINE RECTAL SUPPOSITORY 25-18 MG	3	
IBSRELA ORAL TABLET 50 MG	3	PA; ST
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	2	
<i>lactulose oral packet 10 gram</i>	1	
<i>lactulose oral solution 10 gram/15 ml, 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	1	
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM	3	PA; ST

Drug Name	Tier	Requirements / Limits
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL 3 %-2.5 % (7 GRAM)	3	
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram)</i>	1	ST
<i>lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram)</i>	1	PA; ST
<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	PA; ST
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	PA; ST
LIVMARLI ORAL SOLUTION 9.5 MG/ML	4	PA; ST; SP; QL (3 per 30 days)
LOTRONEX ORAL TABLET 0.5 MG, 1 MG	3	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1	PA; ST
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	3	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<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, 800 mg</i>	1	
<i>mesalamine rectal enema 4 gram/60 ml</i>	1	
<i>mesalamine rectal suppository 1,000 mg</i>	1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	1	ST
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	3	PA; ST
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	PA; ST
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	3	
OICALIVA ORAL TABLET 10 MG, 5 MG	4	PA; ST; SP; LA
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	1	

Drug Name	Tier	Requirements / Limits
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	
ORTIKOS ORAL CAPSULE, EXTENDED RELEASE 6 MG, 9 MG	3	PA; ST
OSMOPREP ORAL TABLET 1.5 GRAM	3	ACA PV
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	2	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	ACA PV
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	1	ACA PV
<i>peg-electrolyte oral recon soln 420 gram</i>	1	ACA PV
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	3	PA; ST
PERTZYE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	3	
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	3	ACA PV
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
PROCORT RECTAL CREAM 1.85-1.15 %	3	
PROCTOCORT RECTAL SUPPOSITORY 30 MG	3	
PROCTOFOAM HC RECTAL FOAM 1-1 %	3	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	3	
REGLAN ORAL TABLET 10 MG, 5 MG	3	
RELISTOR ORAL TABLET 150 MG	3	

Drug Name	Tier	Requirements / Limits
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	3	
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	3	
RELTONE ORAL CAPSULE 200 MG, 400 MG	3	
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML	3	ST
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	3	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	
SFROWASA RECTAL ENEMA 4 GRAM/60 ML	3	
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	4	PA; ST; SP; LA
<i>sodium, potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	1	ACA PV
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	4	PA; ST; SP; QL (2 per 30 days)
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	3	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	3	ACA PV
SYMPROIC ORAL TABLET 0.2 MG	3	
SYNDROS ORAL SOLUTION 5 MG/ML	3	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	3	
<i>trimethobenzamide oral capsule 300 mg</i>	1	
TRULANCE ORAL TABLET 3 MG	3	PA; ST
UCERIS ORAL TABLET, DELAYED AND EXT.RELEASE 9 MG	3	PA; ST
UCERIS RECTAL FOAM 2 MG/ACTUATION	3	PA
URSO ORAL TABLET 250 MG	3	
URSO FORTE ORAL TABLET 500 MG	3	
<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	3	

Drug Name	Tier	Requirements / Limits
VIBERZI ORAL TABLET 100 MG, 75 MG	2	PA; ST; QL (60 per 30 days)
VIOKACE ORAL TABLET 10,440-39,150-39,150 UNIT, 20,880-78,300- 78,300 UNIT	2	
ZELNORM ORAL TABLET 6 MG	3	PA; ST
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT	2	
ZUPLENZ ORAL FILM 4 MG, 8 MG	3	
ULCER THERAPY		
ACIPHEX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG	3	ST
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	1	
<i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i>	1	
CARAFATE ORAL SUSPENSION 100 MG/ML	3	
CARAFATE ORAL TABLET 1 GRAM	3	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	3	
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEAS 30 MG, 60 MG	3	ST
<i>dexlansoprazole oral capsule, biphas delayed releas 30 mg, 60 mg</i>	1	PA; ST
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i>	1	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg, 40 mg</i>	1	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
KONVOMEP ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML	3	ST
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg, 30 mg</i>	1	
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG, 40 MG	3	ST
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 20 MG, 40 MG	3	ST
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	2	ST
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	3	PA; ST
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i>	1	ST
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg</i>	1	ST
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	1	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	1	
PEPCID ORAL TABLET 20 MG, 40 MG	3	
PREVACID ORAL CAPSULE, DELAYED RELEASE(DR/EC) 30 MG	3	ST
PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 15 MG, 30 MG	3	ST
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG, 2.5 MG	3	ST
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	3	ST
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG, 40 MG	3	ST
PYLERA ORAL CAPSULE 140-125-125 MG	3	PA
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG	3	
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	
<i>sucralfate oral suspension 100 mg/ml</i>	1	
<i>sucralfate oral tablet 1 gram</i>	1	
TALICIA ORAL CAPSULE, IR - DELAY REL, BIPHASE 10-250-12.5 MG	3	PA; ST

Drug Name	Tier	Requirements / Limits
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	3	
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	3	
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM, 40-1.1 MG-GRAM	3	ST
ZEGERID ORAL PACKET 20-1,680 MG, 40- 1,680 MG	3	ST

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

ANTIVIRALS

<i>ribavirin oral capsule 200 mg</i>	4	SP; LA
<i>ribavirin oral tablet 200 mg</i>	4	SP; LA

BIOTECHNOLOGY DRUGS

ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML	4	SP; LA
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	4	PA; SP; LA
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML	4	SP; LA
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; ST; SP
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; ST; SP
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	SP
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	SP
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	4	PA; SP; LA
LEUKINE INJECTION RECON SOLN 250 MCG	4	SP
MACRILEN ORAL RECON SOLN 0.5 MG/ML	4	SP; LA
MIRCERA INJECTION SYRINGE 200 MCG/0.3 ML	4	PA; SP
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	4	SP; LA
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	4	PA; ST; SP
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; ST; SP

Drug Name	Tier	Requirements / Limits
NEUPOGEN INJECTION SYRINGE 480 MCG/0.8 ML	4	PA; ST; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML	4	SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	SP
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; ST; SP
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG	4	PA; ST; SP
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; ST; SP
RETACRIT INJECTION SOLUTION 2,000 UNIT/ML	4	SP; LA
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; ST; SP
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; ST; SP
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML	4	PA; ST; SP
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; ST; SP
GROWTH HORMONES		
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	4	PA; ST; SP; LA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	4	PA; ST; SP; LA
HUMATROPE INJECTION CARTRIDGE 6 MG (18 UNIT)	4	PA; ST; SP; LA
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA; ST; SP; LA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	4	PA; ST; SP; LA

Drug Name	Tier	Requirements / Limits
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA; ST; SP; LA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	4	PA; ST; SP; LA
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	4	PA; ST; SP; LA
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG, 8.8 MG	4	PA; ST; SP; LA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; ST; SP; LA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	4	PA; ST; SP; LA
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	4	PA; ST; SP; LA
INTERFERONS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	4	PA; SP; LA
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	2	
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	4	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	PA; SP; LA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	4	PA; SP; LA
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO ORAL TABLET 14 MG, 7 MG	4	PA; SP; LA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	4	PA; SP; LA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	4	PA; SP; LA
BAFIERTAM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 95 MG	4	PA; ST; SP; LA; QL (120 per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	4	PA; SP; LA
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	4	PA; ST; SP; LA
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	4	PA; SP; LA; QL (14 per 30 days)

Drug Name	Tier	Requirements / Limits
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	4	PA; SP; LA; QL (1 per 365 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	4	PA; SP; LA; QL (60 per 30 days)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	4	PA; SP; LA
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG	4	PA; SP; LA
<i>fingolimod oral capsule 0.5 mg</i>	4	PA; SP; LA; QL (30 per 30 days)
GILENYA ORAL CAPSULE 0.25 MG	4	PA; ST; SP; LA
GILENYA ORAL CAPSULE 0.5 MG	4	PA; SP; LA
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	4	PA; SP; LA
<i>glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	4	PA; SP; LA
KESIMPTA SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	4	PA; ST; SP; LA
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	4	PA; ST; SP; LA; QL (40 per 720 days)
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	4	PA; ST; SP; LA; QL (16 per 720 days)
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	4	PA; ST; SP; LA; QL (20 per 720 days)
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	4	PA; ST; SP; LA; QL (24 per 720 days)
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	4	PA; ST; SP; LA; QL (28 per 720 days)
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	4	PA; ST; SP; LA; QL (32 per 720 days)
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	4	PA; ST; SP; LA; QL (36 per 720 days)
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	4	PA; ST; SP; LA
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (7 TABS)	4	PA; ST; SP; LA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (12 TABS)	4	PA; ST; SP; LA
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	4	PA; SP; LA

Drug Name	Tier	Requirements / Limits
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; SP; LA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; SP; LA
PONVORY 14-DAY STARTER PACK ORAL TABLETS, DOSE PACK 2 MG (2) - 10 MG (3)	4	PA; SP; LA; QL (1 per 365 days)
PONVORY ORAL TABLET 20 MG	4	PA; SP; LA; QL (30 per 30 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; SP; LA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; SP; LA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; SP; LA
TASCENSO ODT ORAL TABLET, DISINTEGRATING 0.25 MG	4	PA; ST; SP; LA; QL (60 per 30 days)
TASCENSO ODT ORAL TABLET, DISINTEGRATING 0.5 MG	4	PA; ST; SP; LA; QL (30 per 30 days)
TECFIDERA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 120 MG	4	PA; ST; SP; LA; QL (14 per 30 days)
TECFIDERA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	4	PA; ST; SP; LA; QL (1 per 365 days)
TECFIDERA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 240 MG	4	PA; ST; SP; LA; QL (60 per 30 days)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	4	SP; LA
VUMERITY ORAL CAPSULE, DELAYED RELEASE(DR/EC) 231 MG	4	PA; ST; SP; LA; QL (120 per 30 days)
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	Vac
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	Vac
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	Vac
AFLURIA QD 2022-23(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	2	Vac

Drug Name	Tier	Requirements / Limits
AFLURIA QUAD 2022-2023(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	2	Vac
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	Vac
BEXSERO INTRAMUSCULAR SYRINGE 50- 50-50-25 MCG/0.5 ML	2	Vac
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	2	Vac
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	2	Vac
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	2	Vac
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF- MCG-LF/0.5ML	2	Vac
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	3	Vac
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	2	Vac
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	2	Vac
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	2	Vac
FLUAD QUAD 2022-23(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	2	Vac
FLUARIX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	2	Vac
FLUBLOK QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	2	Vac
FLUCELVAX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	2	Vac
FLUCELVAX QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	2	Vac
FLULAVAL QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	2	Vac

Drug Name	Tier	Requirements / Limits
FLUMIST QUAD 2022-2023 NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	2	Vac
FLUZONE HIGHDOSE QUAD 22-23 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	2	Vac
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	2	Vac
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	2	Vac
FLUZONE QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	2	Vac
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	2	Vac
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	Vac
GRASTEK SUBLINGUAL TABLET 2,800 BAU	3	PA; ST
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1, 440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	2	Vac
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	2	Vac
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	Vac
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	2	Vac
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	2	Vac
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	2	Vac
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	Vac
JYNNEOS (PF)(STOCKPILE) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	2	Vac
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	2	Vac
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	2	Vac
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	2	Vac

Drug Name	Tier	Requirements / Limits
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	2	Vac
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	2	Vac
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	2	Vac
ODACTRA SUBLINGUAL TABLET 12 SQ- HDM	3	PA; ST
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	PA; ST; SP
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	4	PA; SP
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	4	PA; SP
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	4	PA; SP
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	4	PA; SP
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	4	PA; SP
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	4	PA; SP
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	4	PA; SP
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	4	PA; SP
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	4	PA; SP
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	4	PA; SP
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	4	PA; SP
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	4	PA; SP
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	Vac
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	2	Vac
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	2	Vac

Drug Name	Tier	Requirements / Limits
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	2	Vac
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	3	Vac
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	3	Vac
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	Vac
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	Vac
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	2	Vac
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	2	Vac
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	PA; Vac
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	PA; Vac
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	2	Vac
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	3	PA; ST
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 40 MCG/ML, 5 MCG/0.5 ML	2	Vac
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	2	Vac
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	2	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	2	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	2	Vac
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	2	Vac

Drug Name	Tier	Requirements / Limits
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	2	Vac
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	2	Vac
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	2	Vac
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	3	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	2	Vac
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	2	Vac
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	2	Vac
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	2	Vac
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	2	Vac
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	2	Vac
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	2	Vac
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	2	Vac
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	2	Vac
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	Vac
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	2	Vac
IMMUNOLOGY		
INTERLEUKINS		
<i>imiquimod topical cream in metered-dose pump 3.75 %</i>	1	PA; ST
<i>imiquimod topical cream in packet 3.75 %, 5 %</i>	1	PA; ST
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %, 3.75 %	3	PA; ST

Drug Name	Tier	Requirements / Limits
ZYCLARA TOPICAL CREAM IN PACKET 3.75 %	3	PA; ST

MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
ALLOPURINOL ORAL TABLET 200 MG	3	PA
COLCHICINE ORAL CAPSULE 0.6 MG	2	
<i>colchicine oral tablet 0.6 mg</i>	1	
COLCRYS ORAL TABLET 0.6 MG	3	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	
MITIGARE ORAL CAPSULE 0.6 MG	2	ST
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
ULORIC ORAL TABLET 40 MG, 80 MG	3	ST
ZYLOPRIM ORAL TABLET 100 MG	3	ST

OSTEOPOROSIS THERAPY

ACTONEL ORAL TABLET 150 MG, 35 MG	3	
<i>alendronate oral solution 70 mg/75 ml</i>	1	
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	
ATEL VIA ORAL TABLET, DELAYED RELEASE (DR/EC) 35 MG	3	
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	3	
BONIVA ORAL TABLET 150 MG	3	
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML	4	PA; ST; SP; LA; QL (2 per 30 days)
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2)	4	PA; ST; SP; LA; QL (1 per 30 days)
EVISTA ORAL TABLET 60 MG	3	PA; ST; QL (30 per 30 days)
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	4	PA; ST; SP; LA; QL (1 per 30 days)
FOSAMAX ORAL TABLET 70 MG	3	
FOSAMAX PLUS D ORAL TABLET 70 MG- 2, 800 UNIT, 70 MG- 5, 600 UNIT	3	
<i>ibandronate oral tablet 150 mg</i>	1	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	4	PA; ST; SP; LA

Drug Name	Tier	Requirements / Limits
<i>raloxifene oral tablet 60 mg</i>	1	Och; ACA PV
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	1	
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	1	
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	4	PA; ST; SP; LA; QL (1 per 30 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	4	PA; ST; SP; LA; QL (30 per 30 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	4	PA; ST; SP; LA; QL (2 per 30 days)
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4	PA; ST; SP; LA; QL (2 per 30 days)
AMJEVITA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	4	PA; ST; SP; LA
AMJEVITA SUBCUTANEOUS SYRINGE 20 MG/0.4 ML, 40 MG/0.8 ML	4	PA; ST; SP; LA
ARAVAL ORAL TABLET 10 MG, 20 MG	3	
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	4	PA; ST; SP; LA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	4	PA; ST; SP; LA
CUPRIMINE ORAL CAPSULE 250 MG	3	PA; ST
DEPEN TITRATABS ORAL TABLET 250 MG	3	PA; ST
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	PA; ST; SP; LA
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	4	PA; ST; SP; LA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	4	PA; ST; SP; LA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	4	PA; ST; SP; LA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	PA; ST; SP; LA
HUMIRA CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; ST; SP; LA

Drug Name	Tier	Requirements / Limits
HUMIRA PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; ST; SP; LA
HUMIRA SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; ST; SP; LA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; ST; SP; LA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; ST; SP; LA
HUMIRA(CF) CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; ST; SP; LA
HUMIRA(CF) PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; ST; SP; LA
HUMIRA(CF) PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; ST; SP; LA
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; ST; SP; LA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	4	PA; ST; SP; LA
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	4	PA; ST; SP; LA
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	4	PA; ST; SP; LA
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	4	PA; ST; SP
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	4	PA; ST; SP; LA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	4	PA; ST; SP; LA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	4	PA; ST; SP; LA
OTEZLA ORAL TABLET 30 MG	4	PA; ST; SP; LA
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; ST; SP; LA

Drug Name	Tier	Requirements / Limits
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	3	PA; ST; QL (4 per 30 days)
<i>penicillamine oral capsule 250 mg</i>	1	PA; ST
<i>penicillamine oral tablet 250 mg</i>	1	PA; ST
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	3	PA; ST; QL (4 per 30 days)
REDITREX (PF) SUBCUTANEOUS SYRINGE 10 MG/0.4 ML, 12.5 MG/0.5 ML, 15 MG/0.6 ML, 17.5 MG/0.7 ML, 20 MG/0.8 ML, 22.5 MG/0.9 ML, 25 MG/ML, 7.5 MG/0.3 ML	3	PA; ST; QL (4 per 30 days)
RIDAURA ORAL CAPSULE 3 MG	2	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	4	PA; ST; SP; LA
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	PA; ST
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	PA; ST
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	4	PA; ST; SP; LA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	4	PA; ST; SP; LA
XELJANZ ORAL SOLUTION 1 MG/ML	4	PA; ST; SP; LA
XELJANZ ORAL TABLET 10 MG, 5 MG	4	PA; ST; SP; LA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	4	PA; ST; SP; LA

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	3	ACA PV
CONDOMS-PREM LUBRICATED DEVICE	3	ACA PV
DUREX AVANTI BARE REAL FEEL	3	ACA PV
FC2 FEMALE CONDOM	3	ACA PV
FEMCAP VAGINAL DEVICE 22 MM	3	ACA PV
KYLEENA INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG	4	SP; ACA PV

Drug Name	Tier	Requirements / Limits
LILETTA INTRAUTERINE DEVICE 20.4 MCG/24 HRS (8 YRS) 52 MG	4	ST; SP; ACA PV
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24 HOURS (8 YRS) 52 MG	4	SP; ACA PV
PARAGARD T 380A INTRAUTERINE DEVICE 380 SQUARE MM	4	SP; ACA PV
SKYLA INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG	4	SP; ACA PV
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	3	ACA PV
WIDE-SEAL VAGINAL DIAPHRAGM 60 MM	3	ACA PV
ESTROGENS & PROGESTINS		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	3	
AYGESTIN ORAL TABLET 5 MG	3	
BIJUVA ORAL CAPSULE 1-100 MG	3	
<i>camila oral tablet 0.35 mg</i>	1	ACA PV
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	3	
CLIMARA 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	3	
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	2	
<i>covaryx h.s. oral tablet 0.625-1.25 mg</i>	1	
<i>covaryx oral tablet 1.25-2.5 mg</i>	1	
CRINONE VAGINAL GEL 4 %	3	
<i>deblitane oral tablet 0.35 mg</i>	1	ACA PV
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML	3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	ACA PV
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML	3	ACA PV

Drug Name	Tier	Requirements / Limits
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	3	ACA PV
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%)	2	
DIVIGEL TRANSDERMAL GEL IN PACKET 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %)	3	
<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	
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	
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	3	
<i>errin oral tablet 0.35 mg</i>	1	ACA PV
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)</i>	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	
<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	
<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	

Drug Name	Tier	Requirements / Limits
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	3	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	1	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	2	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	3	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>heather oral tablet 0.35 mg</i>	1	ACA PV
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	3	
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	3	
<i>incassia oral tablet 0.35 mg</i>	1	ACA PV
<i>jencycla oral tablet 0.35 mg</i>	1	ACA PV
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>lyleq oral tablet 0.35 mg</i>	1	ACA PV
<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	
<i>lyza oral tablet 0.35 mg</i>	1	ACA PV
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	1	ACA PV
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	1	ACA PV
<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	2	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	3	
<i>mimvey oral tablet 1-0.5 mg</i>	1	
MINIVELLE 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	3	
<i>nora-be oral tablet 0.35 mg</i>	1	ACA PV
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	ACA PV

Drug Name	Tier	Requirements / Limits
<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	
PREFEST ORAL TABLET 1 MG (15)/1 MG-0.09 MG (15)	3	
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>	4	SP; LA
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	3	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	
<i>sharobel oral tablet 0.35 mg</i>	1	ACA PV
<i>tulana oral tablet 0.35 mg</i>	1	ACA PV
VAGIFEM VAGINAL TABLET 10 MCG	3	
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR	3	PA; ST
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	
<i>yuvafem vaginal tablet 10 mcg</i>	1	
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	2	ACA PV
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	3	
CLEOCIN VAGINAL CREAM 2 %	3	
CLEOCIN VAGINAL SUPPOSITORY 100 MG	3	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
CLINDESSE VAGINAL CREAM, EXTENDED RELEASE 2 %	3	

Drug Name	Tier	Requirements / Limits
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA PV
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA PV
<i>fem ph vaginal gel 0.9-0.025 %</i>	1	
GYNAZOLE-1 VAGINAL CREAM 2 %	3	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA PV
INTRAROSA VAGINAL INSERT 6.5 MG	3	
<i>isoxsuprine oral tablet 10 mg, 20 mg</i>	1	
LYSTEDA ORAL TABLET 650 MG	3	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
<i>miconazole-3 vaginal suppository 200 mg</i>	1	
MYFEMBREE ORAL TABLET 40-1-0.5 MG	3	PA; ST; QL (30 per 30 days)
NEXPLANON SUBDERMAL IMPLANT 68 MG	4	SP; ACA PV; LA
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	3	ACA PV
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	3	
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	3	PA; QL (90 per 30 days)
OSPHENA ORAL TABLET 60 MG	3	
PHEXXI VAGINAL GEL 1.8-1-0.4 %	2	ACA PV
PREPIDIL VAGINAL GEL 0.5 MG/3 G	3	
RELAGARD VAGINAL GEL 0.9-0.025 %	3	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
TODAY VAGINAL CONTRACEPTIVE SPONGE 1,000 MG	3	ACA PV
<i>tranexamic acid oral tablet 650 mg</i>	1	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	3	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	3	ACA PV
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
VCF CONTRACEPTIVE VAGINAL FILM 28 %	3	ACA PV
VCF CONTRACEPTIVE VAGINAL GEL 4 %	3	ACA PV
XACIATO VAGINAL GEL 2 %	3	PA

Drug Name	Tier	Requirements / Limits
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA PV
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA PV
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
<i>after pill oral tablet 1.5 mg</i>	1	ACA PV
AFTERA ORAL TABLET 1.5 MG	3	ACA PV
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA PV
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA PV
<i>amethia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA PV
<i>amethyst oral tablet 90-20 mcg (28)</i>	1	ACA PV
<i>apri oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	ACA PV
<i>ashlyna oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA PV
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
<i>aubra oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA PV
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA PV
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA PV
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
<i>ayuna oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA PV
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/36.5 MG(7)	2	ACA PV
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	1	ACA PV
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)	3	ACA PV

Drug Name	Tier	Requirements / Limits
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA PV
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	ACA PV
<i>camrese lo oral tablets, dose pack, 3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	ACA PV
<i>camrese oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA PV
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	ACA PV
<i>charlotte 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	ACA PV
<i>chateal (28) oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>cryselles (28) oral tablet 0.3-30 mg-mcg</i>	1	ACA PV
<i>cyred eq oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>cyred oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA PV
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA PV
<i>daysee oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA PV
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA PV
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>dolishale oral tablet 90-20 mcg (28)</i>	1	ACA PV
<i>drospirenone-e.estradiol-lm.f.a oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	1	ACA PV
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	ACA PV
<i>econtra ez oral tablet 1.5 mg</i>	1	ACA PV
<i>econtra one-step oral tablet 1.5 mg</i>	1	ACA PV
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	ACA PV
ELLA ORAL TABLET 30 MG	2	ACA PV
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA PV

Drug Name	Tier	Requirements / Limits
<i>enskyce oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	ACA PV
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	ACA PV
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
<i>finzala oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	ACA PV
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA PV
GENERESS FE ORAL TABLET, CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	3	ACA PV
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA PV
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>hailey oral tablet 1.5-30 mg-mcg</i>	1	ACA PV
<i>her style oral tablet 1.5 mg</i>	1	ACA PV
<i>iclevia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	1	ACA PV
<i>isibloom oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>jaimiess oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA PV
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	1	ACA PV
<i>jolessa oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	1	ACA PV
<i>juleber oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA PV
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA PV
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA PV
<i>kaitlib fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	ACA PV
<i>kalliga oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA PV

Drug Name	Tier	Requirements / Limits
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA PV
<i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>	1	ACA PV
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	1	ACA PV
<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 PV
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA PV
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA PV
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA PV
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>layolis fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	ACA PV
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	ACA PV
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA PV
<i>levonorgestrel oral tablet 1.5 mg</i>	1	ACA PV
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	1	ACA PV
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	1	ACA PV
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA PV
<i>levora-28 oral tablet 0.15-0.03 mg</i>	1	ACA PV
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	2	ACA PV
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	3	ACA PV
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	3	ACA PV
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	3	ACA PV
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	3	ACA PV
<i>lojaimiess oral tablets, dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	ACA PV

Drug Name	Tier	Requirements / Limits
<i>loryna (28) oral tablet 3-0.02 mg</i>	1	ACA PV
LOSEASONIQUE ORAL TABLETS, DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	3	ACA PV
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	1	ACA PV
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	1	ACA PV
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA PV
<i>mibelas 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	ACA PV
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA PV
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA PV
<i>microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA PV
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	ACA PV
MINASTRIN 24 FE ORAL TABLET, CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	3	ACA PV
MIRCETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	3	ACA PV
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	1	ACA PV
<i>my choice oral tablet 1.5 mg</i>	1	ACA PV
<i>my way oral tablet 1.5 mg</i>	1	ACA PV
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	2	ACA PV
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	ACA PV
<i>new day oral tablet 1.5 mg</i>	1	ACA PV
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	2	ACA PV
<i>nikki (28) oral tablet 3-0.02 mg</i>	1	ACA PV
<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 PV
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	ACA PV

Drug Name	Tier	Requirements / Limits
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA PV
<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 PV
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	ACA PV
<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 PV
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	ACA PV
<i>nortrel 1/35 oral tablet 1-35 mg-mcg (21)</i>	1	ACA PV
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA PV
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA PV
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA PV
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA PV
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	1	ACA PV
<i>ocella oral tablet 3-0.03 mg</i>	1	ACA PV
<i>opcicon one-step oral tablet 1.5 mg</i>	1	ACA PV
<i>option-2 oral tablet 1.5 mg</i>	1	ACA PV
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	ACA PV
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA PV
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg</i>	1	ACA PV
PLAN B ONE-STEP ORAL TABLET 1.5 MG	3	ACA PV
<i>portia 28 oral tablet 0.15-0.03 mg</i>	1	ACA PV
QUARTETTE ORAL TABLETS, DOSE PACK, 3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	3	ACA PV
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>rivelsa oral tablets, dose pack, 3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	ACA PV
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7)	3	ACA PV
SEASONIQUE ORAL TABLETS, DOSE PACK, 3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	3	ACA PV
<i>setlakin oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	1	ACA PV

Drug Name	Tier	Requirements / Limits
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA PV
<i>simpesse oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA PV
SLYND ORAL TABLET 4 MG (28)	3	ACA PV
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	1	ACA PV
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
<i>syeda oral tablet 3-0.03 mg</i>	1	ACA PV
TAKE ACTION ORAL TABLET 1.5 MG	3	ACA PV
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA PV
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA PV
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	3	ST; ACA PV
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	ACA PV
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA PV
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	ACA PV
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA PV
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA PV
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA PV
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA PV
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA PV
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA PV
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA PV
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA PV
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA PV
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA PV

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

Drug Name	Tier	Requirements / Limits
CILOXAN OPHTHALMIC (EYE) DROPS 0.3 %	3	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	3	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	1	
NATACYN OPHTHALMIC (EYE) DROPS, SUSPENSION 5 %	3	
<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	
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 %	3	
<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	
POLYTRIM OPHTHALMIC (EYE) DROPS 10,000 UNIT- 1 MG/ML	3	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	2	
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	3	
ZYMAXID OPHTHALMIC (EYE) DROPS 0.5 %	3	ST
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
BETA-BLOCKERS		

Drug Name	Tier	Requirements / Limits
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	2	
BETOPTIC S OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %	2	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 %	3	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 %	3	
TIMOPTIC OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	3	
TIMOPTIC-XE OPHTHALMIC (EYE) GEL FORMING SOLUTION 0.25 %, 0.5 %	3	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	4	SP
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
ATROPINE OPHTHALMIC (EYE) DROPS, EMULSION 0.01 %	3	
<i>atropine ophthalmic (eye) ointment 1 %</i>	1	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 %	3	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1	
CYCLOPEN-TROPIC-PHENYLEPH-WATR OPHTHALMIC (EYE) DROPS 1-1-2.5 %	3	
<i>homatropaire ophthalmic (eye) drops 5 %</i>	1	
ISOPTO ATROPINE OPHTHALMIC (EYE) DROPS 1 %	3	

Drug Name	Tier	Requirements / Limits
MYDRIACYL OPHTHALMIC (EYE) DROPS 1 %	3	
PHENYLEPH-TROPICAMIDE IN WATER OPHTHALMIC (EYE) DROPS 2.5-1 %	3	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	1	
DIRECT ACTING MIOTICS		
ISOPTO CARPINE OPHTHALMIC (EYE) DROPS 2 %	3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	3	PA
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	3	
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %	3	
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	3	PA; ST
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	3	PA; ST
<i>altacaine ophthalmic (eye) drops 0.5 %</i>	1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %	3	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	1	ST
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	3	PA; ST
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	3	PA; ST
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %	3	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	1	PA; ST; QL (60 per 30 days)
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	4	PA; SP
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	4	PA; SP
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	
FLUORESCEIN-BENOXINATE OPHTHALMIC (EYE) DROPS 0.3-0.4 %	3	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	1	

Drug Name	Tier	Requirements / Limits
KLARITY-A (AZITHRO-CHONDR)(PF) OPHTHALMIC (EYE) DROPS 1-0.25 %	3	
KLARITY-L (LOTEPRED-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.5-0.25 %	3	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	2	
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 %	3	
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	1	
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	4	PA; ST; SP; LA; QL (30 per 30 days)
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %	3	
PHOTREXA OPHTHALMIC (EYE) DROPS, VISCOUS 0.146 %	3	
PREDNISOL ACE-GATIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.5-0.075 %	3	
PREDNISOLN SP-GATIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS 1-0.5-0.075 %	3	
PREDNISOLN SP-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS 1-0.5-0.075 %	3	
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.1 %	3	
PREDNISOLONE-MOXIFLO-NEPAFENAC OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.5-0.1 %	3	
PREDNISOLONE-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.5-0.075 %	3	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	3	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	2	QL (120 per 30 days)
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 %	2	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	1	

Drug Name	Tier	Requirements / Limits
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	3	PA
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	3	PA
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	PA; ST; QL (60 per 30 days)
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	3	PA; ST
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	3	
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	3	
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	3	ST
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	3	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
ILEVRO OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3 %	3	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	
NEVANAC OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 %	3	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	3	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
OTHER GLAUCOMA DRUGS		
AZOPT OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	3	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	
BRIMONIDINE-DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 0.15-2 %	3	

Drug Name	Tier	Requirements / Limits
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	1	
<i>brinzolamide ophthalmic (eye) drops, suspension 1 %</i>	1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	3	
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	3	
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML	3	
DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 2 %	3	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	1	
DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS 2-0.5 %	3	
<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 %	3	PA; ST
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	PA; ST
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	PA; ST
SIMBRINZA OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.2 %	3	
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	1	
TIMOLOL-BRIMONIDI-DORZOLAM(PF) OPHTHALMIC (EYE) DROPS 0.5-0.15-2 %	3	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	3	PA; ST
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	3	PA; ST
XALATAN OPHTHALMIC (EYE) DROPS 0.005 %	3	

Drug Name	Tier	Requirements / Limits
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	3	PA; ST
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	3	PA; ST
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL OPHTHALMIC (EYE) DROPS, SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	3	
MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 %	3	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops, suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops, suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
PREDNISOLONE SOD PH-MOXIFLOX OPHTHALMIC (EYE) DROPS 1-0.5 %	3	
PREDNISOLONE-MOXIFLOXACIN HCL OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.5 %	3	
TOBRADEX OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3-0.1 %	3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	3	
TOBRADEX ST OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3-0.05 %	2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops, suspension 0.3-0.1 %</i>	1	
ZYLET OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3-0.5 %	3	
STEROIDS		
ALREX OPHTHALMIC (EYE) DROPS, SUSPENSION 0.2 %	3	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	

Drug Name	Tier	Requirements / Limits
DEXTENZA INTRACANALICULAR INSERT 0.4 MG	3	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	1	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	3	
EYSUVIS OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %	3	PA; ST
FLAREX OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 %	3	
<i>fluorometholone ophthalmic (eye) drops, suspension 0.1 %</i>	1	
FML FORTE OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %	2	
FML LIQUIFILM OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 %	3	
INVELTYS OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	3	
LOTEMAX OPHTHALMIC (EYE) DROPS, GEL 0.5 %	3	
LOTEMAX OPHTHALMIC (EYE) DROPS, SUSPENSION 0.5 %	3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	
LOTEMAX SM OPHTHALMIC (EYE) DROPS, GEL 0.38 %	3	
<i>loteprednol etabonate ophthalmic (eye) drops, gel 0.5 %</i>	1	
<i>loteprednol etabonate ophthalmic (eye) drops, suspension 0.5 %</i>	1	
MAXIDEX OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 %	3	
PRED FORTE OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	3	
PRED MILD OPHTHALMIC (EYE) DROPS, SUSPENSION 0.12 %	2	
PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	3	
<i>prednisolone acetate ophthalmic (eye) drops, suspension 1 %</i>	1	

Drug Name	Tier	Requirements / Limits
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %, 0.15 %	3	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	2	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	3	
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	1	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	3	PA; QL (30 per 30 days)
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	1	PA; ST; QL (2 per 30 days)
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	PA; ST; QL (240 per 30 days)
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	PA; ST; QL (120 per 30 days)
<i>cetirizine oral solution 1 mg/ml</i>	1	
CLARINEX ORAL TABLET 5 MG	3	
<i>clemastine oral syrup 0.5 mg/5 ml</i>	1	
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	
<i>cyproheptadine oral tablet 4 mg</i>	1	
<i>desloratadine oral tablet 5 mg</i>	1	PA; ST; QL (30 per 30 days)

Drug Name	Tier	Requirements / Limits
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	PA; ST; QL (30 per 30 days)
<i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i>	1	
DIPHEN ORAL ELIXIR 12.5 MG/5 ML	3	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i>	1	QL (4 per 30 days)
<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	
KARBINAL ER ORAL SUSPENSION, EXTENDED REL 12 HR 4 MG/5 ML	3	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	1	
<i>levocetirizine oral tablet 5 mg</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	
RYCLORA ORAL SOLUTION 2 MG/5 ML	3	
RYVENT ORAL TABLET 6 MG	3	
VISTARIL ORAL CAPSULE 25 MG, 50 MG	3	
COUGH & COLD THERAPY		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	3	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	1	
CAPCOF ORAL LIQUID 2-5-10 MG/5 ML	3	
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	3	
<i>codeine-guaiifenesin oral liquid 10-100 mg/5 ml</i>	1	
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML	3	
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML	3	
<i>g tussin ac oral liquid 10-100 mg/5 ml</i>	1	
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML	3	

Drug Name	Tier	Requirements / Limits
HYCODAN (WITH HOMATROPINE) ORAL SYRUP 5-1.5 MG/5 ML	2	
HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG	3	PA
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	1	PA
<i>hydromet oral syrup 5-1.5 mg/5 ml</i>	1	
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML	3	
<i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>	1	
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML	3	
<i>m-clear wc oral liquid 6.3-100 mg/5 ml</i>	1	
M-END PE ORAL LIQUID 1.33-3.33-6.33 MG/5 ML	3	
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML	3	
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	3	
<i>promethazine vc oral syrup 6.25-5 mg/5 ml</i>	1	
<i>promethazine vc-codeine oral syrup 6.25-5-10 mg/5 ml</i>	1	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1	
<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	3	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	3	
TUZISTRA XR ORAL SUSPENSION, EXTENDED REL 12 HR 14.7-2.8 MG/5 ML	3	
<i>virtussin dac oral syrup 30-10-100 mg/5 ml</i>	1	
PULMONARY AGENTS		
ACCOLATE ORAL TABLET 10 MG, 20 MG	3	
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	
ADCIRCA ORAL TABLET 20 MG	4	PA; SP; LA

Drug Name	Tier	Requirements / Limits
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; SP; LA
ADRENALIN NASAL SOLUTION 1 MG/ML	3	
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	3	
ADVAIR HFA INHALATION AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	3	
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	3	
<i>albuterol hfa 90 mcg inhaler 90 mcg/actuation (brand)</i>	1	QL (2 per 30 days)
<i>albuterol sulfate inhalation 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 inhalation oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate inhalation oral tablet 2 mg, 4 mg</i>	1	
<i>albuterol sulfate inhalation oral tablet extended release 12 hr 4 mg, 8 mg</i>	1	
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	3	PA; ST
<i>alyq oral tablet 20 mg</i>	4	PA; SP
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	4	PA; SP; LA
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	1	
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION, 55 MCG/ACTUATION	3	
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	

Drug Name	Tier	Requirements / Limits
ASMANEX HFA INHALATION AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	PA; ST
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	PA; ST
ATROVENT HFA INHALATION AEROSOL INHALER 17 MCG/ACTUATION	3	
<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i>	1	
BECONASE AQ NASAL SPRAY, NON-AEROSOL 42 MCG (0.042 %)	3	PA; ST
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	3	ST
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	4	PA; SP; LA
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	ST
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	4	PA; SP; LA; QL (600 per 30 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	3	
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	1	
BUDESONIDE-FORMOTEROL INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	3	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	
DALIRESP ORAL TABLET 250 MCG, 500 MCG	3	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	3	

Drug Name	Tier	Requirements / Limits
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	
DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY	3	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	3	
<i>epinephrine hcl nasal solution 1 mg/ml</i>	1	
ESBRIET ORAL CAPSULE 267 MG	4	PA; SP; LA; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG, 801 MG	4	PA; SP; LA; QL (90 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	4	PA; ST; SP; LA
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	4	PA; ST; SP; LA
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	4	PA; ST; SP; LA
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	2	
FLOVENT HFA INHALATION AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	2	
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	
FLUTICASONE FUROATE-VILANTEROL INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	3	
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	1	
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	3	
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	

Drug Name	Tier	Requirements / Limits
FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	1	
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	4	PA; ST; SP; LA
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %, 7 %	3	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	4	PA; ST; SP
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	3	
<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	
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	4	PA; ST; SP; LA
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	4	PA; SP; LA
KALYDECO ORAL TABLET 150 MG	4	PA; SP; LA
LETAIRIS ORAL TABLET 10 MG, 5 MG	4	PA; SP; LA
<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	
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	3	QL (2 per 30 days)
LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML	3	
LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML	3	
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i>	1	
<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	

Drug Name	Tier	Requirements / Limits
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; ST; SP; LA; QL (1 per 30 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	4	PA; ST; SP; LA; QL (1 per 30 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; ST; SP; LA; QL (1 per 30 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; ST; SP; QL (2 per 30 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	4	PA; SP; LA; QL (60 per 30 days)
OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG	3	PA; ST
OPSUMIT ORAL TABLET 10 MG	4	PA; SP; LA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	4	PA; SP; LA
ORKAMBI ORAL GRANULES IN PACKET 75-94 MG	4	PA; ST; SP; LA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; SP; LA
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	4	PA; ST; SP; QL (30 per 30 days)
PERFORMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	3	
<i>pirfenidone oral capsule 267 mg</i>	4	PA; SP; LA; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	4	PA; SP; LA; QL (90 per 30 days)
PIRFENIDONE ORAL TABLET 534 MG	4	PA; SP; LA; QL (135 per 30 days)
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 90 MCG/ACTUATION	3	QL (2 per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	QL (2 per 30 days)
PROVENTIL HFA INHALATION AEROSOL INHALER 90 MCG/ACTUATION	3	QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	3	PA; ST
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML	3	

Drug Name	Tier	Requirements / Limits
<i>pulmosal inhalation solution for nebulization 7 %</i>	1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	PA; SP; LA
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION, 80 MCG/ACTUATION	3	PA; ST
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	
REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	4	PA; SP; LA
REVATIO ORAL TABLET 20 MG	4	PA; SP; LA
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	1	
RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY	3	PA; ST
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	4	PA; ST; SP; LA
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	4	SP
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	4	PA; SP
SINGULAIR ORAL GRANULES IN PACKET 4 MG	3	
SINGULAIR ORAL TABLET 10 MG	3	
SINGULAIR ORAL TABLET, CHEWABLE 4 MG, 5 MG	3	
SINUVA SINUS IMPLANT 1,350 MCG	4	PA; SP
<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	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	2	

Drug Name	Tier	Requirements / Limits
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	4	PA; SP; LA
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	4	PA; SP
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	4	PA; ST; SP; LA
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	4	PA; ST; SP; LA
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	4	PA; ST; SP; LA
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)	4	PA; ST; SP; LA
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	3	
<i>theophylline oral elixir 80 mg/15 ml</i>	1	
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
TRACLEER ORAL TABLET 125 MG, 62.5 MG	4	PA; SP; LA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	4	PA; SP; LA
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	4	PA; SP; LA
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	3	
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16 MCG (112)- 32 MCG (84), 16(112)-32(112) -48(28) MCG, 32 MCG, 32-48 MCG, 48 MCG, 64 MCG	4	PA; SP; LA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; SP; LA

Drug Name	Tier	Requirements / Limits
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; SP; LA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	4	PA; SP; LA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	4	PA; SP; LA
VENTOLIN HFA INHALATION AEROSOL INHALER 90 MCG/ACTUATION	3	QL (2 per 30 days)
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	3	PA; ST
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	4	PA; ST; SP; LA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; ST; SP; LA; QL (2 per 30 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; ST; SP; LA; QL (4 per 30 days)
XOPENEX HFA INHALATION AEROSOL INHALER 45 MCG/ACTUATION	3	QL (2 per 30 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	3	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION	3	PA; ST
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	1	ST
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	
DETROL LA ORAL CAPSULE, EXTENDED RELEASE 24HR 2 MG, 4 MG	3	
DETROL ORAL TABLET 1 MG, 2 MG	3	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	3	
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	1	PA

Drug Name	Tier	Requirements / Limits
<i>flavoxate oral tablet 100 mg</i>	1	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	2	ST
GEMTESA ORAL TABLET 75 MG	3	PA; ST
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML	3	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	ST
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG	3	
<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	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	2	ST
<i>solifenacin oral tablet 10 mg, 5 mg</i>	1	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	1	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	3	ST
<i>trospium oral capsule, extended release 24hr 60 mg</i>	1	
<i>trospium oral tablet 20 mg</i>	1	
VESICARE LS ORAL SUSPENSION 1 MG/ML	3	
VESICARE ORAL TABLET 10 MG, 5 MG	3	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	
AVODART ORAL CAPSULE 0.5 MG	3	
<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	
ENTADFI ORAL CAPSULE 5-5 MG	3	PA
<i>finasteride oral tablet 5 mg</i>	1	
FLOMAX ORAL CAPSULE 0.4 MG	3	
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG	3	

Drug Name	Tier	Requirements / Limits
PROSCAR ORAL TABLET 5 MG	3	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	3	
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	
<i>tamsulosin oral capsule 0.4 mg</i>	1	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG	3	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
MISCELLANEOUS UROLOGICALS		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA; SP
ELMIRON ORAL CAPSULE 100 MG	2	
<i>hyophen oral tablet 81.6-0.12-10.8 mg</i>	1	
K-PHOS NO 2 ORAL TABLET 305-700 MG	3	
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG	3	
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	1	
ORACIT ORAL SOLUTION 490-640 MG/5 ML	3	
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	4	PA; SP
<i>phosphasal oral tablet 81.6-10.8-40.8 mg</i>	1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	4	PA; ST; SP; LA
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	4	PA; ST; SP; LA
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	2	
URELLE ORAL TABLET 81-10.8-40.8 MG	3	
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	1	
URIBEL ORAL CAPSULE 118-10-40.8-36 MG	3	
<i>urimar-t oral tablet 120-0.12-10.8 mg</i>	1	
<i>uro-458 oral tablet 81-10.8-40.8 mg</i>	1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG)	3	

Drug Name	Tier	Requirements / Limits
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	3	
<i>urogesic-blue oral tablet 81.6-40.8-0.12 mg</i>	1	
<i>uro-mp oral capsule 118-10-40.8-36 mg</i>	1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	3	
<i>uro-sp oral capsule 118-10-40.8-36 mg</i>	1	
<i>uryl oral tablet 81.6-40.8-0.12 mg</i>	1	
<i>ustell oral capsule 120-0.12 mg</i>	1	
<i>utira-c oral tablet 81.6-10.8-40.8 mg</i>	1	
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
PYRIDIUM ORAL TABLET 100 MG, 200 MG	3	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	2	
<i>effe-r-k oral tablet, effervescent 25 meq</i>	1	
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	3	
<i>klor-con 10 oral tablet extended release 10 meq</i>	1	
<i>klor-con 8 oral tablet extended release 8 meq</i>	1	
<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>klor-con oral packet 20 meq</i>	1	
<i>klor-con/ef oral tablet, effervescent 25 meq</i>	1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ	2	

Drug Name	Tier	Requirements / Limits
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	3	
<i>lugols oral solution 5 %</i>	1	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	3	PA; ST
POTABA ORAL CAPSULE 500 MG	3	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	
<i>potassium chloride oral packet 20 meq</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 15 meq, 20 meq</i>	1	
<i>strong iodine oral solution 5 %</i>	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	4	PA; ST; SP; LA
VITAMINS & HEMATINICS		
ACCRUFER ORAL CAPSULE 30 MG	3	PA
<i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>	1	
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG -374 MG	3	
<i>bal-care dha oral combo pack, tablet and cap, dr 27-1-430 mg</i>	1	
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL 20 MG IRON-1 MG - 25 MG/25 MG	3	
<i>c-nate dha oral capsule 28 mg iron-1 mg -200 mg</i>	1	
<i>complete natal dha oral combo pack 29-1-250-200 mg</i>	1	
CONCEPT DHA ORAL CAPSULE 35-1-200 MG	3	
CONCEPT OB ORAL CAPSULE 85-1 MG	3	
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	1	
DRISDOL ORAL CAPSULE 1,250 MCG (50,000 UNIT)	3	

Drug Name	Tier	Requirements / Limits
DUET DHA BALANCED ORAL COMBO PACK 25 MG IRON-1 MG -267 MG-233 MG	3	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG -400 MG	3	
<i>elite-ob oral tablet 50 mg iron- 1.25 mg</i>	1	
ENBRACE HR ORAL CAPSULE, IR - DELAY REL, BIPHASE 1.5 MG IRON- 8.73 MG-6.4 MG	3	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
FA-8 ORAL CAPSULE 0.8 MG	3	ACA PV
FER-IN-SOL ORAL DROPS 15 MG IRON (75 MG)/ML	3	ACA PV
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML	3	ACA PV
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	1	ACA PV
<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 PV
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	1	ACA PV
<i>folivane-ob oral capsule 85-1 mg</i>	1	
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	1	
KOSHER PRENATAL PLUS IRON ORAL TABLET 30 MG IRON- 1 MG	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	ACA PV
MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG	3	
<i>m-natal plus oral tablet 27 mg iron- 1 mg</i>	1	
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i>	1	ACA PV
<i>multi-vitamin with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	ACA PV
<i>multivitamins with fluoride oral tablet, chewable 0.25 mg</i>	1	ACA PV
<i>mvc-fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	ACA PV

Drug Name	Tier	Requirements / Limits
<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	
NASCOBAL NASAL SPRAY, NON-AEROSOL 500 MCG/SPRAY	3	
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET, CHEWABLE 28 MG IRON -1 MG	3	
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG-581.92 MG	3	
NEONATAL FE ORAL TABLET 90 MG-120 MG-12 MCG-1,000 MCG	3	
NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON- 1 MG	3	
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG	3	
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG	3	
NESTABS ORAL TABLET 32-1,000 MG-MCG	3	
<i>newgen oral tablet 32-1,000 mg-mcg</i>	1	
NOVAFERRUM ORAL DROPS 15 MG IRON/ML	3	ACA PV
OB COMPLETE ONE ORAL CAPSULE 40-10- 1-300 MG	3	
OB COMPLETE ORAL TABLET 50 MG IRON- 1.25 MG	2	
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	

Drug Name	Tier	Requirements / Limits
<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	
<i>prenal chew oral tablet, chew, ir - dr, biphas 1.4 mg</i>	1	
<i>prenal pearl oral capsule, ir - delay rel, biphas 30-1.4-200 mg</i>	1	
<i>prenal true oral combo pack 30 mg iron- 1.4 mg- 300 mg</i>	1	
PRENATA ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG	3	
<i>prenatabs fa oral tablet 29-1 mg</i>	1	
<i>prenatabs rx oral tablet 29 mg iron- 1 mg</i>	1	
<i>prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg</i>	1	
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG	3	
<i>prenatal plus oral tablet 29 mg iron- 1 mg</i>	1	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG	3	
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	1	
<i>prenatal-u oral capsule 106.5-1 mg</i>	1	
PRENATE AM ORAL TABLET 1-500 MG	3	
PRENATE CHEWABLE ORAL TABLET, CHEWABLE 1 MG	3	
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 ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 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	

Drug Name	Tier	Requirements / Limits
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	
PUREFE OB PLUS ORAL CAPSULE 106 MG IRON- 1 MG	3	
R-NATAL OB ORAL CAPSULE 20 MG IRON-1 MG-320 MG	3	
SELECT-OB (FOLIC ACID) ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG	3	
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG	3	
SELECT-OB ORAL TABLET, CHEWABLE 29 MG IRON- 1 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>	1	
<i>taron-c dha oral capsule 35-1-200 mg</i>	1	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	3	
TRICARE ORAL TABLET 27 MG IRON- 1 MG	3	
<i>trinatal rx 1 oral tablet 60 mg iron-1 mg</i>	1	
<i>trinate oral tablet 28 mg iron- 1 mg</i>	1	
TRINAZ ORAL TABLET 12-1 MG	3	
TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG	3	
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	1	ACA PV
<i>virt-nate dha oral capsule 28 mg iron-1 mg -200 mg</i>	1	
<i>virt-pn dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG	3	
VITAFOL GUMMIES ORAL TABLET, CHEWABLE 3.33 MG IRON- 0.33 MG	3	
VITAFOL NANO ORAL TABLET 18 MG IRON- 1 MG	3	
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	3	

Drug Name	Tier	Requirements / Limits
VITAFOL-OB ORAL TABLET 65-1 MG	2	
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG	3	
VITAFOL-ONE ORAL CAPSULE 29 MG IRON-1 MG-200 MG	3	
VITAMED MD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG	3	
VITAMEDMD REDICHEW RX ORAL TABLET, CHEW, IR - DR, BIPHASE 1.4 MG	3	
<i>vitamins a, c, d and fluoride oral drops 0.25 mg fluor. (0.55 mg/ml, 0.5 mg fluoride (1.1 mg/ml)</i>	1	ACA PV
VITAPEARL ORAL CAPSULE, IR - DELAY REL, BIPHASE 30-1.4-200 MG	3	
VITATRUE ORAL COMBO PACK 30 MG IRON- 1.4 MG-300 MG	3	
<i>wescap-c dha oral capsule 35-1-200 mg</i>	1	
<i>wescap-pn dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>wesnate dha oral capsule 28 mg iron-1 mg -200 mg</i>	1	
<i>westab plus oral tablet 27 mg iron- 1 mg</i>	1	
<i>westgel dha oral capsule 31 mg iron- 1 mg-200 mg</i>	1	
<i>zatean-pn dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>zatean-pn plus oral capsule 28-1-300 mg</i>	1	
<i>zingiber oral tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	1	

Index

A		
abacavir	2	
abacavir-lamivudine	2	
ABILIFY	49	
ABILIFY MAINTENA.....	48	
ABILIFY MYCITE MAINTENANCE KIT	49	
ABILIFY MYCITE STARTER KIT	49	
abiraterone	15	
ABSORICA.....	82	
ABSORICA LD	82	
acamprosate	95	
ACANYA.....	82	
acarbose.....	119	
ACCOLATE.....	171	
ACCRUFER.....	183	
ACCU-CHEK AVIVA PLUS TEST STRP.....	102	
ACCU-CHEK GUIDE L1-L2 CTRL SOL	107	
ACCU-CHEK GUIDE TEST STRIPS.....	102	
ACCU-CHEK SMARTVIEW CONTRL SOL	107	
ACCU-CHEK SMARTVIEW TEST STRIP	102	
ACCUPRIL	62	
ACCURETIC	62	
accutane	82	
ACCUTREND GLUCOSE CONTROL	107	
ACCUTREND GLUCOSE TEST STRIPS	102	
ACE AEROSOL CLOUD ENHANCER	106	
acebutolol	62	
acetaminophen-caff- dihydrocod.....	40	
acetaminophen-codeine	40	
acetazolamide	165	
acetic acid.....	95, 100	
acetylcysteine	171	
ACIPHEX	132	
acitretin.....	78	
ACTEMRA	145	
ACTEMRA ACTPEN.....	145	
ACTHIB (PF).....	138	
ACTICLATE.....	13	
ACTIMMUNE	136	
ACTIQ.....	40	
ACTIVELLA.....	148	
ACTONEL	144	
ACTOPLUS MET	119	
ACTOS	119	
ACULAR.....	165	
ACULAR LS.....	165	
ACUVAIL (PF).....	165	
acyclovir	2, 89	
ACZONE.....	82	
ADACEL(TDAP ADOLESN/ADULT)(PF)	138	
adapalene	82	
ADAPALENE	82	
adapalene-benzoyl peroxide .	82	
ADBRY	80	
ADCIRCA	171	
ADDERALL	49	
ADDERALL XR.....	49	
ADDYI	49	
adefovir.....	2	
ADEMPAS	172	
ADLARITY.....	37	
ADMELOG SOLOSTAR U- 100 INSULIN.....	111	
ADMELOG U-100 INSULIN LISPRO	111	
ADRENALIN.....	172	
ADTHYZA.....	122	
ADVAIR DISKUS	172	
ADVAIR HFA	172	
ADVANCED GLUC METER TEST STRIP.....	102	
ADVOCATE LOW CONTROL	107	
ADVOCATE REDI-CODE	102	
ADVOCATE REDI-CODE PLUS CTRL L.....	107	
ADVOCATE TEST STRIPS	102	
ADZENYS XR-ODT	49	
AEMCOLO	9	
AEROCHAMBER MINI...	106	
AEROCHAMBER PLUS FLOW-VU.....	106	
AEROCHAMBER PLUS Z STAT	106	
AEROTRACH PLUS.....	106	
AEROVENT PLUS.....	106	
AFINITOR	15	
AFINITOR DISPERZ	15	
afirmelle.....	153	
AFLURIA QD 2022-23(3YR UP)(PF).....	138	
AFLURIA QUAD 2022- 2023(6MO UP).....	139	
AFREZZA	111	
after pill	153	
AFTERA.....	153	
AGAMATRIX AMP TEST STRIPS	102	
AGAMATRIX CONTROL HIGH	107	
AGRYLIN	95	
AIMOVIG AUTOINJECTOR	35	
AIRDUO DIGIHALER.....	172	
AIRDUO RESPICLICK.....	172	
AJOVY AUTOINJECTOR..	35	
AJOVY SYRINGE.....	35	
AKLIEF.....	82	
AKTEN (PF)	163	
AKYNZEO (NETUPITANT)	125	
ala-cort.....	90	
ALA-SCALP	90	
albendazole	9	
albuterol sulfate inhalation .	172	
ALCAINE.....	163	
alclometasone	90	
ALCORTIN A	87	
ALDACTAZIDE.....	62	
ALDACTONE.....	62	
ALECENSA	15	
alendronate	144	
ALFERON N.....	136	
alfuzosin	180	
ALINIA	9	
aliskiren	62	
ALKERAN	15	
ALKINDI SPRINKLE	101	
allopurinol.....	144	
ALLOPURINOL	144	
ALLZITAL.....	40	
almotriptan malate	35	
ALOCRILO.....	163	

ALOGLIPTIN	119	amlodipine-valsartan-hcthiazid	63	ARAKODA	9
ALOGLIPTIN-METFORMIN	119	ammonium lactate	81	aranelle (28).....	153
ALOGLIPTIN-PIOGLITAZONE.....	119	amnesteam	82	ARANESP (IN POLYSORBATE).....	134
ALOMIDE	163	amoxapine	49	ARAVA.....	145
alose tron	125	amoxicil-clarithromy-lansopraz	132	ARAZLO.....	83
ALPHAGAN P.....	169	amoxicillin.....	11, 12	ARCALYST	134
alprazolam	49	amoxicillin-pot clavulanate ..	12	arformoterol.....	172
alprazolam intensol	49	amphetamine sulfate.....	49	ARICEPT	37
ALREX	167	ampicillin.....	12	ARIKAYCE	9
ALTABAX.....	87	AMPYRA.....	37	ARIMIDEX.....	15
altacaine.....	163	AMRIX.....	39	aripiprazole	50
ALTACE	63	AMZEEQ	82	ARISTADA.....	50
ALTAFLUOR BENOX	163	ANAFRANIL.....	49	ARISTADA INITIO.....	50
altavera (28).....	153	anagrelide	95	ARIXTRA	72
ALTOPREV	74	ANA-LEX KIT.....	126	armodafinil	50
ALTRENO	82	ANALPRAM-HC.....	78, 126	ARMONAIR DIGIHALER	172
ALUNBRIG	15	ANALPRAM-HC SINGLES	126	ARMOUR THYROID.....	122
ALVESCO	172	ANAPROX DS.....	44	ARNUITY ELLIPTA	172
alvimopan.....	125	anas paz	123	AROMASIN.....	15
alyacen 1/35 (28).....	153	anastrozole.....	15	ARTHROTEC 50	44
alyacen 7/7/7 (28).....	153	ANCOBON	1	ARTHROTEC 75	44
alyq.....	172	ANDRODERM	115	ASACOL HD	126
amabelz.....	148	ANDROGEL	116	ascomp with codeine	40
amantadine hcl.....	2	ANGELIQ	148	ascorbic acid (vitamin c)	183
AMARYL	119	ANNOVERA.....	151	asenapine maleate.....	50
AMBIEN	49	ANORO ELLIPTA.....	172	ashlyna.....	153
AMBIEN CR.....	49	ANTARA	74	ASMANEX HFA	173
ambrisentan	172	ANTIVERT	126	ASMANEX TWISTHALER	173
AMELUZ	80	anucort-hc.....	126	aspirin	44
amethia	153	ANUSOL-HC.....	126	aspirin-dipyridamole.....	72
amethyst (28).....	153	ANZEMET	126	ASPIRIN-OMEPRAZOLE ..	72
AMICAR.....	72	APADAZ.....	40	ASPRUZYO SPRINKLE.....	77
amiloride.....	63	apexicon e.....	90	ASSURE 4 CONTROL SOLUTION	108
amiloride-hydrochlorothiazide	63	APIDRA SOLOSTAR U-100 INSULIN	111	ASSURE 4 STRIPS.....	103
aminocaproic acid	72	APIDRA U-100 INSULIN.	111	ASSURE DOSE NORMAL CONTROL	108
amiodarone	61	APLENZIN	49	ASSURE PLATINUM TEST STRIP	103
AMITIZA	126	APOKYN	33	ASSURE PRISM CONTROL 1-2 SOLN	108
amitriptyline	49	apomorphine.....	33	ASSURE PRISM MULTI STRIP	103
amitriptyline-chlordiazepoxide	49	apraclonidine	169	ASTAGRAF XL.....	16
AMJEVITA.....	145	aprepitant.....	126	ATACAND.....	63
AMJEVITA AUTOINJECTOR.....	145	apri.....	153	ATACAND HCT.....	63
amlodipine.....	63	APRISO.....	126	atazanavir.....	2
amlodipine-atorvastatin.....	74	APTENSIO XR	49	ATELVIA.....	144
amlodipine-benazepril.....	63	APTIOM.....	25	atenolol	63
amlodipine-olmesartan	63	APTIVUS	2		
amlodipine-valsartan	63	aqua care sodium chloride....	95		
		aqua care sterile water	95		

atenolol-chlorthalidone.....	63	AZILECT	33	BENLYSTA	145
ATIVAN.....	50	azithromycin.....	8	BENZAMYCIN	83
atomoxetine	50	AZOPT	165	benzepro	83
atorvastatin	74	AZOR	63	BENZEPRO	
atovaquone	9	AZSTARYS	50	(MICROSPHERES)	83
atovaquone-proguanil.....	9	AZULFIDINE	126	BENZHYDROCODONE-	
ATRALIN	83	AZULFIDINE EN-TABS ..	126	ACETAMINOPHEN.....	40
ATRIPLA	2	azurette (28).....	153	BENZNIDAZOLE	9
atropine.....	162	B		benzonatate	170
ATROPINE	162	bacitracin	160	benzoyl peroxide	83
ATROVENT HFA	173	bacitracin-polymyxin b.....	160	benztropine	33
AUBAGIO	136	baclofen	39	bepotastine besilate.....	163
aubra.....	153	BACLOFEN.....	39	BEPREVE	163
aubra eq.....	153	BACTRIM.....	13	beser.....	90
AUGMENTIN XR	12	BACTRIM DS.....	13	BESIVANCE.....	160
aurovela 1.5/30 (21)	153	BAFIERTAM.....	136	BESREMI.....	136
aurovela 1/20 (21)	153	bal-care dha	183	BETADINE OPHTHALMIC	
aurovela 24 fe.....	153	BAL-CARE DHA		PREP.....	160
aurovela fe 1.5/30 (28)	153	ESSENTIAL.....	183	betaine.....	126
aurovela fe 1-20 (28).....	153	BALCOLTRA	153	betamethasone dipropionate .	90
AURYXIA	125	balsalazide	126	betamethasone valerate.....	90
AUSTEDO	37	BALVERSA.....	16	betamethasone, augmented...	90
AUTOJECT 2 INJECTION		balziva (28).....	153	BETAPACE	62
DEVICE	108	BANZEL	25	BETAPACE AF	61
AUTOPEN 1 TO 21 UNITS		BAQSIMI	107	BETASERON.....	136
.....	108	BARACLUDGE.....	2	betaxolol	63, 162
AUVELITY.....	50	BASAGLAR KWIKPEN U-		bethanechol chloride.....	181
AVALIDE	63	100 INSULIN	111	BETHKIS	9
AVAPRO	63	BASAGLAR TEMPO PEN(U-		BETIMOL	162
avar	83	100)INSLN.....	112	BETOPTIC S.....	162
AVAR LS.....	83	BAXDELA.....	12	BEVESPI AEROSPHERE .	173
AVAR-E GREEN	83	BCG VACCINE, LIVE (PF)		bexarotene.....	16
AVAR-E LS	83	.....	139	BEXSERO.....	139
AVEED	116	BD INTEGRA NEEDLE ...	108	BEYAZ.....	153
aviane	153	BD MICROTAINER		bicalutamide	16
avidoxy	13	LANCET	108	BICILLIN L-A	12
AVIDOXY DK	13	BD SPECIALTY USE		BIDIL	63
avita	83	NEEDLES	108	BIJUVA.....	148
AVITA	83	BD ULTRA FINE LANCETS		BIKTARVY	2
AVODART	180	.....	108	BILTRICIDE.....	9
AVONEX	136	BD ULTRA-FINE NANO		bimatoprost	165
AYGESTIN.....	148	PEN NEEDLE	108	BINOSTO.....	144
ayuna	153	BECONASE AQ	173	BIONIME RIGHTEST TEST	
AYVAKIT.....	16	BELBUCA	40	STRIPS	103
AZASAN.....	16	belladonna alkaloids-opium	123	BIOTHRAX	139
AZASITE	160	BELSOMRA	50	bismuth subcit k-metronidz-tcn	
azathioprine	16	benazepril	63	.....	132
azelaic acid	83	benazepril-hydrochlorothiazide		bisoprolol fumarate.....	63
azelastine	98, 163	.....	63	bisoprolol-hydrochlorothiazide	
azelastine-fluticasone	173	BENICAR	63	.....	63
AZELEX	83	BENICAR HCT	63	blisovi 24 fe.....	154

blisovi fe 1.5/30 (28).....	154	butalbital compound w/codeine	.....41	captopril-hydrochlorothiazide	.....64
blisovi fe 1/20 (28).....	154	butalbital-acetaminop-caf-cod	.....41	CARAC.....	81
BLOOD GLUCOSE		butalbital-acetaminophen	41	CARAFATE.....	132
CONTROL, NORMAL..	108	butalbital-acetaminophen-caff	.....41	CARBAGLU.....	95
BLOOD GLUCOSE TEST	103	butalbital-aspirin-caffeine	41	carbamazepine.....	25
BONIVA.....	144	butorphanol.....	44	CARBATROL.....	25
BONJESTA.....	126	BUTRANS.....	41	carbidopa.....	33
BOOSTRIX TDAP.....	139	BYDUREON BCISE.....	119	carbidopa-levodopa.....	33
bosentan.....	173	BYETTA.....	119	carbidopa-levodopa-	
BOSULIF.....	16	BYLVAY.....	126, 127	entacapone.....	33
bp 10-1.....	83	BYSTOLIC.....	64	carbinoxamine maleate.....	169
BRAFTOVI.....	16	C		CARDIZEM.....	64
BREATHERITE MDI		CABENUVA.....	2	CARDIZEM CD.....	64
SPACER.....	106	cabergoline.....	116	CARDIZEM LA.....	64
BREEZE 2 CONTROL		CABLIVI.....	72	CARDURA.....	64
SOLUTION,HIGH.....	108	CABOMETYX.....	16	CARDURA XL.....	64
BREO ELLIPTA.....	173	CADUET.....	74	CARESENS CONTROL A	
BREXAFEMME.....	1	caffeine citrate.....	95	NORMAL.....	108
BREZTRI AEROSPHERE	173	CALAN SR.....	64	CARESENS N TEST STRIPS	
briellyn.....	154	calcipotriene.....	78	.....	103
BRILINTA.....	72	CALCIPOTRIENE.....	78	CARETOUCH TEST STRIP	
brimonidine.....	83, 169	calcipotriene-betamethasone	78	.....	103
BRIMONIDINE-		calcitonin (salmon).....	116	carglumic acid.....	95
DORZOLAMIDE (PF) ..	165	calcitriol.....	78, 116	carisoprodol.....	39
brimonidine-timolol.....	166	calcium acetate(phosphat bind)	.....182	carisoprodol-aspirin.....	39
brinzolamide.....	166	CALQUENCE		carisoprodol-aspirin-codeine	39
BRIVIACT.....	25	(ACALABRUTINIB MAL)		CARNITOR.....	95
BROMFED DM.....	170	.....	16	CARNITOR (SUGAR-FREE)	
bromfenac.....	165	CAMBIA.....	44	.....	95
bromocriptine.....	33	CAMCEVI (6 MONTH).....	16	CAROSPIR.....	64
brompheniramine-pseudoeph-		camila.....	148	carteolol.....	162
dm.....	170	camrese.....	154	cartia xt.....	64
BROMSITE.....	165	camrese lo.....	154	carvedilol.....	64
BRONCHITOL.....	173	CAMZYOS.....	77	carvedilol phosphate.....	64
BROVANA.....	173	CANASA.....	127	CASODEX.....	16
BRUKINSA.....	16	candesartan.....	64	CATAPRES-TTS-1.....	64
BRYHALI.....	90	candesartan-hydrochlorothiazid	.....64	CATAPRES-TTS-2.....	64
budesonide.....	126, 173	CANTHARIDIN IN		CATAPRES-TTS-3.....	64
BUDESONIDE-		ACETONE.....	81	CAYA CONTOURED.....	147
FORMOTEROL.....	173	CAPCOF.....	170	CAYSTON.....	9
bumetanide.....	63	capecitabine.....	16	caziant (28).....	154
BUPAP.....	40	CAPEX.....	90	cefaclor.....	7
BUPHENYL.....	95	CAPLYTA.....	50	cefadroxil.....	7
buprenorphine.....	41	CAPRELSA.....	16	cefdinir.....	7
buprenorphine hcl.....	40	captopril.....	64	cefditoren pivoxil.....	7
buprenorphine-naloxone.....	44			cefixime.....	7
bupropion hcl.....	50			cefpodoxime.....	7
BUPROPION HCL.....	50			cefprozil.....	7
bupropion hcl (smoking deter)				cefuroxime axetil.....	7
.....	98			CELEBREX.....	44
buspirone.....	50				

celecoxib.....	45	CIPROFLOXACIN-		CLODERM.....	91
CELEXA.....	50	FLUOCINOLONE.....	100	clomipramine.....	51
CELLCEPT.....	16	citalopram.....	51	clonazepam.....	25
CELONTIN.....	25	CITALOPRAM.....	51	clonidine.....	65
CENTANY.....	87	CITRANATAL B-CALM (FE		clonidine hcl.....	51, 64
CENTANY AT.....	87	GLUC).....	183	CLONIDINE HCL.....	64
cephalexin.....	7	claravis.....	83	clopidogrel.....	72
CEQUA.....	163	CLARINEX.....	169	clorazepate dipotassium.....	51
CERDELGA.....	116	CLARINEX-D 12 HOUR..	170	clotrimazole.....	1, 88
CERVIDIL.....	151	clarithromycin.....	8	clotrimazole-betamethasone..	88
cetirizine.....	169	clemastine.....	169	clozapine.....	51
CETRAXAL.....	100	CLENIA PLUS.....	83	CLOZARIL.....	51
cevimeline.....	95	CLENPIQ.....	127	c-nate dha.....	183
charlotte 24 fe.....	154	CLEOCIN.....	151	COARTEM.....	9
chateal (28).....	154	CLEOCIN HCL.....	9	COCAINE.....	86
chateal eq (28).....	154	CLEOCIN PEDIATRIC.....	9	codeine sulfate.....	41
CHEMET.....	95	CLEOCIN T.....	83	codeine-butalbital-asa-caff...	41
CHENODAL.....	127	CLEVER CHOICE LEVEL 2		codeine-guaifenesin.....	170
chlordiazepoxide hcl.....	50	CONTROL.....	108	CODITUSSIN AC.....	170
chlordiazepoxide-clidinium	123	CLEVER CHOICE MICRO		CODITUSSIN DAC.....	170
chlorhexidine gluconate.....	98	TEST STRIP.....	103	COLAZAL.....	127
chloroquine phosphate.....	9	CLEVER CHOICE PRO....	103	colchicine.....	144
chlorpromazine.....	51	CLEVER CHOICE TALK		COLCHICINE.....	144
chlorthalidone.....	64	TEST.....	103	COLCRYS.....	144
chlorzoxazone.....	39	CLEVER CHOICE TEST		colesevelam.....	74
CHOLBAM.....	127	STRIPS.....	103	COLESTID.....	74
cholestyramine (with sugar)..	74	CLEVER CHOICE VOICE		COLESTID FLAVORED....	74
cholestyramine light.....	74	PLUS TEST.....	103	colestipol.....	74
CIBINQO.....	81	CLIMARA.....	148	COMBIGAN.....	166
ciclodan.....	88	CLIMARA PRO.....	148	COMBIPATCH.....	148
CICLODAN KIT.....	88	clindacin.....	83	COMBIVENT RESPIMAT	173
ciclopirox.....	88	clindacin etz.....	83	COMBIVIR.....	2
ciclopirox-ure-camph-menth-		CLINDACIN ETZ.....	83	COMETRIQ.....	16
euc.....	88	clindacin p.....	83	COMPACT SPACE	
cilostazol.....	72	CLINDACIN PAC.....	83	CHAMBER.....	106
CILOXAN.....	161	CLINDAGEL.....	83	COMPAZINE.....	127
CIMDUO.....	2	clindamycin hcl.....	9	COMPLERA.....	2
cimetidine.....	132	clindamycin pediatric.....	9	complete natal dha.....	183
cimetidine hcl.....	132	clindamycin phosphate..	83, 151	compro.....	127
CIMZIA.....	127	clindamycin-benzoyl peroxide		COMTAN.....	33
CIMZIA POWDER FOR		.....	84	CONCEPT DHA.....	183
RECONST.....	127	clindamycin-tretinoin.....	84	CONCEPT OB.....	183
cinacalcet.....	116	CLINDESSE.....	151	CONCERTA.....	51
CIPRO.....	12	CLINPRO 5000.....	98	CONDOMS-PREM	
CIPRO HC.....	100	clobazam.....	25	LUBRICATED.....	147
CIPRODEX.....	100	clobetasol.....	90	CONDYLOX.....	81
ciprofloxacin.....	12	clobetasol-emollient.....	90, 91	CONJUPRI.....	65
ciprofloxacin hcl... 12, 100,	161	CLOBEX.....	91	CONSENSI.....	65
ciprofloxacin-dexamethasone		clocortolone pivalate.....	91	constulose.....	127
.....	100	clodan.....	91	CONTOUR CONTROL	
		CLODAN KIT.....	91	SOLUTION, NML.....	108

CONTOUR NEXT LEV 2	CYCLOGYL	162	demeclocycline	13	
CONTROL SOL	108	CYCLOMYDRIL.....	169	DEMSEER.....	65
CONTOUR NEXT TEST		cyclopentolate.....	162	DENAVIR	89
STRIPS.....	103	CYCLOPEN-TROPIC-		DENG VAXIA (PF).....	139
CONTOUR TEST STRIPS	103	PHENYLEPH-WATR....	162	denta 5000 plus.....	98
CONZIP	45	cyclophosphamide	16	dentagel.....	98
COOL CONTROL A		CYCLOPHOSPHAMIDE....	16	DEPAKOTE	26
SOLUTION.....	108	CYCLOSERINE	9	DEPAKOTE ER	26
COOL GLUCOSE TEST		CYCLOSET	119	DEPAKOTE SPRINKLES...26	
STRIP	103	cyclosporine.....	17, 163	DEPEN TITRATABS	145
COPAXONE.....	136	CYCLOSPORINE IN		DEPO-ESTRADIOL	148
COPIKTRA.....	16	KLARITY	163	DEPO-PROVERA.....	148
CORDRAN	91	cyclosporine modified	17	DEPO-SUBQ PROVERA	104
CORDRAN TAPE LARGE		CYMBALTA.....	51	.....	149
ROLL	91	cyproheptadine	169	DEPO-TESTOSTERONE..116	
COREG	65	cyred	154	DERMA-SMOOTH/FS	
COREG CR.....	65	cyred eq	154	BODY OIL	91
coremino.....	13	CYSTADANE.....	127	DERMA-SMOOTH/FS	
CORGARD	65	CYSTADROPS	163	SCALP OIL.....	91
CORLANOR.....	77	CYSTAGON	181	DERMOTIC OIL.....	100
CORTANE-B	81	CYSTARAN	163	DESCOVY	2
CORTEF	101	CYTOMEL.....	122	desipramine.....	51
CORTENEMA	127	CYTOTEC.....	132	desloratadine.....	169, 170
CORTIFOAM	127	D		desmopressin	116
cortisone	101	dabigatran etexilate.....	72	DESMOPRESSIN	116
CORTISPORIN-TC	100	dalfampridine.....	37	desog-e.estradiol/e.estradiol	
CORTROPHIN GEL.....	101	DALIRESP	173	.....	154
COSENTYX.....	79	danazol.....	116	desogestrel-ethinyl estradiol	
COSENTYX (2 SYRINGES)		DANTRIUM	39	.....	154
.....	78	dantrolene	39	desonide.....	91
COSENTYX PEN.....	78	dapsone.....	9, 84	desoximetasone.....	91
COSENTYX PEN (2 PENS)	78	DAPTACEL (DTAP		DESOXYN	51
COSOPT	166	PEDIATRIC) (PF).....	139	desrx	91
COSOPT (PF)	166	DARAPRIM.....	10	DESVENLAFAXINE	51
COTELLIC.....	16	darifenacin	179	desvenlafaxine succinate	51
COTEMPLA XR-ODT	51	DARTISLA	123	DETROL	179
covaryx.....	148	DARZALEX FASPRO	17	DETROL LA	179
covaryx h.s.	148	dasetta 1/35 (28).....	154	dexabliss	101
COZAAR	65	dasetta 7/7/7 (28).....	154	dexamethasone	101
CREON	127	DAURISMO.....	17	dexamethasone intensol.....	101
CRESEMBA	1	DAYPRO.....	45	dexamethasone sodium phos	
CRESTOR.....	75	daysee	154	(pf).....	101
CRINONE.....	148	DAYTRANA.....	51	dexamethasone sodium	
cromolyn.....	127, 163, 173	DAYVIGO	51	phosphate.....	101, 167
croton.....	94	DDAVP	116	dexchlorpheniramine maleate	
cryselle (28).....	154	deblitane	148	.....	170
CUPRIMINE.....	145	deferasirox	95, 96	DEXCOM G6 SENSOR.....	108
CUVPOSA	123	deferiprone.....	96	DEXCOM G6	
cyanocobalamin (vitamin b-12)		DELESTROGEN	148	TRANSMITTER	108
.....	183	DELSTRIGO.....	2	DEXCOM G7 SENSOR.....	108
cyclobenzaprine.....	39	DELZICOL	127	DEXEDRINE SPANSULE..51	

DEXILANT.....	132	DIPENTUM	127	DROXIA.....	17
dexlansoprazole.....	132	DIPHEN	170	droxidopa.....	96
dexmethylphenidate	52	diphenoxylate-atropine	123	DRYSOL DAB-O-MATIC ..	81
DEXTENZA.....	168	DIPROLENE		DSUVIA	41
dextroamphetamine sulfate ..	52	(AUGMENTED).....	91	DUAKLIR PRESSAIR	173
dextroamphetamine-		dipyridamole.....	72	DUAVEE.....	149
amphetamine	52	DISALCID	45	DUET DHA BALANCED .	184
DHIVY	33	diskets	41	DUET DHA WITH OMEGA-3	
DIACOMIT	26	disopyramide phosphate	62	.....	184
DIASTAT	26	disulfiram.....	96	DUETACT	119
DIASTAT ACUDIAL.....	26	DITROPAN XL	179	DUEXIS	45
DIATRUE CONTROL SOLN		DIURIL	65	DULERA.....	174
NORMAL	108	divalproex	26	duloxetine	52
DIATRUE PLUS TEST STRIP		DIVIGEL.....	149	DUOBRII	91
.....	103	dofetilide.....	62	DUOPA	33
diazepam.....	26, 52	DOJOLVI	183	DUPIXENT PEN.....	81
diazepam intensol.....	52	dolishale.....	154	DUPIXENT SYRINGE.....	81
diazoxide	107	donepezil	37	DUREX AVANTI BARE	
DIBENZYLIN	65	DONNATAL.....	123	REAL FEEL	147
dichlorphenamide	37	DOPTELET (15 TAB PACK)		DUREZOL	168
DICLEGIS.....	127	.....	72	dutasteride.....	180
DICLOFENAC EPOLAMINE		DORAL	52	dutasteride-tamsulosin.....	180
.....	45	DORYX.....	13	DYANAVEL XR	52
diclofenac potassium.....	45	DORYX MPC	13	DYMISTA.....	174
diclofenac sodium ..	45, 81, 165	dorzolamide	166	DYRENIUM.....	65
DICLOFENAC		DORZOLAMIDE (PF).....	166	E	
SUBMICRONIZED	45	dorzolamide-timolol	166	e.e.s. 400	8
diclofenac-misoprostol	45	dorzolamide-timolol (pf) ...	166	E.E.S. GRANULES.....	8
dicloxacillin.....	12	DORZOLAMIDE-TIMOLOL		EASIVENT HOLDING	
dicyclomine	123	(PF).....	166	CHAMBER	106
didanosine.....	3	dotti.....	149	EASY PLUS II HIGH	
DIFFERIN.....	84	DOVATO	3	CONTROL	108
DIFICID	8	DOVONEX	79	EASY PLUS II TEST.....	103
diflorasone.....	91	doxazosin.....	65	EASY STEP	103
DIFLUCAN.....	1	doxepin	52, 81	EASY STEP HIGH	
diflunisal.....	45	doxercalciferol.....	116	CONTROL SOLN.....	108
difluprednate.....	168	doxycycline hyclate	13	EASY TALK GLUCOSE	
digitek.....	71	DOXYCYCLINE HYCLATE		TEST.....	103
digox.....	71	.....	13	EASY TALK HIGH	
digoxin.....	71	doxycycline monohydrate	13	CONTROL	108
dihydroergotamine	35	DOXYCYCLINE		EASY TALK PLUS II LOW	
DILANTIN.....	26	MONOHYDRATE.....	13	CONTROL	109
DILANTIN EXTENDED	26	doxylamine-pyridoxine (vit b6)		EASY TOUCH BLU CTRL	
DILANTIN INFATABS	26	.....	127	SOLN-L1,L3	109
DILANTIN-125	26	DRISDOL.....	183	EASY TOUCH BLU LINK	
DILAUDID	41	DRIZALMA SPRINKLE.....	52	TEST STRIP.....	103
diltiazem	65	dronabinol.....	127	EASY TOUCH TEST STRIP	
dilt-xr.....	65	drosiprenone-e.estradiol-lm.fa		.....	103
dimethyl fumarate	136, 137	.....	154	EASY TRAK GLUCOSE	
DIOVAN	65	drosiprenone-ethinyl estradiol		TEST.....	103
DIOVAN HCT	65	.....	154		

EASY TRAK II CTRL SOLN-NORMAL	109	ELIQUIS DVT-PE TREAT 30D START	72	ENSPRYNG	17
EASY TRAK II TEST STRIP	103	elite-ob	184	ENSTILAR	79
EASY TRAK LOW CONTROL	109	ELIXOPHYLLIN	174	entacapone	33
EASYGLUCO TEST	103	ELLA	154	ENTADFI	180
EASYMAX	103	ELMIRON	181	entecavir	3
EASYMAX 15 LEVEL 2 ..	109	eluryng	152	ENTEREG	128
EASYMAX NORMAL CONTROL	109	ELYXYB	35	ENTRESTO	77
EC-NAPROSYN	45	EMBRACE BLOOD GLUCOSE SYSTEM	103	enulose	128
econazole	88	EMBRACE EVO LEVEL 1	109	ENVARBUS XR	17
econtra ez	154	EMBRACE EVO TEST STRIPS	103	EPANED	66
econtra one-step	154	EMBRACE GLUCOSE CONTROL LOW	109	EPCLUSA	3
ECOZA	88	EMBRACE PRO TEST STRIPS	103	EPIDIOLEX	26
EDARBI	65	EMBRACE TALK CONTROL-LOW (L1)	109	EPIDUO FORTE	84
EDARBYCLOR	66	EMBRACE TALK TEST STRIPS	103	EPIFOAM	79
EDECRIN	66	EMCYT	17	epinastine	163
EDLUAR	52	EMEND	127, 128	epinephrine	170
ed-spaz	123	EMFLAZA	101	epinephrine hcl	174
EDURANT	3	EMGALITY PEN	35	epitol	26
eemt	149	EMGALITY SYRINGE	35	EPIVIR	3
eemt hs	149	EMPAVELI	96	eplerenone	66
efavirenz	3	EMSAM	52	EPOGEN	134
efavirenz-emtricitabin-tenofov	3	emtricitabine	3	EPRONTIA	26
efavirenz-lamivu-tenofov disop	3	emtricitabine-tenofov (tdf)	3	eprosartan	66
effer-k	182	EMTRIVA	3	EPSOLAY	84
EFFER-K	182	EMVERM	10	EPZICOM	3
EFFEXOR XR	52	enalapril maleate	66	EQUETRO	26
EFUDEX	81	enalapril-hydrochlorothiazide	66	ergocalciferol (vitamin d2)	184
ELEMENT COMPACT NORMAL CONTROL	109	ENBRACE HR	184	ergoloid	52
ELEMENT COMPACT TEST STRIPS	103	ENBREL	145	ERGOMAR	35
ELEMENT NORMAL CONTROL	109	ENBREL MINI	145	ergotamine-caffeine	35
ELEMENT TEST STRIPS	103	ENBREL SURECLICK	145	ERIVEDGE	17
ELEPSIA XR	26	ENDARI	96	ERLEADA	17
ELESTRIN	149	endocet	41	erlotinib	17
eletriptan	35	ENGERIX-B (PF)	139	ERMEZA	122
ELIDEL	81	ENGERIX-B PEDIATRIC (PF)	139	errin	149
ELIGARD	17	ENLITE GLUCOSE SENSOR	109	ERTACZO	88
ELIGARD (3 MONTH)	17	ENLITE SYSTEM	109	ery pads	84
ELIGARD (4 MONTH)	17	enoxaparin	72	erygel	84
ELIGARD (6 MONTH)	17	enpresse	154	ERYPED 200	8
ELIMITE	94	enskyce	155	ERYPED 400	8
elinest	154			ery-tab	8
ELIQUIS	72			ERY-TAB	8
				erythrocin (as stearate)	8
				erythromycin	8, 161
				erythromycin ethylsuccinate	8
				erythromycin with ethanol	84
				erythromycin-benzoyl peroxide	84
				ESBRIET	174
				escitalopram oxalate	52, 53
				ESGIC	41

esomeprazole magnesium ..	132	EXELDERM	88	FENOPROFEN	45
estarylla	155	EXELON PATCH.....	37	FENSOLVI.....	18
estazolam.....	53	exemestane	18	fentanyl.....	42
ESTRACE.....	149	EXFORGE.....	66	fentanyl citrate.....	41
estradiol.....	149	EXFORGE HCT.....	66	FENTANYL CITRATE	41
estradiol valerate	149	EXJADE.....	96	FENTORA.....	42
estradiol-norethindrone acet	149	EXKIVITY	18	FER-IN-SOL	184
ESTRING.....	149	EXSERVAN.....	96	FERRIPROX	96
ESTROGEL	150	EXTAVIA	137	FERRIPROX (2 TIMES A DAY).....	96
estrogens-methyltestosterone	150	EXTINA	88	fesoterodine	179
eszopiclone.....	53	EYSUVIS	168	FETZIMA.....	53
ethacrynic acid.....	66	EZ SMART PLUS TEST ..	104	FEXMID.....	39
ethambutol.....	10	EZ SMART TEST.....	104	FIASP FLEXTOUCH U-100 INSULIN.....	112
ethosuximide	26	EZALLOR SPRINKLE.....	75	FIASP PENFILL U-100 INSULIN	112
ethynodiol diac-eth estradiol	155	ezetimibe	75	FIASP U-100 INSULIN	112
etodolac	45	EZETIMIBE- ROSUVASTATIN	75	FIBRICOR.....	75
etonogestrel-ethinyl estradiol	152	ezetimibe-simvastatin.....	75	FIFTY50 TEST STRIP.....	104
etoposide.....	17	F		FILSPARI.....	77
etravirine.....	3	FA-8.....	184	FINACEA.....	84
EUCRISA.....	81	FABIOR	84	finasteride	180
EULEXIN.....	17	FACTIVE	12	fingolimod	137
EURAX	94	falmina (28)	155	FINTEPLA	27
euthyrox.....	122	famciclovir.....	3	finzala	155
EVAMIST	150	famotidine.....	132	FIORICET	42
EVEKEO.....	53	FANAPT	53	FIORICET WITH CODEINE	42
EVEKEO ODT.....	53	FARESTON	18	FIRAZYR	174
EVENCARE G2.....	103	FARXIGA	119	FIRDAPSE	37
EVENCARE G3 TEST	103	FARYDAK.....	18	FIRVANQ	15
EVENCARE MINI GLUCOSE TEST STR... 103		FASENRA.....	174	flac otic oil.....	100
EVENCARE PROVIEW TEST STRIP	104	FASENRA PEN	174	FLAGYL	10
EVENITY.....	144	FC2 FEMALE CONDOM .	147	FLAREX.....	168
everolimus (antineoplastic) ..	17	febuxostat	144	flavoxate	180
everolimus (immunosuppressive) .	17, 18	felbamate	26	flecainide	62
EVERSENSE SMART TRANSMITTER.....	109	FELBATOL.....	27	FLECTOR	46
EVISTA.....	144	FELDENE	45	FLEQSUVY	39
EVOCLIN	84	felodipine.....	66	FLEXICHAMBER	106
EVOLUTION NORMAL CONTROL.....	109	fem ph.....	152	FLOLIPID	75
EVOLUTION TEST STRIPS	104	FEMARA	18	FLOMAX	180
EVOTAZ.....	3	FEMCAP	147	FLORIVA (FLUORIDE- VITAMIN D3).....	184
EVOXAC	96	FEMRING	150	FLOVENT DISKUS	174
EVRYSDI	37	fenofibrate	75	FLOVENT HFA.....	174
		FENOFIBRATE.....	75	FLUAD QUAD 2022-23(65Y UP)(PF).....	139
		fenofibrate micronized	75	FLUARIX QUAD 2022-2023 (PF).....	139
		FENOFIBRATE MICRONIZED.....	75		
		fenofibrate nanocrystallized .	75		
		fenofibric acid.....	75		
		fenofibric acid (choline)	75		
		FENOGLIDE.....	75		
		fenoprofen	45		

FLUBLOK QUAD 2022-2023 (PF).....	139	FLUZONE QUAD 2022-2023	140	fosfomycin tromethamine.....	14
FLUCELVAX QUAD 2022- 2023.....	139	FLUZONE QUAD 2022-2023 (PF).....	140	fosinopril.....	66
FLUCELVAX QUAD 2022- 2023 (PF).....	139	FML FORTE	168	fosinopril-hydrochlorothiazide	66
fluconazole	1	FML LIQUIFILM	168	FOSRENOL	125
flucytosine	1	FOCALIN.....	53	FOTIVDA.....	18
fludrocortisone	101	FOCALIN XR	53	FRAGMIN.....	72, 73
FLULAVAL QUAD 2022- 2023 (PF).....	139	folic acid.....	184	FREESTYLE CONTROL..	109
FLUMADINE	3	folivane-ob.....	184	FREESTYLE INSULINX..	104
FLUMIST QUAD 2022-2023	140	fondaparinux.....	72	FREESTYLE INSULINX TEST STRIPS	104
flunisolide.....	174	FORA 6 CONNECT GLUCOSE STRIP.....	104	FREESTYLE LIBRE 14 DAY SENSOR.....	109
fluocinolone.....	91	FORA D15G STRIPS	104	FREESTYLE LIBRE 2 SENSOR.....	109
fluocinolone acetone oil ..	100	FORA D20	104	FREESTYLE LIBRE 3 SENSOR.....	109
fluocinolone and shower cap	91	FORA D40-G31 TEST STRIPS	104	FREESTYLE LITE STRIPS	104
fluocinonide.....	92	FORA G20	104	FREESTYLE PRECISION NEO STRIPS.....	104
fluocinonide-e.....	92	FORA G30-PREMIUM V10 TEST STRP	104	FREESTYLE TEST	104
FLUORESCIN- BENOXINATE	163	FORA GD50 TEST STRIPS	104	FROVA.....	35
fluorescein-proparacaine	163	FORA GTEL GLUCOSE TEST STRIP.....	104	frovatriptan	35
fluoride (sodium).....	99, 184	FORA NORMAL CONTROL	109	FULPHILA	134
FLUORIDEX DAILY DEFENSE	99	FORA TEST STRIP	104	FURADANTIN	14
FLUORIDEX SENSITIVITY RELIEF	99	FORA TN'G VOICE TEST STRIPS	104	furosemide	66
fluorometholone	168	FORA V10	104	FUZEON	3
FLUOROPLEX.....	81	FORA V10-V12-D10-D20 STRIPS.....	104	fyavolv	150
fluorouracil.....	81	FORA V12 GLUCOSE.....	104	FYCOMPA.....	27
FLUOROURACIL	81	FORA V20	104	FYLNTRA	134
fluoxetine.....	53	FORACARE GD20.....	104	G	
fluphenazine hcl	53	FORACARE GD40 TEST STRIPS	104	g tussin ac	170
flurandrenolide	92	FORACARE GDH LOW CONTROL	109	gabapentin.....	27
flurbiprofen.....	46	FORFIVO XL.....	53	GABITRIL	27
flurbiprofen sodium.....	165	formoterol fumarate.....	175	GALAFOLD.....	116
FLUTICASONE FUROATE- VILANTEROL	174	FORTEO	144	galantamine.....	37
fluticasone propionate ..	92, 174	FORTESTA.....	116	GALZIN	182
FLUTICASONE PROPIONATE	174	FORTISCARE G1 TEST STRIP	104	GARDASIL 9 (PF).....	140
fluticasone propion-salmeterol	174	FORTISCARE GLUCOSE TEST STRIPS	104	GASTROCROM	128
FLUTICASONE PROPION- SALMETEROL	174, 175	FORTISCARE NORMAL ..	109	gatifloxacin	161
fluvastatin	75	FOSAMAX	144	GATTEX 30-VIAL	128
fluvoxamine.....	53	FOSAMAX PLUS D.....	144	gavilyte-c	128
FLUZONE HIGHDOSE QUAD 22-23 PF.....	140	fosamprenavir.....	3	gavilyte-g.....	128
				GAVRETO	18
				GE100 BLOOD GLUCOSE TEST STRIP.....	104
				GE100 CONTROL SOLUTION NORMAL..	109
				GE333 BLOOD GLUCOSE TEST STRIP.....	104

GELCLAIR.....	99	glyburide.....	119	HARMONY GLUCOSE TEST	
GELNIQUE.....	180	glyburide micronized.....	119	STRIP	105
GELX	99	glyburide-metformin	119	HARVONI.....	3
gemfibrozil	75	GLYCATE	123	HAVRIX (PF)	140
gemmily.....	155	glycopyrrolate.....	124	HEALTHPRO HIGH-LOW	
GEMTESA	180	GLYNASE	119	CONTROL	110
GENERESS FE	155	GLYXAMBI	120	HEALTHPRO TEST STRIPS	
generlac	128	GM100.....	105	.....	105
gengraf.....	18	GOCOVRI.....	33	heather	150
GENOTROPIN	135	GOJJI BLOOD GLUCOSE		HEMADY.....	101
GENOTROPIN MINIQUICK		TEST STRIP.....	105	HEMANGEOL.....	66
.....	135	GOJJI GLUCOSE CNTRL		HEMLIBRA	73
GENSTRIP TEST STRIP ..	104	SOL-NORMAL.....	109	hemmorex-hc	128
gentamicin	10, 87, 161	GOLYTELY.....	128	heparin (porcine)	73
GENVOYA	3	GONITRO	77	heparin, porcine (pf)	73
GEODON	53, 54	GOPRELTO	86	HEPARIN, PORCINE (PF)..	73
GILENYA	137	GRALISE	27	HEPLISAV-B (PF).....	140
GILOTRIF.....	18	granisetron hcl	128	HEPSERA	3
GIMOTI	128	GRANIX	134	her style	155
GIVLAARI.....	96	GRASTEK.....	140	HETLIOZ	54
glatiramer	137	griseofulvin microsize	1	HETLIOZ LQ.....	54
glatopa	137	griseofulvin ultramicrosize.....	1	HIBERIX (PF).....	140
GLEEVEC.....	18	guanfacine	54, 66	HIPREX.....	14
GLEOSTINE.....	18	GUARDIAN CONNECT		HISTEX-AC	170
glimepiride	119	TRANSMITTER	110	homatropaire.....	162
glipizide.....	119	GUARDIAN LINK 3		HORIZANT.....	37
glipizide-metformin.....	119	TRANSMITTER	110	HUMALOG JUNIOR	
GLUCAGON (HCL)		GUARDIAN SENSOR 3 ..	110	KWIKPEN U-100	112
EMERGENCY KIT	107	GVOKE	107	HUMALOG KWIKPEN	
GLUCAGON EMERGENCY		GVOKE HYPOPEN 2-PACK		INSULIN	112
KIT (HUMAN)	107	.....	107	HUMALOG MIX 50-50	
GLUCO NAVII TEST STRIP		GVOKE PFS 2-PACK		INSULN U-100	112
.....	104	SYRINGE.....	107	HUMALOG MIX 50-50	
GLUCOCARD 01 NORMAL		GYNAZOLE-1	152	KWIKPEN.....	112
CONTROL	109	H		HUMALOG MIX 75-25	
GLUCOCARD 01 SENSOR		HAEGARDA.....	175	KWIKPEN.....	112
PLUS	104	hailey	155	HUMALOG MIX 75-25(U-	
GLUCOCARD EXPRESSION		hailey 24 fe	155	100)INSULN	112
.....	104	hailey fe 1.5/30 (28)	155	HUMALOG TEMPO PEN(U-	
GLUCOCARD SHINE TEST		hailey fe 1/20 (28)	155	100)INSULN	112
STRIPS.....	104	halcinonide	92	HUMALOG U-100 INSULIN	
GLUCOCARD VITAL		HALCION	54	.....	112
SENSOR	105	HALDOL DECANOATE	54	HUMATIN	10
GLUCOCARD VITAL TEST		halobetasol propionate.....	92	HUMATROPE	135
STRIPS.....	105	HALOBETASOL		HUMIRA.....	146
GLUCOCOM CONTROL		PROPIONATE	92	HUMIRA PEN	146
NORMAL	109	haloette	152	HUMIRA PEN CROHNS-UC-	
GLUCOCOM GLUCOSE .	105	HALOG	92	HS START	145
GLUCOSE CONTROL.....	109	haloperidol.....	54	HUMIRA PEN PSOR-	
GLUCOTROL XL	119	haloperidol decanoate.....	54	UVEITS-ADOL HS	146
GLUMETZA.....	119	haloperidol lactate	54	HUMIRA(CF)	146

HUMIRA(CF) PEDI	hydroxyzine hcl	170	INDOCIN	46
CROHNS STARTER.....	hydroxyzine pamoate	170	indomethacin	46
HUMIRA(CF) PEN	hyophen	181	INFANRIX (DTAP) (PF)...	140
HUMIRA(CF) PEN	hyoscyamine sulfate	124	INFINITY CONTROL	
CROHNS-UC-HS	hyosyne.....	124	SOLUTION NORM	110
HUMIRA(CF) PEN	HYPER-SAL.....	175	INFINITY TEST STRIPS ..	105
PEDIATRIC UC	HYSINGLA ER	42	INFINITY VOICE CTRL	
HUMIRA(CF) PEN PSOR-	HYZAAR	66	SOLN-LVL 2.....	110
UV-ADOL HS	I		INFINITY VOICE TEST	
HUMULIN 70/30 U-100	ibandronate	144	STRIP	105
INSULIN.....	IBRANCE	18	INGREZZA	37
HUMULIN 70/30 U-100	IBSRELA	128	INGREZZA INITIATION	
KWIKPEN	ibu.....	46	PACK	37
HUMULIN N NPH INSULIN	ibuprofen	46	INLYTA	18
KWIKPEN	ibuprofen-famotidine.....	46	INNOPRAN XL	67
HUMULIN N NPH U-100	icatibant	175	INOVA	84
INSULIN.....	iclevia	155	INOVA 4-1	80
HUMULIN R REGULAR U-	ICLUSIG	18	INOVA 8-2.....	80
100 INSULN	icosapent ethyl.....	75	INPEN (FOR HUMALOG)	
HUMULIN R U-500 (CONC)	IDHIFA	18	PINK.....	110
INSULIN.....	IGALMI.....	54	INPEN (NOVOLOG OR	
HUMULIN R U-500 (CONC)	IGLUCOSE TEST STRIP..	105	FIASP) PINK.....	110
KWIKPEN	ILARIS (PF).....	134	INQOVI.....	19
HYCAMTIN	ILEVRO	165	INREBIC	19
HYCODAN (WITH	ILUMYA	79	INSPIRACHAMBER.....	106
HOMATROPINE)	imatinib.....	18	INSPIRA.....	67
hydralazine	IMBRUVICA	18	INSULIN ASP PRT-INSULIN	
HYDREA	imipramine hcl.....	54	ASPART.....	113
hydrochlorothiazide.....	imipramine pamoate	54	INSULIN ASPART U-100.	113
hydrocodone bitartrate.....	imiquimod	143	INSULIN DEGLUDEC.....	113
hydrocodone-acetaminophen	IMITREX	35	INSULIN GLARGINE.....	113
42	IMITREX STATDOSE PEN36		INSULIN GLARGINE-YFGN	
hydrocodone-chlorpheniramine	IMITREX STATDOSE		.....	113
.....	REFILL	36	INSULIN LISPRO	114
hydrocodone-homatropine .	IMOVAX RABIES VACCINE		INSULIN LISPRO	
171	(PF).....	140	PROTAMIN-LISPRO	113
hydrocodone-ibuprofen	IMPAVIDO	10	INSULIN SYRINGE-	
42	IMPEKLO	92	NEEDLE U-100	107
hydrocortisone.....	IMPOYZ.....	92	INTELENCE	4
92, 101, 128	IMURAN.....	18	INTRAROSA	152
hydrocortisone acetate.....	IMVEXXY MAINTENANCE		INTUNIV ER	54
128	PACK	150	INVEGA.....	54
hydrocortisone butyrate.....	IMVEXXY STARTER PACK		INVEGA HAFYERA.....	54
92	.....	150	INVEGA SUSTENNA.....	54
hydrocortisone butyr-emollient	INBRIJA.....	34	INVEGA TRINZA	54
.....	incassia	150	INVELTYS.....	168
92	INCRELEX	96	INVOKAMET.....	120
hydrocortisone valerate	INCRUSE ELLIPTA.....	175	INVOKAMET XR	120
92	indapamide	66	INVOKANA.....	120
hydrocortisone-acetic acid..	INDERAL LA	66	iodine-sodium iodide.....	81
100	INDERAL XL	67	IODOFLEX	81
hydrocortisone-pramoxine ..				
79,				
128				
HYDROCORTISONE-				
PRAMOXINE				
128				
hydromet.....				
171				
hydromorphone				
42				
hydroxocobalamin.....				
184				
hydroxychloroquine				
10				
hydroxyurea.....				
18				

IODOSORB	81	junel 1.5/30 (21)	155	KLONOPIN.....	27
IOPIDINE.....	169	junel 1/20 (21)	155	klor-con.....	182
IPOL.....	140	junel fe 1.5/30 (28)	155	klor-con 10.....	182
ipratropium bromide.....	99, 175	junel fe 1/20 (28)	155	klor-con 8.....	182
ipratropium-albuterol	175	junel fe 24.....	155	klor-con m10	182
irbesartan	67	JUSTRIGHT 5000.....	99	klor-con m15	182
irbesartan-hydrochlorothiazide		JUXTAPID.....	75	klor-con m20	182
.....	67	JYNARQUE.....	116, 117	klor-con/ef	182
IRESSA	19	JYNNEOS (PF)(STOCKPILE)		KLOXXADO	46
ISENTRESS	4	.....	140	KOMBIGLYZE XR	120
ISENTRESS HD	4	K		KONVOMEPI	132
isibloom.....	155	kaitlib fe.....	155	KOSELUGO.....	19
isoniazid	10	KALBITOR.....	175	KOSHER PRENATAL PLUS	
ISOPTO ATROPINE	162	KALETRA	4	IRON	184
ISOPTO CARPINE.....	163	kalliga	155	K-PHOS NO 2.....	181
ISORDIL	77	KALYDECO	175	K-PHOS ORIGINAL	181
ISORDIL TITRADOSE.....	77	KAPSPARGO SPRINKLE ..	67	KRAZATI.....	19
isosorbide dinitrate	77	KAPVAY	54	KRINTAFEL.....	10
isosorbide mononitrate ...	77, 78	KARBINAL ER	170	KRISTALOSE.....	128
isosorbide-hydralazine	67	kariva (28)	155	K-TAB.....	182, 183
isotretinoin.....	84	KATERZIA	67	kurvelo (28)	156
isoxsuprine	152	KAZANO	120	KUVAN.....	117
isradipine	67	kelnor 1/35 (28)	156	KYLEENA	147
ISTALOL	162	kelnor 1-50 (28).....	156	KYNMOBI	34
ISTURISA.....	116	KENALOG.....	92, 101	KYZATREX.....	117
itraconazole	1	KEPPRA.....	27	L	
ivermectin.....	10, 84	KEPPRA XR	27	l norgest/e.estradiol-e.estradiol	
IXIARO (PF).....	140	KERENDIA.....	67	.....	156
J		KERYDIN	88	labetalol	67
JADENU	96	KESIMPTA PEN	137	lacosamide	27
JADENU SPRINKLE	96	KETAMINE	54	LACRISERT	164
jaimiess.....	155	ketoconazole.....	1, 88	lactated ringers.....	94
JAKAFI	19	ketodan	89	lactulose	128
JALYN	180	ketodan kit	88	LAMICTAL	28
jantoven	73	ketoprofen.....	46	LAMICTAL ODT	27
JANUMET	120	ketorolac	46, 165	LAMICTAL ODT STARTER	
JANUMET XR.....	120	KETOROLAC.....	46	(BLUE).....	28
JANUVIA	120	KEVEYIS	38	LAMICTAL ODT STARTER	
JARDIANCE.....	120	KEVZARA.....	146	(GREEN).....	28
jasmiel (28).....	155	KINERET	146	LAMICTAL ODT STARTER	
JATENZO	116	KINRIX (PF).....	140	(ORANGE).....	28
javygtor.....	116	KISQALI	19	LAMICTAL STARTER	
jencycla.....	150	KISQALI FEMARA CO-		(BLUE) KIT	28
JENTADUETO	120	PACK	19	LAMICTAL STARTER	
JENTADUETO XR.....	120	KITABIS PAK	10	(GREEN) KIT	28
jinteli	150	KLARITY-A (AZITHRO-		LAMICTAL STARTER	
jolessa.....	155	CHONDR)(PF).....	164	(ORANGE) KIT	28
JORNAY PM	54	KLARITY-L (LOTEPRED-		LAMICTAL XR	28
JUBLIA	88	CHOND)(PF)	164	LAMICTAL XR STARTER	
juleber.....	155	KLARON	87	(BLUE).....	28
JULUCA	4	KLISYRI	19		

LAMICTAL XR STARTER (GREEN).....	29	levetiracetam	29	lisinopril-hydrochlorothiazide	67
LAMICTAL XR STARTER (ORANGE).....	29	levobunolol.....	162	LITEAIRE MDI CHAMBER	107
lamivudine.....	4	levocarnitine	96	lithium carbonate.....	55
lamivudine-zidovudine.....	4	levocarnitine (with sugar)....	96	LITHOBID	55
lamotrigine	29	levocetirizine	170	LITHOSTAT	96
LAMPIT	10	levofloxacin.....	12, 161	LIVALO	75
LANCETS.....	110	levonest (28).....	156	LIVMARLI.....	129
LANOXIN.....	72	levonorgestrel	156	LIVTENCITY	4
LANREOTIDE	19	levonorgestrel-ethinyl estrad	156	LO LOESTRIN FE.....	156
lansoprazole.....	132	levonorg-eth estrad triphasic	156	LOCOID	93
lanthanum.....	125	levora-28.....	156	LOCOID LIPOCREAM.....	93
LANTUS SOLOSTAR U-100 INSULIN.....	114	levorphanol tartrate.....	42	LODINE	46
LANTUS U-100 INSULIN	114	levo-t.....	122	LODOSYN	34
lapatinib.....	19	levothyroxine.....	122	LOESTRIN 1.5/30 (21).....	156
larin 1.5/30 (21).....	156	LEVOTHYROXINE	122	LOESTRIN 1/20 (21).....	156
larin 1/20 (21).....	156	levoxyl.....	122	LOESTRIN FE 1.5/30 (28- DAY)	156
larin 24 fe	156	LEVSIN.....	124	LOESTRIN FE 1/20 (28-DAY)	156
larin fe 1.5/30 (28).....	156	LEVSIN/SL	124	lofena.....	46
larin fe 1/20 (28).....	156	LEVULAN	81	lojaimiess.....	156
LASIX	67	LEXAPRO.....	55	LOKELMA.....	125
latanoprost.....	166	LEXETTE	92	LOMOTIL	124
LATUDA	55	LEXIVA	4	LONHALA MAGNAIR REFILL.....	175
layolis fe.....	156	LIALDA	128	LONHALA MAGNAIR STARTER	175
LEDIPASVIR-SOFOSBUVIR	4	LIBRAX (WITH CLIDINIUM)	124	LONSURF	19
leena 28	156	LICART.....	46	loperamide	124
leflunomide.....	146	lidocaine	87	LOPID	76
lenalidomide.....	19	lidocaine hcl	86	lopinavir-ritonavir.....	4
LENVIMA	19	lidocaine hcl-hydrocortison ac	87, 129	LOPRESSOR	67
LESCOL XL	75	LIDOCAINE HCL- HYDROCORTISON AC	129	LOPROX	89
lessina.....	156	lidocaine viscous	87	LOPROX (AS OLAMINE)..	89
LETAIRIS	175	lidocaine-hydrocortisone-aloe	129	LOPROX KIT	89
letrozole.....	19	lidocaine-prilocaine	87	lorazepam	55
leucovorin calcium	15	LIDOCAINE-TETRACAINE	87	lorazepam intensol.....	55
LEUKERAN	19	lidocort.....	87	LORBRENA.....	19
LEUKINE.....	134	LIDODERM.....	87	LOREEV XR.....	55
leuprolide.....	19	LILETTA.....	148	loryna (28).....	157
LEUPROLIDE (3 MONTH)	19	lindane	94	LORZONE	39
levabuterol hcl.....	175	linezolid	10	losartan	67
LEVALBUTEROL TARTRATE	175	LINZESS	129	losartan-hydrochlorothiazide	67
LEVAMLODIPINE	67	liothyronine	122	LOSEASONIQUE.....	157
LEVBID	124	LIPITOR.....	75	LOTEMAX.....	168
LEVEMIR FLEXPEN	114	LIPOFEN.....	75	LOTEMAX SM.....	168
LEVEMIR FLEXTOUCH U- 100 INSULN	114	lisinopril.....	67	LOTENSIN.....	67
LEVEMIR U-100 INSULIN	114			LOTENSIN HCT.....	67
				loteprednol etabonate.....	168

LOTREL.....	67	lyza	150	MEDROL	101
LOTRONEX	129	M		MEDROL (PAK).....	101
lovastatin	76	MACRILEN	134	medroxyprogesterone	150
LOVAZA	76	MACROBID	14	mefenamic acid.....	46
LOVENOX.....	73	MACRODANTIN	14	mefloquine.....	10
low-ogestrel (28)	157	mafenide acetate	87	megestrol	20
loxapine succinate	55	MALARONE	10	MEKINIST	20
lo-zumandimine (28).....	157	MALARONE PEDIATRIC .	10	MEKTOVI.....	20
lta pre-attached	87	malathion	94	meloxicam	46
lubiprostone.....	129	maraviroc.....	4	MELOXICAM	46
LUCEMYRA	46	MAR-COF CG	171	meloxicam submicronized...	46
ludent fluoride	184	MARINOL	129	melphalan	20
lugols.....	87, 183	marlissa (28).....	157	memantine	38
LULICONAZOLE	89	MARNATAL-F.....	184	MEMANTINE.....	38
LUMAKRAS	20	MARPLAN	55	MENACTRA (PF).....	140
LUMIGAN.....	166	MATULANE.....	20	M-END PE	171
LUNESTA.....	55	matzim la	67	MENEST	150
LUPKYNIS	20	MAVENCLAD (10 TABLET		MENOSTAR	150
LUPRON DEPOT	20	PACK).....	137	MENQUADFI (PF).....	140
LUPRON DEPOT (3		MAVENCLAD (4 TABLET		MENTAX	89
MONTH).....	20	PACK).....	137	MENVEO A-C-Y-W-135-DIP	
LUPRON DEPOT (4		MAVENCLAD (5 TABLET		(PF).....	141
MONTH).....	20	PACK).....	137	meperidine	42
LUPRON DEPOT (6		MAVENCLAD (6 TABLET		MEPHYTON.....	73
MONTH).....	20	PACK).....	137	meprobamate	39
LUPRON DEPOT-PED	20	MAVENCLAD (7 TABLET		MEPRON	10
LUPRON DEPOT-PED (3		PACK).....	137	mercaptopurine	20
MONTH).....	20	MAVENCLAD (8 TABLET		merzee.....	157
lurasidone	55	PACK).....	137	mesalamine	129
luteru (28)	157	MAVENCLAD (9 TABLET		mesalamine with cleansing	
LUXIQ	93	PACK).....	137	wipe	129
LUZU	89	MAVYRET	4	MESNEX.....	15
LYBALVI	55	MAXALT	36	MESTINON	39
lyleq.....	150	MAXALT-MLT	36	MESTINON TIMESPAN	39
lyllana.....	150	MAXIDEX	168	metaxalone.....	39
LYMEPAK	13	MAXITROL.....	167	metformin	120
LYNPARZA.....	20	maxi-tuss ac.....	171	METFORMIN	120
LYRICA	29	MAXI-TUSS CD.....	171	methadone.....	42
LYRICA CR.....	29	MAXZIDE.....	67	methadose	42
LYSODREN.....	20	MAXZIDE-25MG.....	67	methamphetamine.....	55
LYSTEDA.....	152	MAYZENT	137	methazolamide.....	165
LYTGOBI	20	MAYZENT STARTER(FOR		methenamine hippurate	14
LYUMJEV KWIKPEN U-100		1MG MAINT)	137	methenamine mandelate	14
INSULIN.....	114	MAYZENT STARTER(FOR		methen-sod phos-meth blue-	
LYUMJEV KWIKPEN U-200		2MG MAINT)	137	hyos.....	181
INSULIN.....	114	m-clear wc	171	methergine	160
LYUMJEV TEMPO PEN(U-		meclizine	129	methimazole	102
100)INSULN.....	114	meclofenamate.....	46	METHITEST	117
LYUMJEV U-100 INSULIN		MEDISENSE.....	110	methocarbamol	39
.....	114	MEDISENSE GLUCOSE		METHOCARBAMOL	39
LYVISPAH.....	39	KETONE	110	methotrexate sodium	20

methotrexate sodium (pf)	20	miglustat	117	multi-vitamin with fluoride	184
methoxsalen.....	81	MIGRANAL	36	multivitamins with fluoride	184
methscopolamine.....	124	mili.....	157	mupirocin.....	87
methyl salicylate.....	81	millipred	101	mupirocin calcium.....	87
methyldopa.....	68	millipred dp	101	mvc-fluoride	184
methyldopa-		mimvey	150	my choice.....	157
hydrochlorothiazide.....	68	MINASTRIN 24 FE	157	my way	157
methylergonovine.....	160	MINIPRESS	68	MYALEPT	117
METHYLIN.....	55	MINIVELLE	150	MYAMBUTOL.....	10
methylphenidate	56	minocycline	13, 14	MYCAPSSA.....	20
methylphenidate hcl	55, 56	MINOCYCLINE.....	13, 14	MYCOBUTIN.....	10
METHYLPHENIDATE HCL		MINOLIRA ER.....	14	mycophenolate mofetil	21
.....	56	minoxidil	68	mycophenolate sodium.....	21
methylprednisolone	101	MIRAPEX ER.....	34	MYDAYIS	56
methyltestosterone.....	117	MIRCERA.....	134	MYDRIACYL.....	163
metoclopramide hcl	129	MIRCETTE (28)	157	MYDRIATIC4(TROP-PROP-	
metolazone	68	MIRENA	148	PE-KTRLC).....	164
METOPIRONE	96	mirtazapine	56	MYFEMBREE	152
metoprolol succinate	68	MIRVASO.....	84	MYFORTIC	21
metoprolol ta-hydrochlorothiaz		misoprostol	133	MYGLUCOHEALTH.....	105
.....	68	MITIGARE	144	MYGLUCOHEALTH	
metoprolol tartrate.....	68	MKO (MIDAZOLAM-		CONTROL SOLUTION	110
METROCREAM.....	84	KETAMINE-ONDAN)....	56	MYLERAN	21
METROGEL.....	84	M-M-R II (PF).....	141	mynatal	185
metronidazole	10, 84, 152	m-natal plus	184	mynatal plus.....	185
metyrosine	68	modafinil	56	mynatal-z	185
mexiletine.....	62	moexipril	68	MYRBETRIQ.....	180
mibelas 24 fe	157	molindone.....	56	MYSOLINE	29
MICARDIS	68	mometasone.....	93, 175	MYTESI	124
MICARDIS HCT	68	mondoxyne nl.....	14	N	
MICONAZOLE NITRATE-		MONODOX	14	nabumetone.....	46
ZINC OX-PET	89	mono-lynyah.....	157	nadolol	68
miconazole-3	152	montelukast	175	naftifine.....	89
MICRO BLOOD GLUCOSE		MONUROL.....	14	NAFTIN	89
.....	105	morgidox	14	NALFON.....	46
MICROCHAMBER.....	107	MORGIDOX 1X 50	14	NALOCET	43
MICRODOT BLOOD		MORGIDOX 2X100	14	naloxone	47
GLUCOSE SYSTEM.....	105	morphine.....	43	naltrexone	47
MICRODOT XTRA BLOOD		morphine concentrate	42	NAMENDA.....	38
GLUCOSE	105	MOTEGRITY	129	NAMENDA TITRATION	
microgestin 1.5/30 (21)	157	MOTOFEN.....	124	PAK	38
microgestin 1/20 (21)	157	MOUNJARO.....	120	NAMENDA XR	38
microgestin 24 fe.....	157	MOVANTIK	129	NAMZARIC.....	38
microgestin fe 1.5/30 (28) ..	157	MOVIPREP.....	129	NAPRELAN CR	47
microgestin fe 1/20 (28)	157	MOXATAG.....	12	NAPROSYN.....	47
MICROSPACER.....	107	moxifloxacin.....	12, 161	naproxen	47
midazolam	56	MOZOBIL.....	134	naproxen sodium	47
MIDAZOLAM	56	MS CONTIN	43	naproxen-esomeprazole	47
midodrine	96	MUGARD	99	naratriptan.....	36
migergot	36	MULPLETA.....	73	NARCAN	47
miglitol	120	MULTAQ.....	62	NARDIL	56

NASCOBAL	185	NEUTEK 2TEK TEST STRIPS	105	NOCTIVA	117
NATACHEW (FE BIS-GLYCINATE).....	185	NEVANAC	165	nolix.....	93
NATACYN	161	nevirapine	4	nora-be.....	150
NATAZIA	157	new day.....	157	NORDITROPIN FLEXPRO	135
nateglinide	120	newgen.....	185	noreth-ethinyl estradiol-iron	157
NATESTO.....	117	NEXAVAR	21	norethindrone (contraceptive)	150
NATROBA	94	NEXICLON XR.....	68	norethindrone acetate.....	151
NAYZILAM	29	NEXIUM	133	norethindrone ac-eth estradiol	151, 157
nebivolol.....	68	NEXIUM PACKET	133	norethindrone-e.estradiol-iron	158
NEBUPENT	10	NEXLETOL	76	NORGESIC	39
nebusal.....	175	NEXLIZET.....	76	NORGESIC FORTE	39
NEBUSAL	176	NEXOBRID	94	norgestimate-ethinyl estradiol	158
necon 0.5/35 (28).....	157	NEXPLANON.....	152	NORITATE	85
NEEVODHA (WITH ALGAL OIL).....	185	NEXTSTELLIS.....	157	NORLIQVA	68
nefazodone	56	niacin	76	NORPACE	62
neomycin	10	NIACOR.....	76	NORPACE CR	62
neomycin-bacitracin-poly-hc	167	nicardipine	68	NORPRAMIN	56
neomycin-bacitracin-polymyxin	161	NICODERM CQ	98	NORTHERA	96
neomycin-polymyxin b gu ...	95	nicorette	98	nortrel 0.5/35 (28).....	158
neomycin-polymyxin b-dexameth	167	NICORETTE.....	98	nortrel 1/35 (21).....	158
neomycin-polymyxin-gramicidin.....	161	nicotine	98	nortrel 1/35 (28).....	158
neomycin-polymyxin-hc ...	100, 167	nicotine (polacrilex)	98	nortrel 7/7/7 (28).....	158
NEONATAL FE	185	NICOTROL.....	98	nortriptyline	56
NEONATAL PLUS VITAMIN.....	185	NICOTROL NS.....	98	NORVASC	68
neo-polycin.....	161	nifedipine.....	68	NORVIR.....	4
neo-polycin hc	167	nikki (28)	157	NOURIANZ	34
NEORAL.....	21	NILANDRON	21	NOVA MAX GLUCOSE CONTROL	110
NEO-SYNALAR	87	nilutamide.....	21	NOVA MAX GLUCOSE TEST.....	105
NEO-SYNALAR KIT	87	nimodipine.....	68	NOVAFERRUM	185
NERLYNX.....	21	NINJACOF-XG.....	171	NOVAMAX PLUS GLU-KET	110
NESINA	121	NINLARO	21	NOVOLIN 70-30 FLEXPEN U-100.....	114
NESTABS	185	nisoldipine	68	NOVOLIN N FLEXPEN ...	114
NESTABS ABC.....	185	nitazoxanide.....	10	NOVOLIN R FLEXPEN...	114
NESTABS DHA	185	nitisinone	96	NOVOLOG FLEXPEN U-100 INSULIN	114
NESTABS ONE.....	185	nitro-bid.....	78	NOVOLOG MIX 70-30 U-100 INSULN	114
neuac.....	84	NITRO-DUR	78	NOVOLOG MIX 70-30FLEXPEN U-100	115
NEUAC KIT	84	nitrofurantoin.....	15	NOVOLOG PENFILL U-100 INSULIN	115
NEULASTA.....	134	nitrofurantoin macrocrystal ..	14		
NEULASTA ONPRO	134	nitrofurantoin monohyd/m-cryst	15		
NEUPOGEN	135	nitroglycerin	78		
NEUPRO.....	34	NITROLINGUAL	78		
NEURONTIN.....	29, 30	NITROMIST	78		
		NITROSTAT	78		
		nitro-time	78		
		NITYR.....	96		
		NIVESTYM	135		
		nizatidine	133		
		NOCDURNA (MEN).....	117		
		NOCDURNA (WOMEN) ..	117		

NOVOLOG U-100 INSULIN		opium tincture.....	124
ASPART	115	OPSUMIT.....	176
NOVOPEN ECHO	110	OPTICHAMBER DIAMOND	
NOXAFIL	1	VHC.....	107
np thyroid	122	option-2.....	158
NUBEQA	21	OPTIUM EZ.....	105
NUCALA	176	OPTIUM TEST	105
NUCORT	93	OPTUMRX.....	105
NUCYNTA	47	OPZELURA	81
NUCYNTA ER	47	ORACEA.....	14
NUDEXTA	38	ORACIT	181
NULEV	124	ORALAIR	141
NUMBRINO	87	oralone	99
NUPLAZID.....	56	ORAMAGICRX.....	99
NURTEC ODT.....	36	ORAPRED ODT	102
NUTROPIN AQ NUSPIN .	135	ORAVIG.....	1
NUVARING.....	152	ORENCIA	146
NUVESSA	152	ORENCIA CLICKJECT ...	146
NUVIGIL	56	ORENITRAM	69
NUZYRA	14	ORENITRAM MONTH 1	
nyamyc	89	TITRATION KT	69
nylia 1/35 (28).....	158	ORENITRAM MONTH 2	
nylia 7/7/7 (28).....	158	TITRATION KT	69
NYMALIZE.....	68	ORENITRAM MONTH 3	
nymyo.....	158	TITRATION KT	69
NYNUTEY.....	87	ORFADIN	97
nystatin	1, 89	ORGOVYX	21
nystatin-triamcinolone.....	89	ORIAHNN.....	152
nystop	89	ORLISSA	117
NYVEPRIA.....	135	ORKAMBI	176
O		ORLADEYO	176
OB COMPLETE	185	orphenadrine citrate	39
OB COMPLETE ONE.....	185	orphenadrine-asa-caffeine ...	39
OB COMPLETE PETITE..	185	orphengesic forte	39
OB COMPLETE PREMIER		ORSERDU	21
.....	185	ORTIKOS.....	130
OB COMPLETE WITH DHA		oscimin	124
.....	185	oscimin sl.....	124
OICALIVA.....	129	oseltamivir	4
ocella	158	OSENI	121
OCUFLOX.....	161	OSMOLEX ER.....	34
ODACTRA	141	OSMOPREP	130
ODEFSEY.....	4	OSPHENA.....	152
ODOMZO	21	OTEZLA.....	146
OFEV	176	OTEZLA STARTER.....	146
ofloxacin.....	12, 100, 161	OTOVEL	100
olanzapine.....	56	OTREXUP (PF).....	147
olanzapine-fluoxetine	57	OVACE	79
olmesartan	68	OVACE PLUS.....	79
olmesartan-amlodipin-		OVACE PLUS SHAMPOO .	79
hcthiazid	69	OVACE PLUS WASH.....	79
olmesartan-			
hydrochlorothiazide.....	69		
olopatadine	99, 164		
OLUMIANT.....	146		
OLUX.....	93		
OLUX-E.....	93		
OMECLAMOX-PAK	133		
omega-3 acid ethyl esters	76		
omeprazole	133		
omeprazole-sodium			
bicarbonate	133		
OMNARIS.....	176		
OMNIPOD 5 G6 INTRO KIT			
(GEN 5).....	110		
OMNIPOD 5 G6 PODS (GEN			
5).....	110		
OMNIPOD CLASSIC PODS			
(GEN 3).....	110		
OMNIPOD DASH INTRO			
KIT (GEN 4)	110		
OMNIPOD DASH PODS			
(GEN 4).....	110		
OMNITROPE.....	136		
ON CALL EXPRESS			
CONTROL	110		
ON CALL EXPRESS TEST			
STRIP	105		
ON CALL PLUS CONTROL			
.....	110		
ON CALL PLUS TEST STRIP			
.....	105		
ON CALL VIVID CONTROL			
.....	110		
ON CALL VIVID TEST			
STRIP	105		
ondansetron	130		
ondansetron hcl.....	130		
ondansetron hcl (pf).....	129		
ONETOUCH ULTRA			
CONTROL	110		
ONETOUCH ULTRA TEST			
.....	105		
ONETOUCH VERIO TEST			
STRIPS.....	105		
ONEXTON.....	85		
ONFI.....	30		
ONGENTYS	34		
ONGLYZA.....	121		
ONUREG	21		
ONZETRA XSAIL.....	36		
opcicon one-step.....	158		

OVIDE	94	paroex oral rinse	99	PHENYLEPH-
oxandrolone.....	117	paromomycin.....	10	TROPICAMIDE IN
oxaprozin.....	47	paroxetine hcl	57	WATER.....
OXAYDO	43	paroxetine		163
oxazepam.....	57	mesylate(menop.sym).....	57	PHENYTEK
OXBRYTA	97	PASER.....	10	30
oxcarbazepine.....	30	PATANASE	99	phenytoin sodium extended..
OXERVATE	164	PAXIL	57	30
oxiconazole.....	89	PAXIL CR.....	57	PHESGO.....
OXISTAT.....	89	PEDIARIX (PF)	141	21
OXLUMO	181	PEDVAX HIB (PF).....	141	PHEXXI
OXTELLAR XR	30	peg 3350-electrolytes	130	152
oxybutynin chloride.....	180	peg3350-sod sul-nacl-kcl-asb-c		philith.....
OXYBUTYNIN CHLORIDE		.....	130	158
.....	180	PEGASYS	136	PHOSLYRA
oxycodone	43	peg-electrolyte soln	130	183
OXYCODONE	43	PEMAZYRE	21	phosphasal
oxycodone-acetaminophen...	43	PEN NEEDLE, DIABETIC	110	181
OXYCONTIN	43	penciclovir	90	PHOSPHOLINE IODIDE..
oxymorphone.....	43	penicillamine	147	162
OXYTROL.....	180	penicillin v potassium.....	12	PHOTREXA CROSS-
OZEMPIC	121	PENNSAID	47	LINKING KIT.....
OZOBAX	40	PENTACEL (PF)	141	164
P		pentamidine	10	PHOTREXA VISCOUS.....
pacerone	62	PENTASA	130	164
PACNEX.....	85	pentazocine-naloxone	47	PHYSIOLYTE
PALFORZIA (LEVEL 1) .	141	pentoxifylline.....	73	95
PALFORZIA (LEVEL 2) .	141	PEPCID	133	PHYSIOSOL IRRIGATION
PALFORZIA (LEVEL 3) .	141	PERCOCET.....	44	95
PALFORZIA (LEVEL 4) .	141	PERFOROMIST	176	phytonadione (vitamin k1) ...
PALFORZIA (LEVEL 5) .	141	PERIDEX	99	73
PALFORZIA (LEVEL 6) .	141	perindopril erbumine	69	PIFELTRO
PALFORZIA (LEVEL 7) .	141	perio gard.....	99	5
PALFORZIA (LEVEL 8) .	141	permethrin	94	pilocarpine hcl
PALFORZIA (LEVEL 9) .	141	perphenazine.....	57	97, 99, 163
PALFORZIA (LEVEL 10) .	141	perphenazine-amitriptyline...	57	pimecrolimus
PALFORZIA INITIAL DOSE		PERSERIS.....	57	81
.....	141	PERTZYE	130	pimozide
PALFORZIA LEVEL 11		PEXEVA	57	57
MAINTENANCE.....	141	PHARMACIST CHOICE ..	105	pimtrea (28)
paliperidone.....	57	PHEBURANE.....	97	158
PALYNZIQ.....	117	phenazopyridine	182	pindolol.....
PAMELOR.....	57	phenelzine.....	57	69
PANCREAZE	130	phenobarb-hyoscy-atropine-		pioglitazone
PANDEL	93	scop.....	124	121
PANRETIN	81	phenobarbital	30	pioglitazone-glimepiride.....
pantoprazole	133	phenohydro.....	124	121
PARAGARD T 380A	148	phenoxybenzamine.....	69	PIP GLUCOSE CONTROL
paricalcitol.....	117	phenylephrine hcl	169	SOLN L1-L2
PARLODEL.....	34			111
PARNATE	57			PIQRAY

polymyxin b sulf-trimethoprim	161	PREDNISOLONE SOD PH- MOXIFLOX.....	167	PRESTALIA.....	69
POLYTRIM	161	prednisolone sodium phosphate	102, 169	PRETOMANID.....	11
POLY-TUSSIN AC	171	PREDNISOLONE- MOXIFLO-NEPAFENAC	164	PREVACID	133
POMALYST	21	PREDNISOLONE- MOXIFLOXACIN HCL	167	PREVACID SOLUTAB.....	133
PONVORY	138	PREDNISOLONE- MOXIFLOX-BROMFEN	164	prevalite	76
PONVORY 14-DAY STARTER PACK	138	prednisone	102	PREVIDENT	99
portia 28.....	158	prednisone intensol.....	102	PREVIDENT 5000 BOOSTER PLUS	99
posaconazole	1	PREFEST	151	PREVIDENT 5000 ENAMEL PROTECT	99
POTABA.....	183	pregabalin	30	PREVIDENT 5000 ORTHO DEFENSE.....	99
potassium chloride.....	183	PREHEVBRIO (PF).....	142	PREVIDENT 5000 PLUS ...	99
potassium citrate.....	181	PREMARIN	151	PREVIDENT 5000 SENSITIVE.....	99
potassium iodide.....	102	PREMIER TEST STRIP ...	105	PREVNAR 13 (PF)	142
PR BENZOYL PEROXIDE.	85	PREMIUM V10	105	PREVNAR 20 (PF)	142
pr natal 400.....	185	PREMPHASE	151	PREVYMIS	5
pr natal 400 ec	185	PREMPRO	151	PREZCOBIX.....	5
pr natal 430.....	186	prenal chew.....	186	PREZISTA	5
pr natal 430 ec	186	prenal pearl.....	186	PRIFTIN	11
PRADAXA	73	prenal true.....	186	PRILOSEC	133
PRALUENT PEN	76	PRENATA.....	186	PRIMACARE.....	187
pramipexole.....	34	prenatabs fa.....	186	primaquine.....	11
PRAMOSONE	79	prenatabs rx	186	PRIMEAIRE.....	107
prasugrel.....	73	prenatal plus	186	primidone.....	30
pravastatin	76	prenatal plus (calcium carb)	186	PRIMLEV	44
praziquantel	11	PRENATAL PLUS DHA..	186	PRIMSOL.....	15
prazosin	69	PRENATAL PLUS VITAMIN-MINERAL ...	186	PRIORIX (PF).....	142
PRECISION PCX PLUS TEST	105	prenatal vitamin.....	186	PRISTIQ	57
PRECISION PCX TEST	105	prenatal-u.....	186	PRO VOICE V8-V9 TEST STRIP	105
PRECISION POINT OF CARE TEST.....	105	PRENATE AM.....	186	PROAIR DIGIHALER.....	176
PRECISION Q-I-D TEST ..	105	PRENATE CHEWABLE...	186	PROAIR RESPICLICK.....	176
PRECISION XTRA TEST.	105	PRENATE DHA (FERR ASP GLYCIN).....	186	probenecid	144
PRECOSE	121	PRENATE ELITE (IRON ASP GLYC).....	186	probenecid-colchicine.....	144
PRED FORTE.....	168	PRENATE ENHANCE.....	186	PROCARDIA XL.....	69
PRED MILD	168	PRENATE ESSENTIAL(IRON-ASP- GL)	186	procentra	57
prednicarbate	93	PRENATE MINI (FERR ASP GLYCIN).....	186	PROCHAMBER.....	107
PREDNISOL ACE- GATIFLOX-BROMFEN	164	PRENATE PIXIE.....	186	prochlorperazine	130
PREDNISOLN SP- GATIFLOX-BROMFEN	164	PRENATE RESTORE	186	prochlorperazine maleate...	130
PREDNISOLN SP- MOXIFLOX-BROMFEN	164	PRENATE STAR.....	187	PROCORT.....	130
prednisolone	102	PREPIDIL	152	PROCTOCORT.....	93, 130
prednisolone acetate	168			PROCTOFOAM HC	130
PREDNISOLONE ACETATE (PF).....	168			procto-med hc	130
PREDNISOLONE ACETATE- NEPAFENAC	164			proctosol hc	130
				proctozone-hc	130
				PROCYSBI.....	181
				PRODIGY CONTROL SOLUTION, LOW	111

PRODIGY CONTROL	PYRUKYND.....97	RAZADYNE ER.....38
SOLUTION,HIGH..... 111	Q	REBIF (WITH ALBUMIN)
PRODIGY NO CODING... 105	QBRELIS .....69	.....138
progesterone 151	QBREXZA .....82	REBIF REBIDOSE .....138
progesterone micronized ... 151	QDOLO .....47	REBIF TITRATION PACK
PROGLYCEM 107	QELBREE .....57, 58	.....138
PROGRAF 21, 22	QINLOCK .....22	REBLOZYL .....135
prolate.....44	QNASL.....177	reclipsen (28).....158
PROLATE.....44	QTERN.....121	RECOMBIVAX HB (PF)...142
PROLENSA 165	QUADRACEL (PF) .....142	RECORLEV .....117
PROLIA 144	QUALAQUIN 11	RECTIV.....130
PROMACTA.....73	QUARTETTE 158	REDITREX (PF) .....147
promethazine 170	QUAZEPAM.....58	REFUAH PLUS .....106
promethazine vc 171	QUDEXY XR.....30	REFUAH PLUS GLUCOSE
promethazine vc-codeine... 171	QUESTRAN.....76	CONTROL .....111
promethazine-codeine 171	QUESTRAN LIGHT.....76	REGLAN.....130
promethazine-dm..... 171	quetiapine .....58	REGRANEX .....82
promethegan 170	QUETIAPINE .....58	RELAFEN DS .....47
PROMETRIUM 151	QUILLICHEW ER.....58	RELAGARD .....152
propafenone 62	QUILLIVANT XR .....58	RELENZA DISKHALER .....5
proparacaine 164	quinapril.....69	RELEUKO .....135
propranolol 69	quinapril-hydrochlorothiazide	RELEXXII.....58
propranolol-hydrochlorothiazid	.....69	RELION CONFIRM-MICRO
.....69	quinidine gluconate .....62	.....106
propylthiouracil 102	quinidine sulfate .....62	RELION NOVOLIN 70/30 115
PROQUAD (PF) 142	quinine sulfate 11	RELION NOVOLIN N .....115
PROSCAR..... 181	QUINTET AC .....106	RELION NOVOLIN R.....115
PROTHELIAL 100	quit 2.....98	RELION PRIME TEST
PROTONIX.....133	quit 4.....98	STRIPS .....106
PROTOPIC 82	QULIPTA .....36	RELION ULTIMA .....106
protriptyline.....57	QUVIVIQ.....58	RELISTOR .....130, 131
PROVENTIL HFA.....176	QVAR REDIHALER.....177	RELPAK.....36
PROVERA 151	R	RELSTONE.....131
PROVIDA OB 187	RABAVERT (PF) .....142	RELYVRIO.....38
PROVIGIL 57	rabeprazole .....133	REMERON.....58
PROZAC 57	RABEPRAZOLE .....133	REMERON SOLTAB .....58
prudoxin 82	RADICAVA ORS STARTER	RENACIDIN .....181
PULMICORT.....176	KIT SUSP.....38	RENAGEL .....125
PULMICORT FLEXHALER	RADIOGARDASE .....97	REVELA .....125
.....176	RAGWITEK.....142	repaglinide .....121
pulmosal 177	raloxifene.....145	repaglinide-metformin.....121
PULMOZYME 177	ramelteon .....58	REPATHA PUSHTRONEX 76
PUREFE OB PLUS.....187	ramipril .....69	REPATHA SURECLICK ...76
PURIXAN 22	ranolazine .....77	REPATHA SYRINGE .....76
PYLERA 133	RAPAFLO.....181	RESPA-AR.....171
pyrazinamide 11	RAPAMUNE.....22	RESTASIS.....164
PYRIDIUM 182	rasagiline .....34	RESTASIS MULTIDOSE..164
pyridostigmine bromide .....40	RASUVO (PF) .....147	RESTORIL .....58
PYRIDOSTIGMINE	RAVICTI.....97	RETACRIT.....135
BROMIDE .....40	RAYALDEE .....117	RETEVMO.....22
pyrimethamine..... 11	RAYOS .....102	RETIN-A .....85

RETIN-A MICRO.....	85	ROSULA	85	SELECT-OB + DHA.....	187
RETIN-A MICRO PUMP....	85	rosula cleansing cloths.....	85	selegiline hcl.....	34
RETROVIR.....	5	rosuvastatin.....	76	selenium sulfide.....	79
REVATIO	177	ROSZET.....	76	SELRX	79
REVEAL TEST STRIP.....	106	ROTARIX	142	SELZENTRY	5
REVLIMID	22	ROTATEQ VACCINE.....	142	SEMGLEE(INSULIN	
REXULTI.....	58	ROWASA.....	131	GLARGINE-YFGN).....	115
REYATAZ.....	5	roweepra	30	SEMGLEE(INSULIN	
REYVOW	36	ROXICODONE.....	44	GLARG-YFGN)PEN	115
REZLIDHIA.....	22	ROXYBOND	44	se-natal 19 chewable.....	187
REZUROCK	22	ROZEREM.....	59	se-natal-19	187
REZVOGLAR KWIKPEN	115	ROZLYTREK	22	SENSIPAR	118
RHOFADE.....	85	rufinamide	31	SEREVENT DISKUS	177
RHOPRESSA.....	166	RUKOBIA.....	5	SERNIVO.....	93
ribavirin.....	5, 134	RYALTRIS	177	SEROQUEL	59
RIDAURA.....	147	RYBELSUS.....	121	SEROQUEL XR.....	59
rifabutin	11	RYCLORA.....	170	SEROSTIM	136
rifampin	11	RYDAPT	22	sertraline	59
RIGHTEST CONTROL		RYTARY.....	34	SERTRALINE.....	59
SOLUTION HIGH.....	111	RYTHMOL SR	62	setlakin.....	158
RIGHTEST GS550 TEST		RYVENT.....	170	sevelamer carbonate	125
STRIPS.....	106	S		sevelamer hcl.....	125
RILUTEK.....	97	SABRIL.....	31	SEYSARA.....	14
riluzole.....	97	SAFYRAL.....	158	sf 100	
rimantadine.....	5	SAIZEN.....	136	sf 5000 plus.....	100
ringer's.....	95	SAIZEN SAIZENPREP	136	SFROWASA	131
RINVOQ	147	sajazir.....	177	sharobel.....	151
RIOMET	121	SALAGEN (PILOCARPINE)		SHINGRIX (PF).....	142
RIOMET ER	121	.....	97, 100	SIGNIFOR.....	22
risedronate	97, 145	salsalate	47	SIKLOS	22
RISPERDAL	58	SAMSCA.....	117	SILATRIX.....	100
RISPERDAL CONSTA	58	SANCUSO	131	sildenafil (pulm.hypertension)	
risperidone.....	58	SANDIMMUNE	22	.....	177
RITALIN.....	59	SANDOSTATIN	22	SILENOR	59
RITALIN LA.....	59	SANTYL	94	SILIQ.....	79
RITEFLO AEROCHAMBER		SAPHRIS.....	59	silodosin.....	181
.....	107	sapropterin	117	SILVADENE.....	80
ritonavir	5	SAVAYSA	73	silver sulfadiazine.....	80
rivastigmine.....	38	SAVELLA.....	147	SIMBRINZA	166
rivastigmine tartrate.....	38	scalacort.....	93	simliya (28).....	159
rivelsa	158	SCALACORT DK	93	simpesse.....	159
rizatriptan	36	SCEMBLIX.....	22	SIMPONI.....	147
R-NATAL OB.....	187	SCENESSE	82	simvastatin.....	76
ROBINUL.....	124	scopolamine base.....	131	SINEMET.....	34
ROBINUL FORTE	124	SEASONIQUE.....	158	SINGULAIR.....	177
ROCALTROL.....	117	SECUADO	59	SINUVA	177
ROCKLATAN	166	SEGLENTIS.....	44	sirolimus	22
roflumilast	177	SEGLUROMET	121	SIRTURO	11
ropinirole	34	SELECT-OB	187	SITAVIG	5
rosadan	85	SELECT-OB (FOLIC ACID)		SIVEXTRO	11
ROSADAN	85	.....	187	SKYLA.....	148

SKYRIZI.....	79, 131	SPORANOX	1	sulfadiazine.....	13
SKYTROFA.....	136	SPRAVATO.....	59	sulfamethoxazole-trimethoprim	
SLYND	159	sprintec (28).....	159	.....	13
SMART SENSE TEST		SPRITAM.....	31	SULFAMYLON.....	88
STRIPS.....	106	SPRIX.....	47	sulfasalazine	131
SMARTEST CONTROL ...	111	SPRYCEL	22	sulfatrim.....	13
SMARTEST TEST	106	sps (with sorbitol).....	125	sulindac.....	48
SOAANZ.....	69	sronyx	159	SUMADAN.....	86
sodium chlor 0.9% bacteriostat		ssd.....	80	SUMADAN XLT	86
.....	97	SSKI	102	sumatriptan	36
sodium chloride.....	97, 177	sss 10-5.....	85	sumatriptan succinate	36
sodium fluoride 5000 plus..	100	STALEVO 100.....	34	sumatriptan-naproxen	36
sodium fluoride-pot nitrate.	100	STALEVO 125.....	34	SUMAXIN	86
SODIUM OXYBATE.....	59	STALEVO 150.....	35	SUMAXIN CP.....	86
sodium phenylbutyrate	97	STALEVO 200.....	35	SUMAXIN TS.....	86
sodium polystyrene sulfonate		STALEVO 50.....	35	sunitinib malate	23
.....	125	STALEVO 75.....	35	SUNLENCA.....	5
sodium,potassium,mag sulfates		STAMARIL (PF)	142	SUNOSI.....	59
.....	131	stavudine.....	5	SUPRAX	7, 8
SOFOBUVIR-		STEGLATRO.....	121	SUPREP BOWEL PREP KIT	
VELPATASVIR.....	5	STEGLUJAN	121	.....	131
solifenacin	180	STELARA	79	SURE-TEST EASYPLUS	
SOLIQUA 100/33	115	STIMUFEND	135	MINI.....	106
SOLODYN.....	14	STIOLTO RESPIMAT.....	177	SUTAB	131
SOLOSEC.....	11	STIVARGA.....	22	SUTENT.....	23
SOLTAMOX.....	22	stop smoking aid.....	98	syeda.....	159
SOLUS V2 CONTROL		STRATTERA.....	59	SYMAX DUOTAB	125
SOLUTION,HIGH.....	111	STRENSIQ.....	118	symax fastabs.....	125
SOLUS V2 TEST STRIPS.	106	STRIBILD	5	symax-sl.....	125
SOMA	40	STRIVERDI RESPIMAT ..	177	symax-sr	125
SOMATULINE DEPOT	22	STROMECTOL	11	SYMBICORT	177
SOMAVERT.....	118	strong iodine.....	87, 183	SYMBYAX.....	59
SOOLANTRA.....	85	SUBOXONE	48	SYMDEKO	178
sorafenib.....	22	SUBSYS.....	44	SYMFI.....	5
SORBITOL	95	subvenite.....	31	SYMFI LO.....	5
SORBITOL-MANNITOL....	95	subvenite starter (blue) kit....	31	SYMLINPEN 120	121
SORILUX	79	subvenite starter (green) kit..	31	SYMLINPEN 60	121
sorine.....	62	subvenite starter (orange) kit	31	SYMPAZAN	31
sotalol	62	SUCRAID	131	SYMPROIC.....	131
sotalol af	62	sucralfate	133	SYMTUZA.....	5
SOTYKTU	79	SULAR.....	70	SYNALAR	93
SOTYLIZE.....	62	SULCONAZOLE.....	89	SYNALAR CREAM KIT ...	93
SOVALDI	5	sulfacetamide sodium	79, 80,	SYNALAR OINTMENT KIT	
SPECTRACEF	7	169		.....	93
spinosad.....	94	sulfacetamide sodium (acne) 88		SYNALAR TS.....	93
SPIRIVA RESPIMAT	177	sulfacetamide sodium-sulfur85,		SYNAREL.....	118
SPIRIVA WITH		86		SYNDROS	131
HANDIHALER.....	177	SULFACETAMIDE		SYNJARDY	121
spironolactone	70	SODIUM-SULFUR.....	86	SYNJARDY XR.....	121
spironolacton-hydrochlorothiaz		sulfacetamide-prednisolone	169	SYNRIBO.....	23
.....	70	sulfacleanse 8-4	86	SYNTHROID	123

SYPRINE	97	TEKTURNA	70	TICOVAC	143
T		TEKTURNA HCT	70	TIGLUTIK	97
TABLOID	23	TELCARE CONTROL	111	TIKOSYN.....	62
TABRECTA.....	23	TELCARE TEST STRIPS .	106	tilia fe.....	159
TACLONEX	80	telmisartan	70	timolol maleate	70, 162
tacrolimus.....	23, 82	telmisartan-amlodipine.....	70	timolol maleate (pf)	162
tadalafil (pulm. hypertension)		telmisartan-hydrochlorothiazid		TIMOLOL-BRIMONIDI-	
.....	178	.....	70	DORZOLAM(PF)	166
TAFINLAR	23	temazepam.....	59	TIMOPTIC	162
tafluprost (pf).....	166	TEMIXYS	6	TIMOPTIC OCUDOSE (PF)	
TAGRISSE	23	TEMOVATE.....	93	.....	162
TAKE ACTION	159	temozolomide	23	TIMOPTIC-XE.....	162
TAKHZYRO.....	178	tencon	44	tinidazole	11
TALICIA.....	133	TENIVAC (PF)	143	tiopronin	97
TALTZ AUTOINJECTOR ..	80	tenofovir disoproxil fumarate.	6	TIROSINT.....	123
TALTZ AUTOINJECTOR (2		TENORETIC 100.....	70	TIROSINT-SOL.....	123
PACK).....	80	TENORETIC 50.....	70	tis-u-sol pentalyte	95
TALTZ AUTOINJECTOR (3		TENORMIN.....	70	TIVICAY.....	6
PACK).....	80	TEPMETKO.....	23	TIVICAY PD.....	6
TALTZ SYRINGE.....	80	terazosin.....	70	TIVORBEX.....	48
TALZENNA.....	23	terbinafine hcl.....	1	tizanidine	40
TAMIFLU	6	terbutaline.....	178	TLANDO.....	118
tamoxifen.....	23	terconazole.....	152	TOBI.....	11
tamsulosin	181	teriflunomide	138	TOBI PODHALER	11
TAPERDEX	102	TERIPARATIDE	145	TOBRADEX	167
TARCEVA	23	TERSIFOAM	80	TOBRADEX ST.....	167
TARGADOX	14	TEST N'GO TEST	106	tobramycin.....	11, 161
TARGRETIN	23	TESTIM.....	118	tobramycin in 0.225 % nacl..	11
tarina 24 fe.....	159	testosterone	118	TOBRAMYCIN WITH	
tarina fe 1/20 (28).....	159	testosterone cypionate	118	NEBULIZER.....	11
taron-c dha.....	187	testosterone enanthate.....	118	tobramycin-dexamethasone	167
TARPEYO	102	tetrabenazine.....	38	TOBREX.....	161
TASCENSO ODT	138	tetracaine hcl.....	164	TODAY CONTRACEPTIVE	
TASIGNA	23	TETRACAINE HCL (PF)..	164	SPONGE.....	152
tasimelteon	59	tetracycline	14	TOLAK.....	82
TASMAR	35	TEXACORT.....	93	tolcapone.....	35
tavaborole.....	89	TEZSPIRE.....	178	TOLSURA.....	2
TAVALISSE.....	74	THALITONE	70	tolterodine.....	180
TAVNEOS	97	THALOMID.....	23	tolvaptan	118
taysofy	159	THEO-24	178	TOPAMAX	31
TAYTULLA.....	159	theophylline	178	TOPICORT.....	93
tazarotene	86	THIOLA	97	topiramate	31, 32
TAZAROTENE	86	THIOLA EC	97	TOPROL XL	70
TAZORAC.....	86	thioridazine.....	59	toremifene.....	23
taztia xt.....	70	thiothixene	59	torsemide	70
TAZVERIK.....	23	THRIVITE RX.....	187	TOSYMRA.....	36
TDVAX.....	143	THYQUIDITY	123	TOUJEO MAX U-300	
TECFIDERA.....	138	tiadylt er.....	70	SOLOSTAR	115
TEGRETOL	31	tiagabine	31	TOUJEO SOLOSTAR U-300	
TEGRETOL XR.....	31	TIAZAC	70	INSULIN	115
TEGSEDI	38	TIBSOVO.....	23	tovet emollient.....	94

TOVIAZ.....	180	tri-linyah.....	159	TWIRLA.....	152
TRACLEER.....	178	TRILIPIX.....	76	TWYNEO.....	86
TRADJENTA.....	121	tri-lo-estarylla.....	159	TYBLUME.....	160
tramadol.....	48	tri-lo-marzia.....	159	TYBOST.....	6
TRAMADOL.....	48	tri-lo-mili.....	159	tydemy.....	160
tramadol-acetaminophen.....	48	tri-lo-sprintec.....	159	TYKERB.....	24
trandolapril.....	70	trimethobenzamide.....	131	TYMLOS.....	145
trandolapril-verapamil.....	70	trimethoprim.....	15	TYPHIM VI.....	143
tranexamic acid.....	152	tri-mili.....	159	TYRVAYA.....	165
TRANSDERM-SCOP.....	131	trimipramine.....	60	TYVASO.....	178
TRANXENE T-TAB.....	59	TRIMO-SAN JELLY.....	152	TYVASO DPI.....	178
tranylcypromine.....	59	trinatal rx 1.....	187	TYVASO REFILL KIT.....	179
TRAVATAN Z.....	166	trinate.....	187	TYVASO STARTER KIT.....	179
travoprost.....	166	TRINAZ.....	187	U	
trazodone.....	59	TRINTELLIX.....	60	UBRELVY.....	37
TRECTOR.....	11	tri-nymyo.....	159	UCERIS.....	131
TRELEGY ELLIPTA.....	178	tri-sprintec (28).....	159	UDENYCA.....	135
TREMFYA.....	80	TRISTART DHA.....	187	ULESFIA.....	94
TRESIBA FLEXTOUCH U-100.....	115	tritocin.....	94	ULORIC.....	144
TRESIBA FLEXTOUCH U-200.....	115	TRIUMEQ.....	6	ULTRATRAK.....	106
TRESIBA U-100 INSULIN.....	115	TRIUMEQ PD.....	6	ULTRATRAK ULTIMATE.....	106
tretinoin.....	86	tri-vitamin with fluoride.....	187	ULTRAVATE.....	94
tretinoin (antineoplastic).....	23	trivora (28).....	159	UNISTRIP LOW CONTROL.....	111
tretinoin microspheres.....	86	tri-vylibra.....	160	UNISTRIP1 TEST STRIP.....	106
TREXALL.....	23	tri-vylibra lo.....	159	unithroid.....	123
TREXIMET.....	36	TRIZIVIR.....	6	UPNEEQ (PF).....	169
TREZIX.....	44	TROKENDI XR.....	32	UPTRAVI.....	71
triamcinolone acetonide.....	94, 100	tropicamide.....	163	URELLE.....	181
triamterene.....	70	trospium.....	180	uretron d-s.....	181
triamterene-hydrochlorothiazid.....	70	TRUDHESA.....	36	URIBEL.....	181
trianex.....	94	TRUE METRIX GLUCOSE TEST STRIP.....	106	urimar-t.....	181
triazolam.....	60	TRUE METRIX LEVEL 1.....	111	uro-458.....	181
TRIBENZOR.....	71	TRUECONTROL LEVEL 0.....	111	UROCIT-K 10.....	181
tri-buffered aspirin.....	48	TRUETEST TEST STRIPS.....	106	UROCIT-K 15.....	182
TRICARE.....	187	TRUETRACK TEST.....	106	UROCIT-K 5.....	182
TRICOR.....	76	TRULANCE.....	131	urogesic-blue.....	182
triderm.....	94	TRULICITY.....	122	uro-mp.....	182
TRIDESILON.....	94	TRUMENBA.....	143	UROQID-ACID NO.2.....	182
trientine.....	97	TRUSELTIQ.....	23	uro-sp.....	182
tri-estarylla.....	159	TRUSTEX-RIA NON-LUB CONDOMS.....	148	UROXATRAL.....	181
trifluoperazine.....	60	TRUVADA.....	6	URSO 250.....	131
trifluridine.....	161	TUDORZA PRESSAIR.....	178	URSO FORTE.....	131
trihexyphenidyl.....	35	TUKYSA.....	23	ursodiol.....	131
TRIJARDY XR.....	122	tulana.....	151	uryl.....	182
TRIKAFTA.....	178	TURALIO.....	24	ustell.....	182
tri-legest fe.....	159	TUXARIN ER.....	171	utira-c.....	182
TRILEPTAL.....	32	TUZISTRA XR.....	171	V	
		TWINRIX (PF).....	143	VAGIFEM.....	151
				valacyclovir.....	6

VALCHLOR.....	82	VERELAN PM.....	71	VIVAGUARD INO CTRL	
VALCYTE.....	6	VERKAZIA.....	165	SOLN-L1,2,3.....	111
valganciclovir.....	6	VERQUVO.....	77	VIVAGUARD INO TEST	
VALIUM.....	60	VERSACLOZ.....	60	STRIP.....	106
valproic acid.....	32	VERZENIO.....	24	VIVELLE-DOT.....	151
valproic acid (as sodium salt)		VESICARE.....	180	VIVITROL.....	48
.....	32	VESICARE LS.....	180	VIVJOA.....	2
valsartan.....	71	vestura (28).....	160	VIVLODEX.....	48
VALSARTAN.....	71	VFEND.....	2	VIZIMPRO.....	24
valsartan-hydrochlorothiazide		V-GO 20.....	111	VOGELXO.....	118
.....	71	V-GO 30.....	111	volnea (28).....	160
VALTOCO.....	32	V-GO 40.....	111	VONJO.....	24
VALTREX.....	6	VIBERZI.....	132	VOQUEZNA DUAL PAK.....	134
vanadom.....	40	VIBRAMYCIN.....	14	VOQUEZNA TRIPLE PAK	
VANCOGIN.....	15	VICTOZA 2-PAK.....	122	.....	134
vancomycin.....	15	VICTOZA 3-PAK.....	122	voriconazole.....	2
vandazole.....	152	VIEKIRA PAK.....	6	VORTEX HOLDING	
VANOS.....	94	vienva.....	160	CHAMBER.....	107
VANOXIDE-HC.....	86	vigabatrin.....	32	VOSEVI.....	6
VAQTA (PF).....	143	vigadrone.....	32	VOTRIENT.....	24
varenicline.....	98	VIGAMOX.....	161	VOXZOGO.....	118
VARIVAX (PF).....	143	VIIBRYD.....	60	VRAYLAR.....	60
VARUBI.....	131	VIJOICE.....	24	VTAMA.....	80
VASCEPA.....	77	vilazodone.....	60	VUITY.....	163
VASERETIC.....	71	VIMOVO.....	48	VUMERITY.....	138
VASOTEC.....	71	VIMPAT.....	32	VUSION.....	89
VAXELIS (PF).....	143	VIOKACE.....	132	vyfemla (28).....	160
VAXNEUVANCE (PF).....	143	viorele (28).....	160	VYLEESI.....	60
VCF CONTRACEPTIVE		VIRACEPT.....	6	vylibra.....	160
FILM.....	152	VIRAZOLE.....	6	VYNDAMAX.....	77
VCF CONTRACEPTIVE GEL		VIREAD.....	6	VYNDAQEL.....	77
.....	152	virt-nate dha.....	187	VYTORIN 10-10.....	77
VECAMYL.....	77	virt-pn dha.....	187	VYTORIN 10-20.....	77
VECTICAL.....	80	virtussin dac.....	171	VYTORIN 10-40.....	77
velivet triphasic regimen (28)		VISTARIL.....	170	VYTORIN 10-80.....	77
.....	160	VISTOGARD.....	15	VYVANSE.....	60
VELPHORO.....	125	VITAFOL FE PLUS.....	187	VYZULTA.....	166
VELTASSA.....	125	VITAFOL GUMMIES.....	187	W	
VELTIN.....	86	VITAFOL NANO.....	187	WAKIX.....	60
VEMLIDY.....	6	VITAFOL ULTRA.....	187	warfarin.....	74
VENCLEXTA.....	24	VITAFOL-OB.....	188	water for irrigation, sterile....	97
VENCLEXTA STARTING		VITAFOL-OB+DHA.....	188	WAVESENSE CONTROL	
PACK.....	24	VITAFOL-ONE.....	188	SOLUTION.....	111
venlafaxine.....	60	VITAMED MD ONE RX ..	188	WAVESENSE JAZZ.....	106
VENLAFAXINE BESYLATE		VITAMEDMD REDICHEW		WAVESENSE PRESTO....	106
.....	60	RX.....	188	WELCHOL.....	77
VENTAVIS.....	179	vitamin k.....	74	WELIREG.....	24
VENTOLIN HFA.....	179	vitamins a,c,d and fluoride .	188	WELLBUTRIN SR.....	60
verapamil.....	71	VITAPEARL.....	188	WELLBUTRIN XL.....	60
VERDESO.....	94	VITATRUE.....	188	wera (28).....	160
VEREGEN.....	82	VITRAKVI.....	24	wescap-c dha.....	188

wescap-pn dha.....	188	xulane	153	zidovudine	7
wesnate dha	188	XULTOPHY 100/3.6	115	ZIEXTENZO	135
westab plus	188	XURIDEN	97	zileuton	179
westgel dha.....	188	XYOSTED	118	ZILXI.....	86
WIDE-SEAL DIAPHRAGM		XYREM.....	61	zingiber	188
.....	148	XYWAV.....	61	ZIOPTAN (PF).....	167
WINLEVI.....	86	Y		ziprasidone hcl.....	61
wixela inhub	179	YASMIN (28).....	160	ziprasidone mesylate	61
wymzya fe	160	YAZ (28)	160	ZIPSOR	48
WYNZORA	80	YF-VAX (PF).....	143	ZIRGAN	161
X		YONSA	24	ZITHROMAX	8, 9
XACIATO.....	152	YUPELRI.....	179	ZITHROMAX TRI-PAK	9
XADAGO	35	yuvafem	151	ZITHROMAX Z-PAK	9
XALATAN.....	166	Z		ZOCOR.....	77
XALKORI.....	24	zafemy	153	ZOKINVY.....	97
XANAX	60	zafirlukast	179	ZOLINZA.....	25
XANAX XR.....	61	zaleplon	61	zolmitriptan.....	37
XARELTO	74	ZANAFLEX.....	40	ZOLOFT	61
XARELTO DVT-PE TREAT		zarah	160	zolpidem	61
30D START	74	ZARONTIN.....	33	ZOLPIMIST	61
XATMEP	24	ZARXIO.....	135	ZOMACTON	136
XCOPRI	32	zatean-pn dha.....	188	ZOMIG.....	37
XCOPRI MAINTENANCE		zatean-pn plus.....	188	ZONALON.....	82
PACK	32	ZAVESCA.....	118	ZONEGRAN	33
XCOPRI TITRATION PACK		ZCORT.....	102	ZONISADE	33
.....	33	zebutal	44	zonisamide.....	33
XELJANZ	147	ZEGERID	134	ZONTIVITY.....	74
XELJANZ XR.....	147	ZEJULA	24	ZORTRESS	25
XELODA	24	ZELAPAR	35	ZORVOLEX.....	48
XELPROS	167	ZELBORAF	25	ZORYVE	80
XELSTRYM	61	ZELNORM.....	132	zovia 1-35 (28)	160
XENAZINE.....	38	ZEMBRACE SYMTOUCH.....	37	ZOVIRAX	7, 90
XENLETA	11	ZEMPLAR	119	ZTALMY	33
XEPI.....	88	zenatane	86	ZTLIDO.....	87
XERESE.....	90	ZENPEP	132	ZUBSOLV.....	48
XERMELO	24	zenzedi.....	61	zumandimine (28).....	160
XGEVA.....	15	ZENZEDI	61	ZUPLENZ	132
XHANCE	179	ZEPATIER	6	ZYCLARA	143, 144
XIFAXAN.....	11	ZEPOSIA.....	38	ZYDELIG.....	25
XIGDUO XR.....	122	ZEPOSIA STARTER KIT	38	ZYFLO	179
XIIDRA.....	165	ZEPOSIA STARTER PACK		ZYKADIA.....	25
XIMINO.....	14	.....	38	ZYLET	167
XOFLUZA	6	ZERViate	165	ZYLOPRIM.....	144
XOLAIR.....	179	ZESTORETIC	71	ZYMAXID	161
XOLEGEL	89	ZESTRIL	71	ZYPITAMAG.....	77
XOPENEX HFA	179	ZETIA	77	ZYPREXA.....	61
XOSPATA	24	ZETONNA	179	ZYPREXA RELPREVV	61
XPOVIO.....	24	ZIAC.....	71	ZYPREXA ZYDIS	61
XTAMPZA ER	44	ZIAGEN	6, 7	ZYTIGA	25
XTANDI.....	24	ZIANA.....	86	ZYVOX	11

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Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-722-1471 (TTY: 711).

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-722-1471 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-722-1471 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-722-1471 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-722-1471 (телетайп: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-722-1471 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки.

Телефонуйте за номером 800-722-1471 (телетайп: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-722-1471 (TTY: 711)។

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。800-722-1471 (TTY:711) まで、お電話にてご連絡ください。

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 800-722-1471 (መስማት ለተሳናቸው: 711)።

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajjila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-722-1471 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-722-1471 (رقم هاتف الصم والبكم: 711).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-722-1471 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-722-1471 (TTY: 711).

ໂປດອຸບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າສິ່ງຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 800-722-1471 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sévis èd pou lang ki disponib gratis pou ou. Rele 800-722-1471 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-722-1471 (ATS : 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-722-1471 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-722-1471 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-722-1471 (TTY: 711).

توجہ: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-722-1471 (TTY: 711) تماس بگیرید.