

Essentials (E1/E4) Drug List

Effective 12-01-2024

How to use this list:

On a high-deductible health savings account (HSA)? Refer to E1 drug list. For all covered drugs, once you have satisfied your medical deductible, you will pay your applicable coinsurance until you reach your out-of-pocket maximum for the plan year, The drug tiers do not apply.

On a 4 tier PPO plan? Refer to the E4 drug list.

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

Please see the chart on page III-V for information.

Have any questions? Please call customer service at 800-722-1471 (TTY:711), Monday through Friday, 5 a.m. to 8p.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 drugs safety, effectiveness, and cost. The committee meets at least quarterly to review new drugs to market to determine placement on this list and reviews updated safety, effectiveness, and cost information 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 totreat. If you know what your drug is used for, look for the category name in the list that begins 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 “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.

Essentials (E4) 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.

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.

Essentials (E1) Drug list

Drug Tier	Includes
Formulary Drugs (1, 2, 3, 4)	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.

Essentials (E4) Drug list

Drug Tier	Includes
Preferred Generic (1)	Tier 1 is the lowest tier and includes preferred generic drugs.
Preferred Brand (2)	Tier 2 includes preferred brand drugs.
Preferred Specialty (3)	Tier 3 includes preferred specialty drugs. 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.
Non-Preferred Drugs (4)	Tier 4 includes generic, brand and specialty drugs. Non preferred drugs are lower value (more expensive and/or less safe and effective than their alternatives in Tier 1, Tier 2, or Tier 3.)

COVERAGE AND 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 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		
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.
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.
ACA PV	Affordable Care Act (ACA) Preventive Medication	<p>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."</p> <p><i>The coverage in full for some drugs is limited to the following:</i></p> <ul style="list-style-type: none"> • <i>Bowel prep (example: peg 3350-electrolytes oral recon soln): Covered for persons between 45 and 75 years old. Limited to 2 prescriptions per year.</i> • <i>Breast cancer prevention (tamoxifen, raloxifene, anastrozole, exemestane, Soltamox liquid, letrozole): Covered in full for persons 35 years or older.</i> • <i>Fluoride: Covered in full for persons 6 months old through 16 years old</i> • <i>Smoking cessation aids (example: nicotine patches): Covered in full for persons 18 years or older. Limited to 180 days per year.</i> • <i>Statins (example: atorvastatin): Covered in full for persons 40 years old through 75 years old.</i> <p><i>Coverage outside of the limits described above will be at the tier in the "Drug Tier" column.</i></p>
LA	Limited Access Drug	Some drugs under your plan may only be filled at an in-network specialty pharmacy. These are drugs where the FDA has restricted distribution or are drugs that require special handling, provider coordination, or patient education that cannot be met by a network retail pharmacy.
EX	Excluded Drug	This drug is excluded from the Essentials formulary. You will be responsible for the full cost of the drug at the pharmacy.

If you are unsure what plan you are on, check the front of your member ID card or call customer service at 800-722-1471 (TTY:711), Monday through Friday, 5 am to 8 pm Pacific time.

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ANCOBON ORAL CAPSULE 250 MG, 500 MG	4	
BREXAFEMME ORAL TABLET 150 MG	4	PA; ST; QL (24 per 180 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	4	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	4	
DIFLUCAN ORAL TABLET 100 MG, 200 MG	4	
<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>	4	
<i>itraconazole oral capsule 100 mg</i>	1	
<i>itraconazole oral solution 10 mg/ml</i>	4	
<i>ketoconazole oral tablet 200 mg</i>	1	
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG	4	PA; ST
<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	EX	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	4	
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	4	
SPORANOX ORAL CAPSULE 100 MG	4	
SPORANOX ORAL SOLUTION 10 MG/ML	4	
<i>terbinafine hcl oral tablet 250 mg</i>	1	
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)	4	PA; ST
VFEND ORAL TABLET 200 MG, 50 MG	4	PA; ST
VIVJOA ORAL CAPSULE 150 MG	4	PA; ST; SP
<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>	4	PA
<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	
APRETUDE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	4	PA; SP
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	EX	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	EX	
BARACLUDE ORAL TABLET 0.5 MG, 1 MG	EX	
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	3	PA; SP
CIMDUO ORAL TABLET 300-300 MG	4	
COMPLERA ORAL TABLET 200-25-300 MG	2	
<i>darunavir oral tablet 600 mg, 800 mg</i>	1	
DELSTRIGO ORAL TABLET 100-300-300 MG	EX	
DESCOVY ORAL TABLET 120-15 MG	4	PA; ST

Drug Name	Drug Tier	Requirements / Limits
DESCOVY ORAL TABLET 200-25 MG	4	PA; ST; QL (30 per 30 days)
DOVATO ORAL TABLET 50-300 MG	2	
EDURANT ORAL TABLET 25 MG	2	
<i>efavirenz oral tablet 600 mg</i>	1	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	4	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate 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	4	
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	3	PA; SP; LA
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	3	PA; SP; LA
EPIVIR ORAL SOLUTION 10 MG/ML	4	PA
EPIVIR ORAL TABLET 150 MG, 300 MG	4	PA
<i>etravirine oral tablet 100 mg, 200 mg</i>	1	
EVOTAZ ORAL TABLET 300-150 MG	4	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
FLUMADINE ORAL TABLET 100 MG	4	
<i>fosamprenavir oral tablet 700 mg</i>	1	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	3	SP
GENVOYA ORAL TABLET 150-150-200-10 MG	2	
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	3	PA; ST; SP; LA
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	3	PA; ST; SP; LA
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	4	
ISENTRESS HD ORAL TABLET 600 MG	2	
ISENTRESS ORAL POWDER IN PACKET 100 MG	4	

Drug Name	Drug Tier	Requirements / Limits
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	4	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	4	
<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
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	3	PA; ST; SP; LA
MAVYRET ORAL TABLET 100-40 MG	3	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	4	
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	
PAXLOVID ORAL TABLETS, DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	2	QL (40 per 90 days)
PIFELTRO ORAL TABLET 100 MG	EX	
PREVYMIS ORAL TABLET 240 MG, 480 MG	4	
PREZCOBIX ORAL TABLET 800-150 MG-MG	4	
PREZISTA ORAL SUSPENSION 100 MG/ML	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	

Drug Name	Drug Tier	Requirements / Limits
PREZISTA ORAL TABLET 600 MG, 800 MG	4	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	
RETROVIR ORAL CAPSULE 100 MG	4	
RETROVIR ORAL SYRUP 10 MG/ML	4	
REYATAZ ORAL CAPSULE 200 MG, 300 MG	4	
REYATAZ ORAL POWDER IN PACKET 50 MG	4	
<i>ribavirin inhalation recon soln 6 gram</i>	4	
<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	4	PA; ST; QL (60 per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	2	
SELZENTRY ORAL TABLET 150 MG, 300 MG	4	
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	4	PA; ST; SP; LA
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	3	PA; ST; SP; LA
SOVALDI ORAL TABLET 200 MG, 400 MG	3	PA; ST; SP; LA
STRIBILD ORAL TABLET 150-150-200-300 MG	4	
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	4	
SYMFI ORAL TABLET 600-300-300 MG	4	
SYMTUZA ORAL TABLET 800-150-200-10 MG	4	
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	4	
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	4	
TEMBEXA ORAL SUSPENSION 10 MG/ML	4	
TEMBEXA ORAL TABLET 100 MG	4	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	
TIVICAY ORAL TABLET 50 MG	2	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>cefazolin injection recon soln 1 gram, 3 gram</i>	4	
<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>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>ceftriaxone injection recon soln 1 gram, 250 mg, 500 mg</i>	4	
<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	
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	4	
DIFICID ORAL TABLET 200 MG	4	
<i>e.e.s. oral tablet 400 mg</i>	1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	4	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	EX	

Drug Name	Drug Tier	Requirements / Limits
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	EX	
<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	4	
<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	4	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	4	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	4	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	4	
ZITHROMAX Z-PAK ORAL TABLET 250 MG	4	
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC) 194 MG	4	PA; ST
<i>albendazole oral tablet 200 mg</i>	4	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	4	PA; ST
ALINIA ORAL TABLET 500 MG	EX	
<i>amikacin injection solution 500 mg/2 ml</i>	4	
ARAKODA ORAL TABLET 100 MG	4	
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	

Drug Name	Drug Tier	Requirements / Limits
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	4	
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	4	PA; ST; SP
BILTRICIDE ORAL TABLET 600 MG	4	
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	4	
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	4	
<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	4	
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	4	
COLY-MYCIN M PARENTERAL INJECTION RECON SOLN 150 MG	4	
<i>cycloserine oral capsule 250 mg</i>	4	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
DARAPRIM ORAL TABLET 25 MG	4	PA; ST; SP
EMVERM ORAL TABLET, CHEWABLE 100 MG	4	PA
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
FLAGYL ORAL CAPSULE 375 MG	4	PA
<i>gentamicin injection solution 40 mg/ml</i>	4	
HUMATIN ORAL CAPSULE 250 MG	4	PA; SP; LA
<i>hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
IMPAVIDO ORAL CAPSULE 50 MG	4	PA
<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	EX	

Drug Name	Drug Tier	Requirements / Limits
LAMPIT ORAL TABLET 120 MG, 30 MG	4	
LIKMEZ ORAL SUSPENSION 500 MG/5 ML	4	PA
<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	4	
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG	4	
<i>mefloquine oral tablet 250 mg</i>	1	
MEPRON ORAL SUSPENSION 750 MG/5 ML	4	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
MYCOBUTIN ORAL CAPSULE 150 MG	4	
NEBUPENT INHALATION RECON SOLN 300 MG	4	
<i>neomycin oral tablet 500 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	4	
<i>paromomycin oral capsule 250 mg</i>	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	4	
<i>pentamidine inhalation recon soln 300 mg</i>	4	
PLAQUENIL ORAL TABLET 200 MG	4	
<i>praziquantel oral tablet 600 mg</i>	4	
PRETOMANID ORAL TABLET 200 MG	4	
PRIFTIN ORAL TABLET 150 MG	4	
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	4	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	4	PA; ST
QUALAQUIN ORAL CAPSULE 324 MG	4	
<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	4	PA
SIVEXTRO ORAL TABLET 200 MG	4	QL (6 per 30 days)
SOVUNA ORAL TABLET 200 MG, 300 MG	4	
STROMECTOL ORAL TABLET 3 MG	4	QL (20 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	EX	SP
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	EX	SP
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	3	SP
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	4	SP
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	4	
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	3	PA; ST; SP
TRECTOR ORAL TABLET 250 MG	4	
XENLETA ORAL TABLET 600 MG	4	
XIFAXAN ORAL TABLET 200 MG, 550 MG	4	PA; ST; QL (60 per 30 days)
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	4	
ZYVOX ORAL TABLET 600 MG	4	
PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 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 ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	4	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR 1,000-62.5 MG	4	

Drug Name	Drug Tier	Requirements / Limits
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML	4	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT	4	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	4	PA
<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	4	
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	4	
CIPRO ORAL TABLET 250 MG, 500 MG	4	
<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	4	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		
BACTRIM DS ORAL TABLET 800-160 MG	4	
BACTRIM ORAL TABLET 400-80 MG	4	
<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	EX	
AVIDOXY DK KIT 100 MG-2 % -SPF 30	EX	
<i>avidoxy oral tablet 100 mg</i>	EX	

Drug Name	Drug Tier	Requirements / Limits
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	
DORYX MPC ORAL TABLET, DELAYED RELEASE (DR/EC) 60 MG	EX	
DORYX ORAL TABLET, DELAYED RELEASE (DR/EC) 200 MG, 80 MG	EX	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet 50 mg</i>	EX	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 200 mg</i>	EX	
DOXYCYCLINE HYCLATE ORAL TABLET, DELAYED RELEASE (DR/EC) 80 MG	EX	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphasic 40 mg</i>	EX	
<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	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
MINOCYCLINE ORAL CAPSULE, EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG	EX	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<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>	EX	
<i>mondoxone nl oral capsule 100 mg, 75 mg</i>	EX	
MONODOX ORAL CAPSULE 100 MG, 50 MG, 75 MG	EX	
MORGIDOX 1X 50 KIT 50 MG	EX	
MORGIDOX 1X100 KIT 100 MG	EX	
NUZYRA ORAL TABLET 150 MG	4	
ORACEA ORAL CAPSULE, IR - DELAY REL, BIPHASE 40 MG	EX	
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
TARGADOX ORAL TABLET 50 MG	EX	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	4	
<i>tetracycline oral tablet 250 mg, 500 mg</i>	4	
VIBRAMYCIN ORAL CAPSULE 100 MG	EX	
XIMINO ORAL CAPSULE, EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG	EX	
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine oral packet 3 gram</i>	4	PA
FURADANTIN ORAL SUSPENSION 25 MG/5 ML	4	PA
MACROBID ORAL CAPSULE 100 MG	4	
<i>methenamine hippurate oral tablet 1 gram</i>	1	
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML	EX	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	4	
<i>trimethoprim oral tablet 100 mg</i>	1	
VANCOMYCIN		
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	EX	
VANCOCIN ORAL CAPSULE 125 MG, 250 MG	4	
<i>vancomycin oral capsule 125 mg, 250 mg</i>	1	
<i>vancomycin oral recon soln 25 mg/ml</i>	4	
<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	4	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	4	PA; SP

Drug Name	Drug Tier	Requirements / Limits
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	3	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
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	4	PA; SP; Och
ALECENSA ORAL CAPSULE 150 MG	3	PA; SP; Och; LA; QL (240 per 30 days)
ALKERAN ORAL TABLET 2 MG	4	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	EX	Och
AROMASIN ORAL TABLET 25 MG	4	PA; ST; Och; QL (30 per 30 days)
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	EX	
AUGTYRO ORAL CAPSULE 40 MG	4	PA; SP; Och; LA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	4	PA; SP; Och
AZASAN ORAL TABLET 100 MG, 75 MG	4	
<i>azathioprine oral tablet 100 mg, 75 mg</i>	4	
<i>azathioprine oral tablet 50 mg</i>	1	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	4	PA; ST; SP; Och
<i>bexarotene oral capsule 75 mg</i>	3	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 CAPSULE 100 MG, 50 MG	4	PA; ST; SP; Och; LA
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	4	PA; ST; SP; Och; LA
BRAFTOVI ORAL CAPSULE 75 MG	3	PA; SP; Och; LA
BRUKINSA ORAL CAPSULE 80 MG	4	PA; ST; SP; Och

Drug Name	Drug Tier	Requirements / Limits
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	4	PA; ST; SP; Och; LA
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	3	PA; ST; SP; Och
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG	4	PA; SP
<i>capecitabine oral tablet 150 mg</i>	3	SP; Och; LA; QL (210 per 30 days)
<i>capecitabine oral tablet 500 mg</i>	3	SP; Och; LA; QL (84 per 30 days)
CAPRELSA ORAL TABLET 100 MG, 300 MG	4	PA; SP; Och
CASODEX ORAL TABLET 50 MG	4	PA; ST; Och
CELLCEPT ORAL CAPSULE 250 MG	4	
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	4	
CELLCEPT ORAL TABLET 500 MG	4	
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)	4	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>	4	Och
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	4	Och
<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
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	4	PA; SP; Och; LA
DAURISMO ORAL TABLET 100 MG, 25 MG	4	PA; SP; Och; LA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	3	PA; SP; LA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	3	PA; SP; LA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	3	PA; SP; LA

Drug Name	Drug Tier	Requirements / Limits
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	3	PA; SP; LA
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	4	PA; SP; LA
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	EX	
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>	3	PA; ST; SP; Och; LA
<i>etoposide oral capsule 50 mg</i>	1	Och
EULEXIN ORAL CAPSULE 125 MG	4	PA; ST; Och
<i>everolimus (antineoplastic) oral tablet 10 mg</i>	3	PA; SP; Och; LA; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	4	PA; SP; Och; LA
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	3	PA; SP; Och; LA; QL (150 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	3	PA; SP; Och; LA; QL (90 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	3	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
<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)
FARESTON ORAL TABLET 60 MG	4	PA; ST; Och; QL (30 per 30 days)
FEMARA ORAL TABLET 2.5 MG	4	PA; ST; Och; QL (30 per 30 days)
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	4	PA; SP; LA
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)
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	4	PA; SP; Och
GAVRETO ORAL CAPSULE 100 MG	4	PA; SP; Och; QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg</i>	3	PA; SP; Och
<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	3	PA; ST; SP; Och; LA

Drug Name	Drug Tier	Requirements / Limits
GLEEVEC ORAL TABLET 100 MG, 400 MG	EX	SP; Och; LA
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	PA; ST; Och
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	3	SP; Och; LA
HYDREA ORAL CAPSULE 500 MG	4	Och
<i>hydroxyurea oral capsule 500 mg</i>	1	Och
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	3	PA; SP; Och; LA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	3	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>	3	PA; SP; Och; LA; QL (90 per 30 days)
<i>imatinib oral tablet 400 mg</i>	3	PA; SP; Och; LA; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	3	PA; ST; SP; Och
IMBRUVICA ORAL SUSPENSION 70 MG/ML	3	PA; ST; SP; Och
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	3	PA; ST; SP; Och
IMURAN ORAL TABLET 50 MG	4	
INLYTA ORAL TABLET 1 MG, 5 MG	4	PA; ST; SP; Och; LA
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	3	PA; ST; SP; Och; LA
IWILFIN ORAL TABLET 192 MG	4	PA; ST; SP; Och; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA; ST; SP; Och; LA
JYLAMVO ORAL SOLUTION 2 MG/ML	EX	Och
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; SP; Och; LA
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	4	PA; ST
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	4	PA; SP; Och
KRAZATI ORAL TABLET 200 MG	4	PA; SP; Och

Drug Name	Drug Tier	Requirements / Limits
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	4	PA; ST; SP
<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>	3	PA; ST; SP; Och; LA; QL (30 per 30 days)
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	3	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 X 2), 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
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	3	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)
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; SP; LA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	4	PA; SP; LA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA; SP; LA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	4	PA; SP; LA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	4	PA; SP; LA

Drug Name	Drug Tier	Requirements / Limits
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	4	PA; SP; LA
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA; SP; LA
LYNPARZA ORAL TABLET 100 MG, 150 MG	3	PA; ST; SP; Och; LA
LYSODREN ORAL TABLET 500 MG	3	PA; SP; Och
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	4	PA; SP; Och
MATULANE ORAL CAPSULE 50 MG	4	PA; 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 RECON SOLN 0.05 MG/ML	3	PA; ST; SP; Och; LA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	3	PA; ST; SP; Och; LA
MEKTOVI ORAL TABLET 15 MG	3	PA; SP; Och; LA
<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 (pf) injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	Och
MYCAPSSA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG	4	PA; ST; SP; QL (120 per 30 days)
<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	4	
MYHIBBIN ORAL SUSPENSION 200 MG/ML	4	
MYLERAN ORAL TABLET 2 MG	2	Och

Drug Name	Drug Tier	Requirements / Limits
NEORAL ORAL CAPSULE 100 MG, 25 MG	4	
NEORAL ORAL SOLUTION 100 MG/ML	4	
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	4	PA; ST; Och
<i>nilutamide oral tablet 150 mg</i>	4	PA; ST; 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
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	3	SP
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	3	SP
ODOMZO ORAL CAPSULE 200 MG	4	PA; SP; Och; LA; QL (30 per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	4	PA; SP; Och
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	4	PA; SP; Och
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	4	PA; SP; Och
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
<i>pazopanib oral tablet 200 mg</i>	4	PA; ST; SP; Och; LA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	4	PA; ST; SP; Och; QL (28 per 30 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	3	PA; 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	4	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	

Drug Name	Drug Tier	Requirements / Limits
PURIXAN ORAL SUSPENSION 20 MG/ML	4	PA; SP; Och
QINLOCK ORAL TABLET 50 MG	3	PA; ST; SP; Och; QL (90 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	4	PA; SP; Och; LA; QL (60 per 30 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	3	PA; ST; SP; Och; LA; QL (30 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	4	PA; SP; Och
REZUROCK ORAL TABLET 200 MG	4	PA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	4	PA; SP; Och; LA
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	4	PA; ST; SP; Och; LA
RUBRACA ORAL TABLET 250 MG, 300 MG	4	PA; ST; SP; Och; LA
RYDAPT ORAL CAPSULE 25 MG	4	PA; ST; SP; Och; LA
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	4	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	4	PA; ST; SP; LA
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	4	PA; ST; SP; Och
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	EX	
<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	4	Och; ACA PV
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	3	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	3	PA; ST; SP; Och; LA
STIVARGA ORAL TABLET 40 MG	4	PA; ST; SP; Och; LA
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	3	PA; ST; SP; Och; LA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	4	PA; ST; SP; Och; LA
TABLOID ORAL TABLET 40 MG	2	PA; Och; QL (210 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
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	3	PA; ST; SP; Och; LA
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	3	PA; ST; SP; Och; LA
TAGRISSO ORAL TABLET 40 MG, 80 MG	3	PA; ST; SP; Och; LA
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 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	4	PA; ST; SP; Och; LA
TARGRETIN ORAL CAPSULE 75 MG	EX	Och
TARGRETIN TOPICAL GEL 1 %	4	PA; ST
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	4	PA; ST; SP; Och; LA
TAZVERIK ORAL TABLET 200 MG	4	PA; SP; Och; QL (240 per 30 days)
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	3	PA; ST; SP; Och; LA
TEPMETKO ORAL TABLET 225 MG	4	PA; SP; Och; QL (60 per 30 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	3	PA; SP; Och; LA
TIBSOVO ORAL TABLET 250 MG	4	PA; SP; Och
<i>toremifene oral tablet 60 mg</i>	1	Och
<i>torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	4	PA; ST; SP; Och
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	1	Och
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	4	PA; ST; Och; QL (15 per 30 days)
TRUQAP ORAL TABLET 160 MG, 200 MG	4	PA; ST; SP; Och; QL (40 per 30 days)
TUKYSA ORAL TABLET 150 MG, 50 MG	4	PA; ST; SP; Och; QL (120 per 30 days)
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)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	4	PA; SP; Och
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	4	PA; ST; SP; Och

Drug Name	Drug Tier	Requirements / Limits
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	3	PA; SP; Och; LA
VIJOICE ORAL GRANULES IN PACKET 50 MG	4	PA; SP
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	EX	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; ST; SP; Och; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG	3	PA; SP; Och; LA; QL (75 per 30 days)
XALKORI ORAL CAPSULE 250 MG	3	PA; SP; Och; LA; QL (60 per 30 days)
XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG	3	PA; SP; Och; LA
XATMEP ORAL SOLUTION 2.5 MG/ML	EX	Och
XELODA ORAL TABLET 150 MG, 500 MG	4	PA; ST; 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	3	PA; SP; Och; LA
XTANDI ORAL TABLET 40 MG, 80 MG	3	PA; SP; Och; LA
YONSA ORAL TABLET 125 MG	3	PA; SP; Och; LA
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	4	PA; ST; SP; Och; LA
ZELBORAF ORAL TABLET 240 MG	4	PA; ST; SP; Och; LA

Drug Name	Drug Tier	Requirements / Limits
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	4	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG	4	PA; SP; Och; LA; QL (30 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	EX	SP; Och; LA

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	EX	
BANZEL ORAL SUSPENSION 40 MG/ML	EX	
BANZEL ORAL TABLET 200 MG, 400 MG	EX	
BRIVIACT ORAL SOLUTION 10 MG/ML	4	PA; ST; QL (2 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	4	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	
CARBAMAZEPINE ORAL TABLET, CHEWABLE 200 MG	EX	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	4	
CELONTIN ORAL CAPSULE 300 MG	4	QL (1200 per 30 days)
<i>clobazam oral suspension 2.5 mg/ml</i>	4	PA
<i>clobazam oral tablet 10 mg, 20 mg</i>	4	
<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	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	4	

Drug Name	Drug Tier	Requirements / Limits
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	4	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	4	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	4	PA; ST; SP
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	4	PA; ST; SP
<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	4	
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	4	
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	4	PA
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	4	
<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	
FELBATOL ORAL TABLET 400 MG, 600 MG	4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	4	PA; ST; SP; QL (210 per 30 days)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	4	PA; ST; QL (2 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	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	
<i>gabapentin oral tablet extended release 24 hr 300 mg, 600 mg</i>	4	PA; ST
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 450 MG, 600 MG, 750 MG, 900 MG	4	PA; ST
KEPPRA ORAL SOLUTION 100 MG/ML	EX	
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	EX	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	EX	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	EX	
<i>lacosamide oral solution 10 mg/ml</i>	4	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	4	
LAMICTAL ODT ORAL TABLET, DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG	EX	
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)	EX	
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	EX	
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	EX	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	EX	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	EX	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS, DOSE PACK 25 MG (35)	EX	

Drug Name	Drug Tier	Requirements / Limits
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS, DOSE PACK 25 MG (84) -100 MG (14)	EX	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS, DOSE PACK 25 MG (42) -100 MG (7)	EX	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	EX	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL, DOSE PACK 25 MG (21) -50 MG (7)	EX	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL, DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	EX	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL, DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	EX	
<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	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	2	PA; QL (2 per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	EX	
<i>methsuximide oral capsule 300 mg</i>	4	
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG	4	PA; ST; QL (120 per 30 days)
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 200 MG	4	PA; ST; QL (60 per 30 days)
MYSOLINE ORAL TABLET 250 MG	4	QL (240 per 30 days)
MYSOLINE ORAL TABLET 50 MG	4	QL (1200 per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	2	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	EX	
NEURONTIN ORAL SOLUTION 250 MG/5 ML	EX	
NEURONTIN ORAL TABLET 600 MG, 800 MG	EX	
ONFI ORAL SUSPENSION 2.5 MG/ML	4	PA; ST; QL (4 per 30 days)
ONFI ORAL TABLET 10 MG	4	PA; ST; QL (120 per 30 days)
ONFI ORAL TABLET 20 MG	4	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, 300 MG	4	PA; ST; QL (30 per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	4	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	4	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>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>	4	
<i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i>	4	

Drug Name	Drug Tier	Requirements / Limits
PRIMIDONE ORAL TABLET 125 MG	4	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG	4	PA; ST; QL (120 per 30 days)
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 150 MG	4	PA; ST; QL (80 per 30 days)
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 200 MG	4	PA; ST; QL (60 per 30 days)
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 25 MG	4	PA; ST; QL (480 per 30 days)
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 50 MG	4	PA; ST; QL (240 per 30 days)
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	4	PA
<i>rufinamide oral tablet 200 mg, 400 mg</i>	4	PA
SABRIL ORAL POWDER IN PACKET 500 MG	EX	SP; LA
SABRIL ORAL TABLET 500 MG	EX	SP; LA
SPRITAM ORAL TABLET FOR SUSPENSION 1, 000 MG	4	PA; ST; QL (90 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG	4	PA; ST; QL (360 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 500 MG	4	PA; ST; QL (180 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	4	PA; ST; QL (120 per 30 days)
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	4	PA
<i>subvenite starter (blue) kit oral tablets, dose pack 25 mg (35)</i>	4	PA
<i>subvenite starter (green) kit oral tablets, dose pack 25 mg (84) -100 mg (14)</i>	4	PA
<i>subvenite starter (orange) kit oral tablets, dose pack 25 mg (42) -100 mg (7)</i>	4	PA
SYMPAZAN ORAL FILM 10 MG	4	PA; ST; QL (120 per 30 days)
SYMPAZAN ORAL FILM 20 MG	4	PA; ST; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA; ST; QL (240 per 30 days)
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	4	
TEGRETOL ORAL TABLET 200 MG	4	

Drug Name	Drug Tier	Requirements / Limits
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	4	
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG	EX	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	EX	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral capsule, extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)	EX	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	EX	
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG	4	PA; ST; QL (120 per 30 days)
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG	4	PA; ST; QL (60 per 30 days)
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 25 MG	4	PA; ST; QL (480 per 30 days)
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 50 MG	4	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>	3	PA; ST; SP; LA
<i>vigabatrin oral tablet 500 mg</i>	3	PA; ST; SP; LA
<i>vigadrone oral powder in packet 500 mg</i>	3	PA; ST; SP
<i>vigadrone oral tablet 500 mg</i>	3	PA; ST; SP
VIGAFYDE ORAL SOLUTION 100 MG/ML	4	PA; SP; QL (5 per 30 days)
<i>vigpoder oral powder in packet 500 mg</i>	3	PA; ST; SP
VIMPAT ORAL SOLUTION 10 MG/ML	4	PA; ST; QL (6 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
VIMPAT ORAL TABLET 100 MG	4	PA; ST; QL (120 per 30 days)
VIMPAT ORAL TABLET 150 MG	4	PA; ST; QL (80 per 30 days)
VIMPAT ORAL TABLET 200 MG	4	PA; ST; QL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	4	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)	4	PA; ST
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	4	PA; ST
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)	4	PA; ST
ZARONTIN ORAL CAPSULE 250 MG	4	
ZARONTIN ORAL SOLUTION 250 MG/5 ML	4	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	EX	
ZONISADE ORAL SUSPENSION 100 MG/5 ML	4	PA; ST; QL (6 per 30 days)
<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; ST; SP
AZILECT ORAL TABLET 0.5 MG, 1 MG	4	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine oral capsule 5 mg</i>	1	
<i>bromocriptine oral tablet 2.5 mg</i>	1	
<i>carbidopa oral tablet 25 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<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	
DHIVY ORAL TABLET 25-100 MG	4	PA

Drug Name	Drug Tier	Requirements / Limits
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	4	PA; SP; LA
<i>entacapone oral tablet 200 mg</i>	1	
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 137 MG, 68.5 MG	EX	SP
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	4	PA; ST; SP
LODOSYN ORAL TABLET 25 MG	4	
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 2.25 MG, 3 MG, 3.75 MG	4	
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	EX	
NOURIANZ ORAL TABLET 20 MG, 40 MG	4	PA; ST; SP; LA
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	4	PA; ST
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG	EX	SP
<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	EX	
<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	4	PA
TASMAR ORAL TABLET 100 MG	4	
<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	EX	

Drug Name	Drug Tier	Requirements / Limits
ZELAPAR ORAL TABLET, DISINTEGRATING 1.25 MG	EX	
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>	4	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)	4	PA; ST
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	EX	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
FROVA ORAL TABLET 2.5 MG	EX	
<i>frovatriptan oral tablet 2.5 mg</i>	1	QL (18 per 30 days)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG	EX	
IMITREX STATDOSE SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML	EX	
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML	EX	
MAXALT ORAL TABLET 10 MG	EX	
MAXALT-MLT ORAL TABLET, DISINTEGRATING 10 MG	EX	
<i>migergot rectal suppository 2-100 mg</i>	1	
MIGRANAL NASAL SPRAY, NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML)	EX	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL (18 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	4	PA; ST; QL (8 per 30 days)
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG	EX	
QULIPTA ORAL TABLET 10 MG	4	PA; ST; QL (180 per 30 days)
QULIPTA ORAL TABLET 30 MG	4	PA; ST; QL (60 per 30 days)
QULIPTA ORAL TABLET 60 MG	4	PA; ST; QL (30 per 30 days)
RELPAK ORAL TABLET 20 MG, 40 MG	EX	
REYVOW ORAL TABLET 100 MG, 50 MG	4	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>	EX	
TOSYMRA NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	4	QL (18 per 30 days)
TREXIMET ORAL TABLET 85-500 MG	EX	
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	4	PA
UBRELVY ORAL TABLET 100 MG, 50 MG	4	PA; ST; QL (10 per 30 days)
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	EX	
ZOLMITRIPTAN NASAL SPRAY, NON-AEROSOL 2.5 MG	EX	
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	4	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	EX	
ZOMIG ORAL TABLET 2.5 MG, 5 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR	4	PA; ST
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	EX	SP; LA
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	4	
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	3	PA; SP; LA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	3	PA; SP; LA
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	3	PA; SP; LA
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	4	PA; SP; LA; QL (60 per 30 days)
DAYBUE ORAL SOLUTION 200 MG/ML	4	PA; SP
<i>dichlorphenamide oral tablet 50 mg</i>	4	PA; 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	4	
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	EX	
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE, DOSE PACK 40 MG (7)- 80 MG (21)	EX	SP
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	EX	SP
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	EX	SP
KEVEYIS ORAL TABLET 50 MG	EX	SP

Drug Name	Drug Tier	Requirements / Limits
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	4	
<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 TITRATION PAK ORAL TABLETS, DOSE PACK 5-10 MG	4	
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7-14-21-28 MG	EX	
NAMENDA XR ORAL CAPSULE, SPRINKLE, ER 24HR 7 MG	EX	
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	4	
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	4	
NUEDEXTA ORAL CAPSULE 20-10 MG	4	PA; QL (60 per 30 days)
<i>ormalvi oral tablet 50 mg</i>	4	PA; SP
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	4	PA; 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	
SKYCLARYS ORAL CAPSULE 50 MG	4	PA; SP
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	3	SP; LA
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML	4	PA; SP; QL (30 per 30 days)
XENAZINE ORAL TABLET 12.5 MG, 25 MG	EX	SP; LA
ZEPOSIA ORAL CAPSULE 0.92 MG	4	PA; ST; SP; LA; QL (30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE, DOSE PACK 0.23 MG-0.46 MG - 0.92 MG (21)	4	PA; ST; SP; LA; QL (1 per 365 days)
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE, DOSE PACK 0.23 MG (4)- 0.46 MG (3)	4	PA; ST; SP; LA; QL (1 per 365 days)
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
AMRIX ORAL CAPSULE, EXTENDED RELEASE 24HR 15 MG, 30 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
BACLOFEN ORAL SOLUTION 10 MG/5 ML (2 MG/ML), 5 MG/5 ML	EX	
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i>	4	
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	
<i>baclofen oral tablet 5 mg</i>	4	
<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>	EX	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	1	
DANTRIUM ORAL CAPSULE 25 MG	4	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	
FEXMID ORAL TABLET 7.5 MG	EX	
FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML)	EX	
LORZONE ORAL TABLET 375 MG, 750 MG	4	PA; ST
LYVISPAH ORAL GRANULES IN PACKET 10 MG, 20 MG, 5 MG	EX	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	4	
MESTINON ORAL SYRUP 60 MG/5 ML	EX	
MESTINON ORAL TABLET 60 MG	EX	
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG	EX	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	4	
<i>methocarbamol oral tablet 1,000 mg</i>	4	PA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
NORGESIC FORTE ORAL TABLET 50-770-60 MG	EX	
NORGESIC ORAL TABLET 25-385-30 MG	EX	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	4	
<i>orphengesic forte oral tablet 50-770-60 mg</i>	EX	

Drug Name	Drug Tier	Requirements / Limits
OZOBAX DS ORAL SOLUTION 10 MG/5 ML (2 MG/ML)	EX	
OZOBAX ORAL SOLUTION 5 MG/5 ML	4	PA; ST
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	4	
<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	4	
<i>tanlor oral tablet 1,000 mg</i>	4	PA
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	EX	
<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	EX	
ZANAFLEX ORAL TABLET 4 MG	4	PA
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML	3	PA; ST; SP
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
<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	4	PA; ST
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	4	ST
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	4	PA; ST
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	EX	

Drug Name	Drug Tier	Requirements / Limits
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	EX	
<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	EX	
<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	4	PA; ST
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG	4	PA; ST
<i>diskets oral tablet, soluble 40 mg</i>	1	PA; ST
DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG	4	
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA; ST
ESGIC ORAL TABLET 50-325-40 MG	EX	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg, 600 mcg</i>	4	PA
<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
FIORICET ORAL CAPSULE 50-300-40 MG	EX	
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG	EX	
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	4	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>	4	PA; ST; QL (60 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml)</i>	1	PA; ST

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	PA
<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	4	PA; ST
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	EX	
<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>	4	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
<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

Drug Name	Drug Tier	Requirements / Limits
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG	4	PA; ST; QL (120 per 30 days)
NALOCET ORAL TABLET 2.5-300 MG	4	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 30 MG, 5 MG	EX	
OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 10 MG, 20 MG, 40 MG, 80 MG	EX	
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml, 5-325 mg/5 ml</i>	4	PA; ST
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg</i>	4	PA; ST
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 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)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	EX	
PRIMLEV ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	4	PA; ST
PROLATE ORAL SOLUTION 10-300 MG/5 ML	4	PA; ST
<i>prolate oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	4	PA; ST
ROXICODONE ORAL TABLET 15 MG, 30 MG	EX	
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG	EX	
SEGLENTIS ORAL TABLET 44-56 MG	EX	
<i>tencon oral tablet 50-325 mg</i>	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG	4	PA; ST

Drug Name	Drug Tier	Requirements / Limits
XTAMPZA ER ORAL CAP, SPRINKL, ER12HR (DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	EX	
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen oral tablet, delayed release (dr/ec) 81 mg</i>	4	ACA PV
ANAPROX DS ORAL TABLET 550 MG	4	PA; ST
ARTHROTEC 50 ORAL TABLET, IR, DELAYED REL, BIPHASIC 50-200 MG-MCG	4	ST
ARTHROTEC 75 ORAL TABLET, IR, DELAYED REL, BIPHASIC 75-200 MG-MCG	4	ST
<i>aspirin childrens oral tablet, chewable 81 mg</i>	1	ACA PV
<i>aspirin oral tablet, chewable 81 mg</i>	1	ACA PV
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	4	ACA PV
<i>bayer low dose aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	4	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	EX	
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	EX	
<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	EX	
CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG	EX	
COXANTO ORAL CAPSULE 300 MG	EX	
DAYPRO ORAL TABLET 600 MG	4	ST
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR 1.3 %	EX	
<i>diclofenac potassium oral capsule 25 mg</i>	EX	
<i>diclofenac potassium oral powder in packet 50 mg</i>	EX	
<i>diclofenac potassium oral tablet 25 mg</i>	EX	
<i>diclofenac potassium oral tablet 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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 solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	EX	
DICLOFENAC SUBMICRONIZED ORAL CAPSULE 35 MG	4	ST
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	4	
<i>diflunisal oral tablet 500 mg</i>	1	
DISALCID ORAL TABLET 500 MG, 750 MG	4	
DOLOBID ORAL TABLET 250 MG	EX	
DUEXIS ORAL TABLET 800-26.6 MG	EX	
EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG	4	PA; ST
<i>ecotrin low strength oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA PV
<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	
FENOPROFEN ORAL CAPSULE 200 MG	EX	
<i>fenoprofen oral capsule 400 mg</i>	EX	
<i>fenoprofen oral tablet 600 mg</i>	EX	
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	EX	
<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>	4	PA
INDOCIN ORAL SUSPENSION 25 MG/5 ML	EX	
INDOCIN RECTAL SUPPOSITORY 50 MG	EX	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral capsule, extended release 75 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>indomethacin rectal suppository 50 mg</i>	EX	
<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, 30 mg/ml (1 ml)</i>	1	
<i>ketorolac injection syringe 30 mg/ml</i>	1	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	1	
<i>ketorolac oral tablet 10 mg</i>	1	QL (20 per 5 days)
<i>kiprofen oral capsule 25 mg</i>	1	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	4	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	4	ST
LODINE ORAL TABLET 400 MG	4	ST
<i>lofena oral tablet 25 mg</i>	EX	
<i>lofexidine oral tablet 0.18 mg</i>	EX	
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG	4	
LUCEMYRA ORAL TABLET 0.18 MG	EX	
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	4	
<i>mefenamic acid oral capsule 250 mg</i>	4	
MELOXICAM ORAL SUSPENSION 7.5 MG/5 ML	EX	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>meloxicam submicronized oral capsule 10 mg, 5 mg</i>	4	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
NALFON ORAL CAPSULE 400 MG	EX	
NALFON ORAL TABLET 600 MG	EX	
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
NALTREX ORAL CAPSULE 1.5 MG	4	
NALTREX ORAL CAPSULE 4.5 MG	4	PA
<i>naltrexone oral tablet 50 mg</i>	1	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG, 750 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
NAPROSYN ORAL SUSPENSION 125 MG/5 ML	4	ST
NAPROSYN ORAL TABLET 500 MG	4	PA; ST
<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, 750 mg</i>	EX	
<i>naproxen-esomeprazole oral tablet, ir, delayed rel, biphasic 375-20 mg, 500-20 mg</i>	EX	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	4	PA
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	EX	
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	EX	
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	4	PA
OXAPROZIN ORAL CAPSULE 300 MG	EX	
<i>oxaprozin oral tablet 600 mg</i>	1	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION (2 %)	EX	
<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	4	PA; ST
RELAFEN DS ORAL TABLET 1, 000 MG	4	ST
REXTOVY NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	4	
<i>salsalate oral tablet 500 mg, 750 mg</i>	1	
SPRIX NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY	EX	SP
<i>st joseph aspirin oral tablet, chewable 81 mg</i>	4	ACA PV
<i>st. joseph aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	4	ACA PV
SUBOXONE SUBLINGUAL FILM 12-3 MG	4	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG	4	QL (90 per 30 days)
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
TOLECTIN 600 ORAL TABLET 600 MG	4	ST
<i>tolmetin oral capsule 400 mg</i>	1	
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 17-83 300 MG	EX	
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG	EX	
TRAMADOL ORAL SOLUTION 5 MG/ML	4	PA; ST
TRAMADOL ORAL TABLET 100 MG	EX	
TRAMADOL ORAL TABLET 25 MG	4	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
VIMOVO ORAL TABLET, IR, DELAYED REL, BIPHASIC 375-20 MG, 500-20 MG	EX	
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	4	SP
VIVLODEX ORAL CAPSULE 10 MG, 5 MG	EX	
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	4	PA
ZIPSOR ORAL CAPSULE 25 MG	EX	
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG	EX	
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG	4	QL (90 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	4	QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	4	QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG	4	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG	4	

Drug Name	Drug 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	EX	
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	EX	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	EX	
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	EX	
ADDERALL XR ORAL CAPSULE, EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	4	PA; ST
ADDYI ORAL TABLET 100 MG	2	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	4	PA; ST
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	4	
<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	EX	
AMBIEN ORAL TABLET 10 MG, 5 MG	EX	
<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>	4	PA
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	4	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	EX	
APTENSIO XR ORAL CAP, ER SPRINKLE, BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	4	PA; ST

Drug Name	Drug 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	4	
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	4	
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	4	
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	4	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	4	
<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	4	PA; ST
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG	4	PA; ST
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	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	EX	
<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	4	ST
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG	4	PA; ST
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	4	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
CITALOPRAM ORAL CAPSULE 30 MG	EX	
<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, 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, 25 MG	4	PA; ST
COBENFY ORAL CAPSULE 125-30 MG, 50-20 MG	4	PA; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE, DOSE PACK 50 MG-20 MG /100 MG-20 MG	4	PA; QL (60 per 30 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	EX	
COTEMPLA XR-ODT ORAL TABLET, DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG	4	PA; ST
CYMBALTA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG, 30 MG, 60 MG	EX	
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	4	PA; ST
DAYVIGO ORAL TABLET 10 MG, 5 MG	4	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	4	PA; ST
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	4	PA; ST
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	4	

Drug Name	Drug Tier	Requirements / Limits
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	4	PA; ST
<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, 5 mg</i>	1	
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg</i>	4	
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	4	
<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	EX	
<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>	4	
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	4	PA; ST
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg</i>	1	
DYANA VEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	4	PA; ST
DYANA VEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG	4	PA; ST
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	EX	
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	4	
<i>ergoloid oral tablet 1 mg</i>	1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	4	
EVEKEO ORAL TABLET 10 MG, 5 MG	4	PA; ST
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	ST
FANAPT ORAL TABLETS, DOSE PACK 1MG (2)-2MG (2)- 4MG (2)-6MG (2)	4	ST
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	PA; ST
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	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>flurazepam oral capsule 15 mg, 30 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	EX	
FOCALIN XR ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	EX	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	4	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	4	ST
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
HALCION ORAL TABLET 0.25 MG	4	
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML	4	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	4	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	4	
<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	4	PA
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	4	
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG	EX	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML	4	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 6 MG, 9 MG	4	ST
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	4	
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	4	
JORNAY PM ORAL CAPSULE, DEL REL, EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	4	PA; ST
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG	4	PA; ST
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	1	
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	4	
<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	4	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM	4	PA; SP
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG	EX	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	4	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	4	ST
MARPLAN ORAL TABLET 10 MG	4	
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	4	PA; ST
<i>methamphetamine oral tablet 5 mg</i>	1	
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML	4	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>	4	
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	
<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	
<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, 72 MG	4	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>	4	
<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	4	
<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	4	PA; ST
NARDIL ORAL TABLET 15 MG	4	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	4	
<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	EX	
<i>olanzapine intramuscular recon soln 10 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1	
ONYDA XR ORAL SUSPENSION, EXTEND RELEASE 24HR 0.1 MG/ML	4	PA
<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	4	
PARNATE ORAL TABLET 10 MG	4	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	4	
<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	4	PA; ST
PAXIL ORAL SUSPENSION 10 MG/5 ML	4	PA; ST
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	4	PA; ST
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	4	
<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	EX	
<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	EX	

Drug Name	Drug Tier	Requirements / Limits
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG	EX	
QELBREE ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG	4	PA; ST; QL (120 per 30 days)
QELBREE ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG	4	PA; ST; QL (80 per 30 days)
QELBREE ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG	4	PA; ST; QL (60 per 30 days)
QUAZEPAM ORAL TABLET 15 MG	EX	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	
QUETIAPINE ORAL TABLET 150 MG	4	ST
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	4	
QUILLICHEW ER ORAL TABLET, CHEW, IR-ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG	4	PA; ST
QUILLIVANT XR ORAL SUSPENSION, EXT REL 24HR, RECON 5 MG/ML (25 MG/5 ML)	4	PA; ST
QUVIVIQ ORAL TABLET 25 MG, 50 MG	4	PA; ST
<i>ramelteon oral tablet 8 mg</i>	4	PA
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	4	
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	4	PA; ST
REMERON ORAL TABLET 15 MG, 30 MG	4	PA; ST
REMERON SOLTAB ORAL TABLET, DISINTEGRATING 15 MG, 30 MG, 45 MG	4	PA; ST
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG	4	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	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	4	
RISPERDAL ORAL SOLUTION 1 MG/ML	4	ST
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	ST

Drug Name	Drug Tier	Requirements / Limits
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml</i>	4	
<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	
RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	4	PA; ST
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	4	PA; ST
ROZEREM ORAL TABLET 8 MG	EX	
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	EX	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	4	ST
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	EX	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	EX	
SERTRALINE ORAL CAPSULE 150 MG, 200 MG	4	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	4	PA; ST
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	EX	
SUNOSI ORAL TABLET 150 MG	4	PA; ST; QL (30 per 30 days)
SUNOSI ORAL TABLET 75 MG	4	PA; ST; QL (60 per 30 days)
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	4	PA; ST
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>tranlycypromine oral tablet 10 mg</i>	1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	PA; ST
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG	EX	
VENLAFAXINE BESYLATE ORAL TABLET EXTENDED RELEASE 24HR 112.5 MG	4	PA; ST
<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	4	ST
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	EX	
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	4	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	4	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	4	PA; ST
VYVANSE ORAL TABLET, CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	4	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	4	PA; ST
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	4	PA; ST

Drug Name	Drug Tier	Requirements / Limits
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	EX	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 2 MG, 3 MG	EX	
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR	4	PA; 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>	4	PA; ST
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	4	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>	4	
ZOLOFT ORAL CONCENTRATE 20 MG/ML	4	PA; ST
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG	4	PA; ST
<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	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	4	PA; SP; QL (14 per 30 days)
ZYPREXA INTRAMUSCULAR RECON SOLN 10 MG	4	ST
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	4	ST
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	4	
ZYPREXA ZYDIS ORAL TABLET, DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	4	ST

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
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Drug Name	Drug Tier	Requirements / Limits
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	4	PA
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	4	PA
BETAPACE ORAL TABLET 240 MG	4	
<i>disopyramide phosphate oral capsule 100 mg</i>	1	
<i>disopyramide phosphate oral capsule 150 mg</i>	EX	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	4	
<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	4	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	4	
NORPACE ORAL CAPSULE 100 MG, 150 MG	EX	
<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, 300 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	4	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	EX	
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	4	ST
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	4	ST
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	4	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	4	
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG	4	ST
<i>amiloride oral tablet 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	4	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG	EX	
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	EX	
<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	EX	
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG	EX	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	EX	
<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	EX	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	EX	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	
BIDIL ORAL TABLET 20-37.5 MG	EX	
<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	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	4	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	4	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	4	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	4	
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	4	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	4	
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	EX	
<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	4	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR	4	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR	4	
<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	4	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	4	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	4	
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	4	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	EX	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG	EX	
DEMSER ORAL CAPSULE 250 MG	4	
DIBENZYLINE ORAL CAPSULE 10 MG	4	
<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	EX	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	EX	
DIURIL ORAL SUSPENSION 250 MG/5 ML	4	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	4	
EDARBI ORAL TABLET 40 MG, 80 MG	EX	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	EX	
EDECRIN ORAL TABLET 25 MG	4	
<i>enalapril maleate oral solution 1 mg/ml</i>	4	PA
<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	

Drug Name	Drug Tier	Requirements / Limits
EPANED ORAL SOLUTION 1 MG/ML	4	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>	4	
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	EX	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	EX	
<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	EX	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	EX	
<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	EX	
INDERAL XL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 80 MG	EX	
INNOPRAN XL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 80 MG	EX	
INSPRA ORAL TABLET 25 MG, 50 MG	4	
<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>	4	

Drug Name	Drug Tier	Requirements / Limits
<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	EX	
KATERZIA ORAL SUSPENSION 1 MG/ML	EX	
KERENDIA ORAL TABLET 10 MG	4	PA; ST; QL (60 per 30 days)
KERENDIA ORAL TABLET 20 MG	4	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	4	
LEVAMLODIPINE ORAL TABLET 2.5 MG, 5 MG	4	
<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	4	
<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	4	ST
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	4	ST
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	EX	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	4	
<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>	4	

Drug Name	Drug Tier	Requirements / Limits
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	EX	
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG	EX	
<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>	4	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	4	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HR 0.17 MG	4	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>	4	
NORLIQVA ORAL SOLUTION 1 MG/ML	4	PA
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	EX	
NYMALIZE ORAL SOLUTION 60 MG/10 ML	4	
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	4	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	4	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL, DOSE PACK 0.125 MG (126)- 0.25 MG (42)	4	PA; SP; LA
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL, DOSE PACK 0.125 MG (126)- 0.25 MG (210)	4	PA; SP; LA
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL, DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG	4	PA; SP; LA

Drug Name	Drug Tier	Requirements / Limits
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>	4	
<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	4	ST
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG	4	
<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>	4	
QBRELIS ORAL SOLUTION 1 MG/ML	4	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	4	PA; ST
<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	4	PA
TEKTURNA ORAL TABLET 150 MG, 300 MG	4	PA; ST
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
TENORETIC 100 ORAL TABLET 100-25 MG	4	

Drug Name	Drug Tier	Requirements / Limits
TENORETIC 50 ORAL TABLET 50-25 MG	4	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	4	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
THALITONE ORAL TABLET 15 MG	4	PA
<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	4	
<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	4	PA
<i>torseamide 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>	4	
<i>triamterene oral capsule 100 mg, 50 mg</i>	4	
<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	
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	EX	
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	4	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	4	ST
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	4	ST

Drug Name	Drug Tier	Requirements / Limits
<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	4	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	4	ST
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	4	ST
CARDIAC GLYCOSIDES		
<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)</i>	1	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	4	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	4	
COAGULATION THERAPY		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	4	PA; ST; SP; LA; QL (60 per 30 days)
AMICAR ORAL SOLUTION 250 MG/ML (25 %)	4	
AMICAR ORAL TABLET 1,000 MG, 500 MG	4	
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	4	PA
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	4	PA
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	EX	
BRILINTA ORAL TABLET 60 MG, 90 MG	2	
CABLIVI INJECTION KIT 11 MG	3	PA; SP
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>clopidogrel oral tablet 300 mg, 75 mg</i>	1	
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	4	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
DOPTELET ORAL TABLET 20 MG	3	PA; ST; SP; LA
EFFIENT ORAL TABLET 10 MG, 5 MG	4	
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>	3	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>	3	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
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	ST; SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML	3	PA; SP; LA
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE 5,000 UNIT/0.5 ML	4	
<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	

Drug Name	Drug Tier	Requirements / Limits
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML	EX	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	EX	SP
MULPLETA ORAL TABLET 3 MG	EX	SP; LA
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML	4	PA
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	4	
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE 1 MG/0.5 ML	4	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	
PLAVIX ORAL TABLET 75 MG	EX	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	EX	
<i>prasugrel oral tablet 10 mg, 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	EX	
TAVALISSE ORAL TABLET 100 MG, 150 MG	EX	SP
<i>vitamin k injection solution 1 mg/0.5 ml</i>	4	
<i>vitamin k1 injection solution 10 mg/ml</i>	4	
<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	

Drug Name	Drug Tier	Requirements / Limits
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	
YOSPRALA ORAL TABLET, IR, DELAYED REL, BIPHASIC 325-40 MG, 81-40 MG	EX	
ZONTIVITY ORAL TABLET 2.08 MG	4	
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	EX	
<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>	4	
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	ACA PV
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-80 MG	4	ST
CADUET ORAL TABLET 5-40 MG	4	
<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>	4	
<i>colesevelam oral tablet 625 mg</i>	4	
COLESTID ORAL GRANULES 5 GRAM	4	
COLESTID ORAL TABLET 1 GRAM	4	
<i>colestipol oral granules 5 gram</i>	1	
<i>colestipol oral packet 5 gram</i>	1	
<i>colestipol oral tablet 1 gram</i>	1	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	EX	
EZALLOR ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	EX	
<i>ezetimibe oral tablet 10 mg</i>	1	
EZETIMIBE-ROSUVASTATIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	4	PA; ST
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	EX	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
FENOFIBRATE ORAL CAPSULE 150 MG, 50 MG	EX	
<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	4	PA; ST
FIBRICOR ORAL TABLET 105 MG, 35 MG	4	PA; ST
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML)	EX	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	4	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</i>	4	PA; ST; QL (120 per 30 days)
<i>icosapent ethyl oral capsule 1 gram</i>	1	PA; ST; QL (120 per 30 days)
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 5 MG	4	PA; ST; SP; LA; QL (30 per 30 days)
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG	4	PA
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	EX	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	EX	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	EX	
LOPID ORAL TABLET 600 MG	4	PA; ST
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	ACA PV
LOVAZA ORAL CAPSULE 1 GRAM	4	PA; ST; QL (120 per 30 days)
NEXLETOL ORAL TABLET 180 MG	4	PA; ST
NEXLIZET ORAL TABLET 180-10 MG	4	PA; ST
<i>niacin oral tablet 500 mg</i>	4	

Drug Name	Drug Tier	Requirements / Limits
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	
NIACOR ORAL TABLET 500 MG	4	ST
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	4	PA
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	4	ACA PV
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	EX	
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	ACA PV
<i>prevalite oral powder 4 gram</i>	4	
<i>prevalite oral powder in packet 4 gram</i>	1	
QUESTRAN LIGHT ORAL POWDER 4 GRAM	4	
QUESTRAN ORAL POWDER 4 GRAM	4	
QUESTRAN ORAL POWDER IN PACKET 4 GRAM	4	
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, 20 mg, 40 mg, 5 mg</i>	1	ACA PV
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	4	PA; ST
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	ACA PV
TRICOR ORAL TABLET 145 MG, 48 MG	EX	
TRILIPIX ORAL CAPSULE, DELAYED RELEASE (DR/EC) 135 MG, 45 MG	4	PA; ST
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	4	PA; ST; QL (120 per 30 days)
VYTORIN ORAL TABLET 10-10 MG	EX	
VYTORIN ORAL TABLET 10-20 MG	EX	
VYTORIN ORAL TABLET 10-40 MG	EX	
VYTORIN ORAL TABLET 10-80 MG	EX	
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	EX	
WELCHOL ORAL TABLET 625 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
ZETIA ORAL TABLET 10 MG	EX	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	EX	
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	EX	
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES,PACKET 1,000 MG, 500 MG	EX	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	4	PA; SP; LA
CORLANOR ORAL SOLUTION 5 MG/5 ML	4	PA; ST; SP
CORLANOR ORAL TABLET 5 MG, 7.5 MG	4	PA; ST
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	PA; ST
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	2	PA; ST
FILSPARI ORAL TABLET 200 MG, 400 MG	4	PA; ST; SP
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	4	PA; ST
LODOCO ORAL TABLET 0.5 MG	4	PA
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	4	
TRYVIO ORAL TABLET 12.5 MG	4	PA
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA
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	4	
ISORDIL ORAL TABLET 40 MG	4	
ISORDIL TITRADOSE ORAL TABLET 5 MG	4	
<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	
<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	

Drug Name	Drug Tier	Requirements / Limits
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	4	
<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	4	
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY	4	
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	2	
<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>	4	
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	4	ST
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML	4	PA; SP; LA
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML	4	PA; SP; LA
<i>calcipotriene scalp solution 0.005 %</i>	1	
<i>calcipotriene topical cream 0.005 %</i>	1	
CALCIPOTRIENE TOPICAL FOAM 0.005 %	EX	
<i>calcipotriene topical ointment 0.005 %</i>	1	
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	4	
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	4	
<i>calcitriol topical ointment 3 mcg/gram</i>	1	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	EX	SP; LA
COSENTYX PEN (2 PENS) SUBCUTANEOUS INJECTOR 150 MG/ML	EX	SP; LA

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

Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	1	
<i>sulfacetamide sodium topical shampoo 10 %</i>	1	
<i>sulfacetamide sodium topical shampoo 9.8 %</i>	4	
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	EX	
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	3	PA; ST; SP; LA
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	3	PA; ST; SP; LA
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	3	PA; ST; SP; LA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML	3	PA; ST; SP; LA
TERSI TOPICAL FOAM 2.25 %	4	ST
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	3	PA; ST; SP; LA
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	3	PA; ST; SP; LA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	3	PA; ST; SP; LA
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM	EX	
VTAMA TOPICAL CREAM 1 %	4	PA; ST
WYNZORA TOPICAL CREAM 0.005-0.064 %	4	PA
ZORYVE TOPICAL CREAM 0.15 %	4	PA; ST
ZORYVE TOPICAL CREAM 0.3 %	4	PA
ZORYVE TOPICAL FOAM 0.3 %	4	PA; ST
BURN THERAPY		
SILVADENE TOPICAL CREAM 1 %	2	
<i>silver sulfadiazine topical cream 1 %</i>	1	
<i>ssd topical cream 1 %</i>	1	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	4	PA; ST; SP; LA
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; ST; SP; LA

Drug Name	Drug Tier	Requirements / Limits
AMELUZ TOPICAL GEL 10 %	4	PA
<i>ammonium lactate topical cream 12 %</i>	1	
<i>ammonium lactate topical lotion 12 %</i>	1	
CANTHARIDIN IN ACETONE TOPICAL SOLUTION 0.7 %	4	PA; ST; QL (2 per 30 days)
CARAC TOPICAL CREAM 0.5 %	EX	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	4	PA; ST; SP; LA
CONDYLOX TOPICAL GEL 0.5 %	EX	
CORTANE-B TOPICAL LOTION 1-1-0.1 %	4	
<i>diclofenac sodium topical gel 3 %</i>	1	
<i>doxepin topical cream 5 %</i>	EX	
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	2	
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	3	PA; ST; SP; LA; QL (2 per 30 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	3	PA; ST; SP; LA; QL (2 per 30 days)
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML	3	PA; SP; LA
EFUDEX TOPICAL CREAM 5 %	4	
ELIDEL TOPICAL CREAM 1 %	EX	
EUCRISA TOPICAL OINTMENT 2 %	4	PA; ST
FLUOROPLEX TOPICAL CREAM 1 %	EX	
FLUOROURACIL TOPICAL CREAM 0.5 %	EX	
<i>fluorouracil topical cream 5 %</i>	4	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	4	
IODOSORB TOPICAL GEL 0.9 %	4	
LEVULAN TOPICAL SOLUTION 20 %	4	
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	1	
<i>methyl salicylate topical liquid</i>	4	
OPZELURA TOPICAL CREAM 1.5 %	4	PA; ST
PANRETIN TOPICAL GEL 0.1 %	4	
<i>pimecrolimus topical cream 1 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>podofilox topical gel 0.5 %</i>	4	
<i>podofilox topical solution 0.5 %</i>	1	
<i>prudoxin topical cream 5 %</i>	4	
QBREXZA TOPICAL TOWELETTE 2.4 %	EX	
REGRANEX TOPICAL GEL 0.01 %	4	
SCENESSE SUBCUTANEOUS IMPLANT 16 MG	4	PA; SP
SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION)	4	PA; ST; QL (1 per 30 days)
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	
TOLAK TOPICAL CREAM 4 %	4	PA; ST
VALCHLOR TOPICAL GEL 0.016 %	4	PA; ST; SP; LA
VEREGEN TOPICAL OINTMENT 15 %	EX	
ZONALON TOPICAL CREAM 5 %	EX	
THERAPY FOR ACNE		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	EX	
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	EX	
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	EX	
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
ACZONE TOPICAL GEL 5 %	4	PA; ST
ACZONE TOPICAL GEL WITH PUMP 7.5 %	EX	
<i>adapalene topical cream 0.1 %</i>	EX	
<i>adapalene topical gel 0.3 %</i>	EX	
<i>adapalene topical gel with pump 0.3 %</i>	EX	
ADAPALENE TOPICAL LOTION 0.1 %	EX	
<i>adapalene topical solution 0.1 %</i>	EX	
<i>adapalene topical swab 0.1 %</i>	EX	
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %</i>	EX	
AKLIEF TOPICAL CREAM 0.005 %	4	PA; ST
ALTRENO TOPICAL LOTION 0.05 %	EX	
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>	1	
AMZEEQ TOPICAL FOAM 4 %	EX	
ARAZLO TOPICAL LOTION 0.045 %	EX	

Drug Name	Drug Tier	Requirements / Limits
ATRALIN TOPICAL GEL 0.05 %	EX	
AVAR LS TOPICAL CLEANSER 10-2 %	EX	
<i>avar topical cleanser 10-5 % (w/w)</i>	4	
AVAR-E TOPICAL CREAM 10-5 % (W/W)	EX	
<i>azelaic acid topical gel 15 %</i>	1	
AZELEX TOPICAL CREAM 20 %	EX	
BENZAMYCIN TOPICAL GEL 3-5 %	4	ST
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %	4	
<i>benzepro topical towelette 6 %</i>	EX	
<i>benzoyl peroxide topical cleanser 7 %</i>	1	
<i>benzoyl peroxide topical foam 9.8 %</i>	EX	
<i>bp topical cleanser 10-1 %</i>	4	
<i>brimonidine topical gel with pump 0.33 %</i>	1	
CABTREO TOPICAL GEL 0.15-3.1-1.2 %	EX	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
CLENIA PLUS TOPICAL SUSPENSION 9-4.25 %	EX	
CLEOCIN T TOPICAL LOTION 1 %	4	ST
CLINDACIN ETZ TOPICAL KIT 1 %	EX	
<i>clindacin etz topical swab 1 %</i>	EX	
<i>clindacin p topical swab 1 %</i>	EX	
CLINDACIN PAC TOPICAL KIT 1 %	EX	
<i>clindacin topical foam 1 %</i>	EX	
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 %	EX	
<i>clindamycin phosphate topical foam 1 %</i>	EX	
<i>clindamycin phosphate topical gel 1 %</i>	1	
<i>clindamycin phosphate topical gel, once daily 1 %</i>	EX	
<i>clindamycin phosphate topical lotion 1 %</i>	1	
<i>clindamycin phosphate topical solution 1 %</i>	1	
<i>clindamycin phosphate topical swab 1 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	4	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %, 1.2-2.5 %</i>	EX	

Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	EX	
<i>dapsone topical gel 5 %</i>	4	
<i>dapsone topical gel with pump 7.5 %</i>	4	
DIFFERIN TOPICAL CREAM 0.1 %	EX	
DIFFERIN TOPICAL GEL WITH PUMP 0.3 %	EX	
DIFFERIN TOPICAL LOTION 0.1 %	EX	
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	EX	
EPSOLAY TOPICAL CREAM 5 %	4	PA; ST
<i>ery pads topical swab 2 %</i>	1	
<i>erygel topical gel 2 %</i>	4	
<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 %	EX	
FABIOR TOPICAL FOAM 0.1 %	EX	
FINACEA TOPICAL FOAM 15 %	4	PA; 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>	4	
METROCREAM TOPICAL CREAM 0.75 %	4	PA; ST
METROGEL TOPICAL GEL 1 %	4	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>	EX	
<i>metronidazole topical lotion 0.75 %</i>	1	
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	4	
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 %	EX	
<i>neuac topical gel 1.2 %(1 % base) -5 %</i>	EX	
NORITATE TOPICAL CREAM 1 %	EX	
ONEXTON TOPICAL GEL WITH PUMP 1.2 % (1 % BASE) -3.75 %	EX	
PACNEX TOPICAL CLEANSER 7 %	4	
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 %	EX	

Drug Name	Drug Tier	Requirements / Limits
PLEXION TOPICAL CLEANSER 9.8-4.8 %	EX	
PLEXION TOPICAL CREAM 9.8-4.8 %	EX	
PLEXION TOPICAL LOTION 9.8-4.8 %	EX	
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	4	ST
RETIN-A MICRO TOPICAL GEL WITH PUMP 0.04 %, 0.06 %, 0.08 %, 0.1 %	EX	
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	EX	
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 %	4	PA; ST
RETIN-A TOPICAL GEL 0.01 %, 0.025 %	4	PA; ST
RHOFADE TOPICAL CREAM 1 %	EX	
<i>rosadan topical cream 0.75 %</i>	4	
<i>rosadan topical gel 0.75 %</i>	4	
ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	EX	
ROSADAN TOPICAL KIT, CLEANSER AND CREAM 0.75 %	EX	
<i>rosula cleansing cloths topical pads, medicated 10-5 %</i>	4	
ROSULA TOPICAL CLEANSER 10-4.5 %	EX	
SOOLANTRA TOPICAL CREAM 1 %	4	PA; ST
<i>sss 10-5 topical cream 10-5 % (w/w)</i>	1	
<i>sss 10-5 topical foam 10-5 %</i>	EX	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4.5 %, 9.8-4.8 %</i>	4	
SULFACETAMIDE SODIUM-SULFUR TOPICAL CLEANSER 8-4 %	4	PA; ST
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i>	EX	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %</i>	4	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %</i>	4	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %, 9.8-4.8 %</i>	4	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	4	

Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i>	1	
SULFACETAMIDE SODIUM-SULFUR TOPICAL SUSPENSION 9-4.25 %	EX	
<i>sulfacleanse 8-4 topical suspension 8-4 %</i>	4	
SUMADAN TOPICAL CLEANSER 9-4.5 %	EX	
SUMADAN TOPICAL KIT 9-4.5 %	EX	
SUMADAN XLT TOPICAL COMBO PACK, CLEANSER AND CREAM 9 %-4.5 % -SPF 25	4	ST
SUMAXIN CP TOPICAL KIT 10-4 %	EX	
SUMAXIN TOPICAL CLEANSER 9-4 %	EX	
SUMAXIN TOPICAL PADS, MEDICATED 10-4 %	EX	
SUMAXIN TS TOPICAL SUSPENSION 8-4 %	EX	
<i>tazarotene topical cream 0.05 %, 0.1 %</i>	4	
TAZAROTENE TOPICAL FOAM 0.1 %	EX	
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	EX	
TAZORAC TOPICAL CREAM 0.05 %, 0.1 %	EX	
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	EX	
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	1	
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.08 %, 0.1 %</i>	EX	
<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 %	4	PA; ST
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	2	ST
VELTIN TOPICAL GEL 1.2-0.025 %	EX	
WINLEVI TOPICAL CREAM 1 %	4	PA; ST
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
ZIANA TOPICAL GEL 1.2-0.025 %	EX	
ZILXI TOPICAL FOAM 1.5 %	EX	
ZMA CLEAR TOPICAL SUSPENSION 9-4.5 %	4	PA; ST
TOPICAL ANESTHETICS		
COCAINE NASAL SOLUTION 4 %	4	
<i>dermacinrx lidocan topical adhesive patch, medicated 5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
GOPRELTO NASAL SOLUTION 4 %	4	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	1	
<i>lidocaine topical adhesive patch, medicated 5 %</i>	1	
<i>lidocaine topical ointment 5 %</i>	1	
<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>	EX	
LIDOCAINE-TETRACAINE TOPICAL CREAM 7-7 %	EX	
<i>lidocan iii topical adhesive patch, medicated 5 %</i>	EX	
<i>lidocan iv topical adhesive patch, medicated 5 %</i>	4	
<i>lidocan v topical adhesive patch, medicated 5 %</i>	4	
<i>lidocort topical cream 3-0.5 %</i>	4	
LIDODERM TOPICAL ADHESIVE PATCH, MEDICATED 5 %	EX	
NYNUTEY TOPICAL CREAM 23-7 %	4	ST
PLIAGLIS TOPICAL CREAM 7-7 %	4	ST
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 %	EX	
TOPICAL ANTIBACTERIALS		
ALCORTIN A TOPICAL GEL 2-1-1 %	EX	
ALCORTIN A TOPICAL GEL IN PACKET 2-1-1 %	EX	
ALTABAX TOPICAL OINTMENT 1 %	4	
CENTANY AT TOPICAL OINTMENT KIT 2 %	EX	
CENTANY TOPICAL OINTMENT 2 %	EX	
<i>gentamicin topical cream 0.1 %</i>	1	
<i>gentamicin topical ointment 0.1 %</i>	1	
KLARON TOPICAL SUSPENSION 10 %	4	ST
<i>lugols topical solution 5-10 %</i>	4	
<i>mafenide acetate topical packet 50 gram</i>	1	
<i>mupirocin calcium topical cream 2 %</i>	1	
<i>mupirocin topical ointment 2 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	EX	
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	EX	
<i>strong iodine topical solution 5-10 %</i>	4	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	
SULFAMYLON TOPICAL CREAM 85 MG/G	4	
XEPI TOPICAL CREAM 1 %	4	PA; ST
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	EX	
CICLODAN KIT TOPICAL SOLUTION 8 %	EX	
<i>ciclodan topical cream 0.77 %</i>	4	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>	4	
<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 %	EX	
ERTACZO TOPICAL CREAM 2 %	EX	
EXELDERM TOPICAL CREAM 1 %	EX	
EXELDERM TOPICAL SOLUTION 1 %	EX	
EXTINA TOPICAL FOAM 2 %	EX	
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	EX	
<i>ketoconazole topical cream 2 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ketoconazole topical foam 2 %</i>	EX	
<i>ketoconazole topical shampoo 2 %</i>	1	
<i>ketodan kit topical combo pack 2 %</i>	EX	
<i>ketodan topical foam 2 %</i>	EX	
<i>klayesta topical powder 100,000 unit/gram</i>	1	
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 %	4	ST
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 %	4	ST
LOPROX KIT TOPICAL COMBO PACK 0.77 %	EX	
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %	EX	
LULICONAZOLE TOPICAL CREAM 1 %	EX	
LUZU TOPICAL CREAM 1 %	EX	
MICONAZOLE NITRATE-ZINC OX-PET TOPICAL OINTMENT 0.25-15-81.35 %	EX	
<i>naftifine topical cream 1 %</i>	4	
<i>naftifine topical cream 2 %</i>	1	
<i>naftifine topical gel 2 %</i>	4	
NAFTIN TOPICAL GEL 2 %	EX	
<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>	EX	
OXISTAT TOPICAL LOTION 1 %	EX	
SULCONAZOLE TOPICAL CREAM 1 %	EX	
SULCONAZOLE TOPICAL SOLUTION 1 %	EX	
<i>tavaborole topical solution with applicator 5 %</i>	EX	
VUSION TOPICAL OINTMENT 0.25-15-81.35 %	EX	
XOLEGEL TOPICAL GEL 2 %	EX	

Drug Name	Drug Tier	Requirements / Limits
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream 5 %</i>	1	
<i>acyclovir topical ointment 5 %</i>	1	
DENAVIR TOPICAL CREAM 1 %	EX	
<i>penciclovir topical cream 1 %</i>	4	PA
XERESE TOPICAL CREAM 5-1 %	EX	
ZOVIRAX TOPICAL CREAM 5 %	4	ST
ZOVIRAX TOPICAL OINTMENT 5 %	EX	
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	4	
ALA-SCALP TOPICAL LOTION 2 %	EX	
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	
<i>amcinonide topical cream 0.1 %</i>	4	
<i>apexicon e topical cream 0.05 %</i>	EX	
<i>beser topical lotion 0.05 %</i>	EX	
<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>	EX	
<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 %	EX	
CAPEX TOPICAL SHAMPOO 0.01 %	EX	
<i>clobetasol scalp solution 0.05 %</i>	4	
<i>clobetasol topical cream 0.05 %</i>	4	
<i>clobetasol topical foam 0.05 %</i>	EX	
<i>clobetasol topical gel 0.05 %</i>	4	

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

Drug Name	Drug Tier	Requirements / Limits
<i>fluocinolone topical oil 0.01 %</i>	1	
<i>fluocinolone topical ointment 0.025 %</i>	1	
<i>fluocinolone topical solution 0.01 %</i>	1	
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	4	
<i>fluocinonide topical gel 0.05 %</i>	4	
<i>fluocinonide topical ointment 0.05 %</i>	4	
<i>fluocinonide topical solution 0.05 %</i>	4	
<i>fluocinonide-e topical cream 0.05 %</i>	4	
<i>flurandrenolide topical cream 0.05 %</i>	EX	
<i>flurandrenolide topical lotion 0.05 %</i>	EX	
<i>flurandrenolide topical ointment 0.05 %</i>	EX	
<i>fluticasone propionate topical cream 0.05 %</i>	1	
<i>fluticasone propionate topical lotion 0.05 %</i>	EX	
<i>fluticasone propionate topical ointment 0.005 %</i>	1	
<i>halcinonide topical cream 0.1 %</i>	EX	
<i>halobetasol propionate topical cream 0.05 %</i>	1	
<i>halobetasol propionate topical foam 0.05 %</i>	EX	
<i>halobetasol propionate topical ointment 0.05 %</i>	1	
HALOG TOPICAL CREAM 0.1 %	EX	
HALOG TOPICAL OINTMENT 0.1 %	EX	
HALOG TOPICAL SOLUTION 0.1 %	EX	
<i>hydrocortisone butyrate topical cream 0.1 %</i>	4	
<i>hydrocortisone butyrate topical lotion 0.1 %</i>	EX	
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	4	ST
<i>hydrocortisone butyrate topical solution 0.1 %</i>	4	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2 %, 2.5 %</i>	EX	
<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	
IMPOYZ TOPICAL CREAM 0.025 %	EX	
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	4	ST
LOCOID LIPOCREAM TOPICAL CREAM 0.1 %	EX	

Drug Name	Drug Tier	Requirements / Limits
LOCOID TOPICAL LOTION 0.1 %	EX	
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
NUCORT TOPICAL LOTION 2 %	4	ST
OLUX TOPICAL FOAM 0.05 %	EX	
PANDEL TOPICAL CREAM 0.1 %	EX	
<i>prednicarbate topical cream 0.1 %</i>	4	
<i>prednicarbate topical ointment 0.1 %</i>	4	
PROCTOCORT TOPICAL CREAM 1 %	4	ST
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	EX	
<i>scalacort topical lotion 2 %</i>	EX	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	EX	
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %	EX	
SYNALAR OINTMENT KIT TOPICAL COMBO PACK, OINTMENT AND CREAM 0.025 %	EX	
SYNALAR TOPICAL CREAM 0.025 %	EX	
SYNALAR TOPICAL OINTMENT 0.025 %	EX	
SYNALAR TOPICAL SOLUTION 0.01 %	EX	
SYNALAR TS TOPICAL KIT 0.01 %	EX	
TEXACORT TOPICAL SOLUTION 2.5 %	4	ST
TOPICORT TOPICAL CREAM 0.05 %, 0.25 %	EX	
TOPICORT TOPICAL GEL 0.05 %	EX	
TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 %	EX	
TOPICORT TOPICAL SPRAY, NON-AEROSOL 0.25 %	EX	
<i>tovet emollient topical foam 0.05 %</i>	EX	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	EX	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>triamcinolone acetonide topical ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	1	
<i>triderm topical cream 0.1 %, 0.5 %</i>	EX	
ULTRAVATE TOPICAL LOTION 0.05 %	EX	
VANOS TOPICAL CREAM 0.1 %	EX	
VERDESO TOPICAL FOAM 0.05 %	EX	
TOPICAL ENZYMES		
NEXOBRID TOPICAL GEL 8.8 %	4	PA
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	QL (6 per 30 days)
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical lotion 10 %</i>	4	
ELIMITE TOPICAL CREAM 5 %	4	
EURAX TOPICAL CREAM 10 %	4	
EURAX TOPICAL LOTION 10 %	4	
<i>malathion topical lotion 0.5 %</i>	4	
NATROBA TOPICAL SUSPENSION 0.9 %	EX	
OVIDE TOPICAL LOTION 0.5 %	4	
<i>permethrin topical cream 5 %</i>	1	
<i>spinosad topical suspension 0.9 %</i>	1	
ULESFIA TOPICAL LOTION 5 %	4	PA
DIAGNOSTICS & MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation solution</i>	4	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	4	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	4	
PHYSIOSOL IRRIGATION SOLUTION 140-5-3-98 MEQ/L	4	
<i>ringer's irrigation solution</i>	4	
SORBITOL IRRIGATION SOLUTION 3 %	4	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION 2.7-0.54 GRAM/100 ML	4	
<i>tis-u-sol pentalyte irrigation solution 800-40-20-8.75- 6.25 mg/100 ml</i>	4	

Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1	
<i>acetic acid irrigation solution 0.25 %</i>	4	
AGRYLIN ORAL CAPSULE 0.5 MG	4	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM	4	PA; ST; SP
BUPHENYL ORAL TABLET 500 MG	4	PA; ST; SP
<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
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	4	
CARNITOR ORAL SOLUTION 100 MG/ML	4	
CARNITOR ORAL TABLET 330 MG	4	
<i>cevimeline oral capsule 30 mg</i>	1	
CHEMET ORAL CAPSULE 100 MG	4	PA
CUVRIOR ORAL TABLET 300 MG	4	PA; ST; SP
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	3	PA; SP; LA
<i>deferasirox oral tablet 180 mg</i>	3	PA; SP; LA
<i>deferasirox oral tablet 360 mg, 90 mg</i>	3	PA; ST; SP; LA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	3	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
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	4	PA; SP
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	3	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	4	
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	EX	SP; LA

Drug Name	Drug Tier	Requirements / Limits
FABHALTA ORAL CAPSULE 200 MG	4	PA; ST; SP
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 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
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	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
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	PA; ST
JOENJA ORAL TABLET 70 MG	4	PA; SP; QL (60 per 30 days)
<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	
LITFULO ORAL CAPSULE 50 MG	4	PA; SP; LA
LITHOSTAT ORAL TABLET 250 MG	4	
METOPIRONE ORAL CAPSULE 250 MG	4	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	4	PA; SP; LA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	3	PA; ST; SP; LA
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	4	PA; ST; SP; LA
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	4	PA; ST; SP
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
PHEBURANE ORAL GRANULES 483 MG/GRAM	4	PA; ST; SP; LA
<i>pilocarpine hcl oral tablet 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
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	4	
RAVICTI ORAL LIQUID 1.1 GRAM/ML	4	PA; ST; SP; LA
RILUTEK ORAL TABLET 50 MG	4	PA
<i>riluzole oral tablet 50 mg</i>	1	
<i>risedronate oral tablet 30 mg</i>	1	
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	4	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	1	
<i>sodium chloride 0.9 % injection solution</i>	4	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	4	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	4	PA
SYPRINE ORAL CAPSULE 250 MG	4	PA; ST; QL (240 per 30 days)
TAVNEOS ORAL CAPSULE 10 MG	4	PA; SP
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	4	PA; ST; SP
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG	4	PA; ST; SP
THIOLA ORAL TABLET 100 MG	4	PA; ST; SP
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	4	PA; ST; SP
<i>tiopronin oral tablet 100 mg</i>	4	PA; SP; LA
<i>tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i>	4	PA; SP
<i>trientine oral capsule 250 mg</i>	4	PA; ST; QL (240 per 30 days)
VAFSEO ORAL TABLET 150 MG, 300 MG	4	PA; QL (30 per 30 days)
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)	4	PA; ST; SP; QL (180 per 30 days)
<i>water for irrigation, sterile irrigation solution</i>	1	
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	4	PA; SP; QL (120 per 30 days)
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	3	PA; ST; SP
SMOKING DETERRENENTS		

Drug Name	Drug Tier	Requirements / Limits
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	ACA PV
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	2	ACA PV
CHANTIX ORAL TABLET 1 MG	2	ACA PV
CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK 0.5 MG (11)- 1 MG (42)	2	ACA PV
NICORETTE BUCCAL GUM 2 MG	2	ACA PV
<i>nicorette buccal gum 4 mg</i>	1	ACA PV
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG	2	ACA PV
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	2	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>	4	PA; ACA PV
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	4	ACA PV
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	2	ACA PV
<i>quit 2 buccal gum 2 mg</i>	4	ACA PV
<i>quit 2 buccal lozenge 2 mg</i>	1	ACA PV
<i>quit 4 buccal gum 4 mg</i>	4	ACA PV
<i>quit 4 buccal lozenge 4 mg</i>	1	ACA PV
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	4	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 spray, non-aerosol 137 mcg (0.1 %), 205.5 mcg (0.15 %)</i>	1	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
CLINPRO 5000 DENTAL PASTE 1.1 %	2	

Drug Name	Drug Tier	Requirements / Limits
<i>denta 5000 plus dental cream 1.1 %</i>	1	
<i>dentagel dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental cream 1.1 %</i>	4	
<i>fluoride (sodium) dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental paste 1.1 %</i>	4	
<i>fluoride (sodium) dental solution 0.2 %</i>	1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	4	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	4	
FLUORIMAX 5000 DENTAL PASTE 1.1 %	4	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 %	4	
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	4	PA
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	
JUST RIGHT 5000 DENTAL PASTE 1.1 %	4	
<i>kourzeq dental paste 0.1 %</i>	1	
MUGARD MUCOUS MEMBRANE SOLUTION	4	PA; SP
<i>olopatadine nasal spray, non-aerosol 0.6 %</i>	4	
<i>oralone dental paste 0.1 %</i>	1	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	4	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 %	4	
<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 %	4	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	4	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	4	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	4	

Drug Name	Drug Tier	Requirements / Limits
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %	4	
PREVIDENT DENTAL GEL 1.1 %	4	
PREVIDENT DENTAL SOLUTION 0.2 %	4	
PREVIDENT KIDS DENTAL PASTE 1.1 %	4	
PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML	4	SP
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	4	
<i>sf 5000 plus dental cream 1.1 %</i>	1	
<i>sf dental gel 1.1 %</i>	1	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	4	
<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 %	EX	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	1	
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	4	
<i>flac oil otic (ear) drops 0.01 %</i>	4	
<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 %	EX	
<i>ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %</i>	4	
CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	EX	
CORTISPORIN-TC OTIC (EAR) DROPS, SUSPENSION 3.3-3-10-0.5 MG/ML	4	
<i>neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	

Drug Name	Drug Tier	Requirements / Limits
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	EX	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR INJECTION GEL 80 UNIT/ML	4	PA; SP; LA
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	4	PA; SP; LA
AGAMREE ORAL SUSPENSION 40 MG/ML	4	PA; ST; SP
ALKINDI ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	EX	
<i>betamethasone acet, sod phos injection suspension 6 mg/ml</i>	4	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	4	ST
<i>cortisone oral tablet 25 mg</i>	1	
CORTROPHIN GEL INJECTION 80 UNIT/ML	4	PA; SP; LA
<i>deflazacort oral suspension 22.75 mg/ml</i>	4	PA; SP
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	EX	SP
DEPO-MEDROL INJECTION SUSPENSION 80 MG/ML	2	
<i>dexabliss oral tablets, dose pack 1.5 mg (39 tabs)</i>	EX	
<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>	4	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	1	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	EX	SP; LA
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	EX	SP; LA
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
HEMADY ORAL TABLET 20 MG	4	ST

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML	4	
MEDROL (PAK) ORAL TABLETS, DOSE PACK 4 MG	4	ST
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	4	ST
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablets, dose pack 4 mg</i>	1	
<i>millipred dp oral tablets, dose pack 5 mg (21 tabs), 5 mg (48 tabs)</i>	1	
<i>millipred oral tablet 5 mg</i>	1	
ORAPRED ODT ORAL TABLET, DISINTEGRATING 10 MG, 15 MG, 30 MG	4	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	EX	
TAPERDEX ORAL TABLETS, DOSE PACK 1.5 MG (21 TABS), 1.5 MG (27 TABS), 1.5 MG (49 TABS)	EX	
TARPEYO ORAL CAPSULE, DELAYED RELEASE(DR/EC) 4 MG	4	PA; ST; SP
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	4	

Drug Name	Drug Tier	Requirements / Limits
ZCORT ORAL TABLETS, DOSE PACK 1.5 MG (25 TABS)	4	ST
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>potassium iodide oral solution 1 gram/ml</i>	4	
<i>propylthiouracil oral tablet 50 mg</i>	1	
SSKI ORAL SOLUTION 1 GRAM/ML	2	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ACCU-CHEK AVIVA PLUS TEST STRIPS	4	ST
ACCU-CHEK GUIDE TEST STRIPS	4	ST
ACCU-CHEK SMARTVIEW TEST STRIPS	4	ST
ACCUTREND GLUCOSE TEST STRIPS	4	ST
ADVANCED GLUC METER TEST STRIPS	4	ST
ADVOCATE REDI-CODE PLUS STRIPS	4	ST
AGAMATRIX AMP TEST STRIPS	4	ST
ASSURE 4 STRIPS	4	ST
ASSURE PLATINUM TEST STRIPS	4	ST
ASSURE PRISM MULTI STRIPS	4	ST
BIONIME RIGHTEST TEST STRIPS	4	ST
BLOOD GLUCOSE TEST STRIPS	4	ST
BLULINK GLUCOSE TEST STRIPS	4	ST
CARESENS N TEST STRIPS	4	ST
CARETOUCH TEST STRIPS	4	ST
CLEVER CHOICE MICRO TEST STRIPS	4	ST
CLEVER CHOICE PRO STRIPS	4	ST
CLEVER CHOICE TALK TEST STRIPS	4	ST
CLEVER CHOICE TEST STRIPS	4	ST
CLEVER CHOICE VOICE PLUS TEST STRIPS	4	ST
CONTOUR NEXT TEST STRIPS	2	
CONTOUR PLUS TEST STRIPS	2	
CONTOUR TEST STRIPS	2	
DIATRUE PLUS TEST STRIPS	4	ST
EASY PLUS II TEST STRIPS	4	ST
EASY STEP STRIPS	4	ST
EASY TALK GLUCOSE TEST STRIPS	4	ST

Drug Name	Drug Tier	Requirements / Limits
EASY TALK PLUS II TEST STRIPS	4	ST
EASY TOUCH BLULINK TEST STRIPS	4	ST
EASY TOUCH TEST STRIPS	4	ST
EASY TRAK GLUCOSE TEST STRIPS	4	ST
EASY TRAK II TEST STRIPS	4	ST
EASYGLUCO TEST STRIPS	4	ST
EASYMAX STRIPS	4	ST
ELEMENT COMPACT TEST STRIPS	4	ST
ELEMENT TEST STRIPS	4	ST
EMBRACE BLOOD GLUCOSE SYSTEM STRIPS	4	ST
EMBRACE EVO TEST STRIPS	4	ST
EMBRACE PRO TEST STRIPS	4	ST
EMBRACE TALK TEST STRIPS	4	ST
EVENCARE G2 STRIPS	4	ST
EVENCARE G3 TEST STRIPS	4	ST
EVENCARE MINI GLUCOSE TEST STRIPS	4	ST
EVENCARE PROVIEW TEST STRIPS	4	ST
EVOLUTION TEST STRIPS	4	ST
EZ SMART PLUS TEST STRIPS	4	ST
EZ SMART TEST STRIPS	4	ST
FORA 6 CONNECT GLUCOSE STRIPS	4	ST
FORA 6CONN-GTEL-TN'G ADV STRIPS	4	ST
FORA D15G STRIPS	4	ST
FORA D20 STRIPS	4	ST
FORA D40-G31 TEST STRIPS	4	ST
FORA G20 STRIPS	4	ST
FORA G30-PREMIUM V10 TEST STRIPS	4	ST
FORA GD50 TEST STRIPS	4	ST
FORA GTEL GLUCOSE TEST STRIPS	4	ST
FORA TEST STRIPS	4	ST
FORA TN'G ADVAN PRO TEST STRIPS	4	ST
FORA TN'G VOICE TEST STRIPS	4	ST
FORA V10 STRIPS	4	ST
FORA V10-V12-D10-D20 STRIPS	4	ST

Drug Name	Drug Tier	Requirements / Limits
FORA V12 GLUCOSE STRIPS	4	ST
FORA V20 STRIPS	4	ST
FORACARE GD20 STRIPS	4	ST
FORACARE GD40 TEST STRIPS	4	ST
FREESTYLE INSULINX STRIPS	4	ST
FREESTYLE INSULINX TEST STRIPS	4	ST
FREESTYLE LITE STRIPS	4	ST
FREESTYLE PRECISION NEO STRIPS	4	ST
FREESTYLE TEST STRIPS	4	ST
GE100 BLOOD GLUCOSE TEST STRIPS	4	ST
GE333 BLOOD GLUCOSE TEST STRIPS	4	ST
GENSTRIP TEST STRIPS	4	ST
GLUCO NAVII TEST STRIPS	4	ST
GLUCOCARD 01 SENSOR PLUS STRIPS	4	ST
GLUCOCARD EXPRESSION STRIPS	4	ST
GLUCOCARD SHINE TEST STRIPS	4	ST
GLUCOCARD VITAL SENSOR STRIPS	4	ST
GLUCOCARD VITAL TEST STRIPS	4	ST
GLUCOCOM GLUCOSE STRIPS	4	ST
GM100 STRIPS	4	ST
GOJI BLOOD GLUCOSE TEST STRIPS	4	ST
HARMONY GLUCOSE TEST STRIPS	4	ST
HEALTHPRO TEST STRIPS	4	ST
IHEALTH GLUCOSE TEST STRIPS	4	ST
INFINITY TEST STRIPS	4	ST
MICRO BLOOD GLUCOSE STRIPS	4	ST
MICRODOT BLOOD GLUCOSE SYSTEM STRIPS	4	ST
MICRODOT XTRA BLOOD GLUCOSE STRIPS	4	ST
MYGLUCOHEALTH STRIPS	4	ST
NEUTEK 2TEK TEST STRIPS	4	ST
NOVA MAX GLUCOSE TEST STRIPS	4	ST
ON CALL EXPRESS TEST STRIPS	4	ST
ONETOUCH ULTRA TEST STRIPS	2	
ONETOUCH VERIO TEST STRIPS	2	

Drug Name	Drug Tier	Requirements / Limits
OPTIUM EZ STRIPS	4	ST
OPTIUM TEST STRIPS	4	ST
PHARMACIST CHOICE STRIPS	4	ST
PIP BLOOD GLUCOSE TEST STRIPS	4	ST
PLATINUM TEST STRIPS	4	ST
PRECISION PCX PLUS TEST STRIPS	4	ST
PRECISION PCX TEST STRIPS	4	ST
PRECISION POINT OF CARE TEST STRIPS	4	ST
PRECISION Q-I-D TEST STRIPS	4	ST
PRECISION XTRA TEST STRIPS	4	ST
PREMIER TEST STRIPS	4	ST
PREMIUM V10 STRIPS	4	ST
PRO VOICE V8-V9 TEST STRIPS	4	ST
PRODIGY NO CODING STRIPS	4	ST
QUINTET AC STRIPS	4	ST
REFUAH PLUS STRIPS	4	ST
RELION CONFIRM-MICRO STRIPS	4	ST
RELION PRIME TEST STRIPS	4	ST
RELION ULTIMA STRIPS	4	ST
REVEAL TEST STRIPS	4	ST
RIGHTEST GS550 TEST STRIPS	4	ST
RIGHTEST GT333 TEST STRIPS	4	ST
SMART SENSE TEST STRIPS	4	ST
SMARTTEST TEST STRIPS	4	ST
SOLUS V2 TEST STRIPS	4	ST
SURE-TEST EASYPLUS MINI STRIPS	4	ST
TELCARE TEST STRIPS	4	ST
TEST N'GO TEST STRIPS	4	ST
TRUE METRIX GLUCOSE TEST STRIPS	4	ST
TRUETEST TEST STRIPS	4	ST
TRUETRACK TEST STRIPS	4	ST
ULTRATRAK STRIPS	4	ST
ULTRATRAK ULTIMATE STRIPS	4	ST
UNISTRIP1 TEST STRIPS	4	ST
VIVAGUARD INO TEST STRIPS	4	ST

Drug Name	Drug Tier	Requirements / Limits
WAVESENSE JAZZ STRIPS	4	ST
WAVESENSE PRESTO STRIPS	4	ST
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	2	
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	1	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	4	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	4	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	4	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	4	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
EVERSENSE 365 TRANSMITTER DEVICE	4	
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	4	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	4	
TWIIIST STARTER KIT KIT	4	
INSULIN THERAPY		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	EX	
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	EX	
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)	EX	
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	EX	
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	EX	

Drug Name	Drug Tier	Requirements / Limits
BASAGLAR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	4	PA; ST
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (3 ML)	4	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 PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	4	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	EX	
HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	EX	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	EX	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	EX	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	EX	
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	EX	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	EX	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	EX	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	EX	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	EX	

Drug Name	Drug Tier	Requirements / Limits
HUMULIN N NPH KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	EX	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	EX	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	EX	
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)	4	PA; ST
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	PA; ST
INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML)	4	PA; ST
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	4	PA; ST
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	PA; ST
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	4	PA; ST
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	EX	

Drug Name	Drug Tier	Requirements / Limits
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	4	PA; ST
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	EX	
LANTUS SOLOSTAR U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LYUMJEV KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	4	PA; ST
LYUMJEV KWIKPEN U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	4	PA; ST
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	4	PA; ST
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	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	
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	

Drug Name	Drug Tier	Requirements / Limits
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)	4	PA; ST
SEMGLEE (INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	PA; ST
SEMGLEE (INSULIN GLARG-YFGN) PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	4	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		
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	EX	
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)	EX	
AVEED INTRAMUSCULAR SOLUTION 750 MG/3 ML (250 MG/ML)	EX	SP
<i>cabergoline oral tablet 0.5 mg</i>	1	
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	4	

Drug Name	Drug Tier	Requirements / Limits
<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	3	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>	4	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	4	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML	2	
<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)	4	
<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>	4	
GALAFOLD ORAL CAPSULE 123 MG	3	PA; SP; LA
ISTURISA ORAL TABLET 1 MG, 5 MG	4	PA; ST; SP; QL (180 per 30 days)
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	4	PA; 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; LA
JYNARQUE ORAL TABLET 15 MG, 30 MG	4	PA; SP; QL (60 per 30 days)
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)
KORLYM ORAL TABLET 300 MG	4	PA; SP
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	EX	SP; LA
KUVAN ORAL TABLET, SOLUBLE 100 MG	EX	SP; LA
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	EX	
METHITEST ORAL TABLET 10 MG	EX	
<i>methyltestosterone oral capsule 10 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	4	
<i>mifepristone oral tablet 300 mg</i>	4	PA; SP; LA
<i>miglustat oral capsule 100 mg</i>	3	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	EX	
NOCDURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING 55.3 MCG	4	
NOCDURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING 27.7 MCG	4	
OPFOLDA ORAL CAPSULE 65 MG	4	PA; SP; LA
ORILISSA ORAL TABLET 150 MG	4	PA; QL (1 per 30 days)
ORILISSA ORAL TABLET 200 MG	4	PA; QL (90 per 30 days)
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	4	PA
RECORLEV ORAL TABLET 150 MG	4	PA; ST; SP; QL (240 per 30 days)
ROCALTROL ORAL SOLUTION 1 MCG/ML	4	PA
SAMSCA ORAL TABLET 15 MG, 30 MG	EX	SP; LA
<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
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	3	PA; SP
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	4	PA; ST; QL (5 per 30 days)
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	EX	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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, 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)</i>	1	
<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	EX	
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	4	PA; SP; LA; QL (60 per 30 days)
UNDECATREX ORAL CAPSULE 200 MG	EX	
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	EX	
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	EX	
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	EX	
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	4	PA; SP; LA; QL (30 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	EX	
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML	4	PA; SP
YORVIPATH SUBCUTANEOUS PEN INJECTOR 294 MCG/0.98 ML, 420 MCG/1.4 ML	3	PA; SP
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	4	
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	
ACTOPLUS MET ORAL TABLET 15-850 MG	4	
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	4	
ALOGLIPTIN ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	EX	
ALOGLIPTIN-METFORMIN ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	EX	
BRENZAVVY ORAL TABLET 20 MG	4	PA; ST
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	4	
DAPAGLIFLOZ PROPANED-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 5-1,000 MG	4	PA; ST
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET 10 MG, 5 MG	4	PA; ST
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	4	
FARXIGA ORAL TABLET 10 MG, 5 MG	2	PA; ST
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
GLIMEPIRIDE ORAL TABLET 3 MG	EX	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
GLIPIZIDE ORAL TABLET 2.5 MG	EX	
<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	EX	
GLUMETZA ORAL TABLET, ER GAST.RETENTION 24 HR 1,000 MG, 500 MG	EX	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	PA; ST
INPEFA ORAL TABLET 400 MG	4	PA; ST
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	EX	
INVOKANA ORAL TABLET 100 MG, 300 MG	EX	
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	EX	
<i>metformin oral solution 500 mg/5 ml</i>	4	PA
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
METFORMIN ORAL TABLET 625 MG	EX	
<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>	EX	
<i>metformin oral tablet, er gast.retention 24 hr 1,000 mg, 500 mg</i>	EX	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	PA; ST
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	EX	
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	EX	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; ST

Drug Name	Drug Tier	Requirements / Limits
<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	4	
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	
RIOMET ORAL SOLUTION 500 MG/5 ML	4	PA; ST
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; ST
<i>saxagliptin oral tablet 2.5 mg, 5 mg</i>	4	PA
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg, 5-500 mg</i>	4	PA
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	4	PA; ST
STEGLATRO ORAL TABLET 15 MG, 5 MG	4	PA; ST
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	4	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
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

Drug Name	Drug Tier	Requirements / Limits
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		
<i>adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	4	
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	4	
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	EX	
ERMEZA ORAL SOLUTION 30 MCG/ML	EX	
<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>	4	
<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>	4	
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	EX	
<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>niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	4	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	
THYQUIDITY ORAL SOLUTION 20 MCG/ML	4	
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	EX	
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	EX	
<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>	4	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	EX	
DARTISLA ORAL TABLET, DISINTEGRATING 1.7 MG	4	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	4	
DONNATAL ORAL TABLET 16.2-0.1037 - 0.0194 MG	4	
<i>ed-spaz oral tablet, disintegrating 0.125 mg</i>	1	
GLYCATE ORAL TABLET 1.5 MG	4	
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	4	
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	1	
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	1	
<i>hyosyne oral drops 0.125 mg/ml</i>	1	
<i>hyosyne oral elixir 0.125 mg/5 ml</i>	1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	4	
LEVSIN ORAL TABLET 0.125 MG	4	
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG	4	
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG	EX	
LOMOTIL ORAL TABLET 2.5-0.025 MG	4	
<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	4	
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG	EX	SP
NULEV ORAL TABLET, DISINTEGRATING 0.125 MG	4	
<i>opium oral tincture 10 mg/ml (morphine)</i>	4	
<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>	4	
<i>phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg</i>	4	
<i>phenohydro oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	4	
<i>phenohydro oral tablet 16.2-0.1037 -0.0194 mg</i>	1	
ROBINUL FORTE ORAL TABLET 2 MG	4	PA
ROBINUL ORAL TABLET 1 MG	4	PA
SYMAX DUOTAB ORAL TABLET, EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	4	
<i>symax fastabs oral tablet, disintegrating 0.125 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>symax-sl sublingual tablet 0.125 mg</i>	4	
<i>symax-sr oral tablet extended release 12 hr 0.375 mg</i>	4	
MISCELLANEOUS AGENTS		
AURYXIA ORAL TABLET 210 MG IRON	4	PA; ST
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	EX	
FOSRENOL ORAL TABLET, CHEWABLE 1,000 MG, 500 MG, 750 MG	EX	
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	4	PA; ST; QL (30 per 30 days)
REVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	4	PA; ST
REVELA ORAL TABLET 800 MG	4	PA; ST
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	4	
<i>sevelamer carbonate oral tablet 800 mg</i>	1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	4	
<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>	4	
VELPHORO ORAL TABLET, CHEWABLE 500 MG	4	PA; ST
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	4	PA; ST; SP
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	EX	
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	4	
<i>alvimopan oral capsule 12 mg</i>	4	
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	4	PA; ST
ANA-LEX RECTAL KIT 2-2 %	EX	
ANALPRAM-HC RECTAL CREAM 1-1 %, 2.5-1 %	4	
ANTIVERT ORAL TABLET 50 MG	4	PA

Drug Name	Drug Tier	Requirements / Limits
ANTIVERT ORAL TABLET, CHEWABLE 25 MG	4	PA
<i>anucort-hc rectal suppository 25 mg</i>	4	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	EX	
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	EX	
<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	EX	
AZULFIDINE EN-TABS ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	4	
AZULFIDINE ORAL TABLET 500 MG	4	
<i>balsalazide oral capsule 750 mg</i>	1	
<i>betaine oral powder 1 gram/scoop</i>	4	PA; ST; SP
BONJESTA ORAL TABLET, IR, DELAYED REL, BIPHASIC 20-20 MG	EX	
<i>budesonide oral capsule, delayed, extend.release 3 mg</i>	1	
<i>budesonide oral tablet, delayed and ext.release 9 mg</i>	4	
<i>budesonide rectal foam 2 mg/actuation</i>	4	
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)
BYLVAY ORAL PELLETT 600 MCG	4	PA; ST; SP; LA; QL (300 per 30 days)
CANASA RECTAL SUPPOSITORY 1,000 MG	4	
CHENODAL ORAL TABLET 250 MG	4	SP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	4	PA; 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

Drug Name	Drug Tier	Requirements / Limits
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	4	ACA PV
COLAZAL ORAL CAPSULE 750 MG	EX	
COMPAZINE ORAL TABLET 10 MG, 5 MG	4	
COMPAZINE RECTAL SUPPOSITORY 25 MG	4	
<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	4	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	EX	
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	EX	SP
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	EX	
DICLEGIS ORAL TABLET, DELAYED RELEASE (DR/EC) 10-10 MG	4	PA; ST
DIPENTUM ORAL CAPSULE 250 MG	EX	
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i>	4	PA
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	4	
EMEND ORAL CAPSULE 80 MG	EX	
EMEND ORAL CAPSULE, DOSE PACK 125 MG (1)- 80 MG (2)	EX	
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	EX	
<i>enulose oral solution 10 gram/15 ml</i>	1	
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML	4	
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

Drug Name	Drug Tier	Requirements / Limits
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	ACA PV
<i>gavilyte-n oral recon soln 420 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	4	
<i>granisetron hcl oral tablet 1 mg</i>	1	
<i>hemmorex-hc rectal suppository 25 mg, 30 mg</i>	4	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	1	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)</i>	1	
HYDROCORTISONE-PRAMOXINE RECTAL SUPPOSITORY 25-18 MG	EX	
IBSRELA ORAL TABLET 50 MG	4	PA; ST
IQIRVO ORAL TABLET 80 MG	4	PA; ST; SP; LA
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	EX	
<i>lactulose oral packet 10 gram</i>	4	PA
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1	
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM	EX	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL 3 %-2.5 % (7 GRAM)	4	
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)</i>	EX	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	EX	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	4	PA; ST

Drug Name	Drug Tier	Requirements / Limits
LIVDELZI ORAL CAPSULE 10 MG	4	PA; SP; QL (30 per 30 days)
LIVMARLI ORAL SOLUTION 19 MG/ML	4	PA; ST; SP; QL (2 per 30 days)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	4	PA; ST; SP; QL (3 per 30 days)
LOTRONEX ORAL TABLET 0.5 MG, 1 MG	4	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	4	
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	4	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
MECLIZINE ORAL TABLET 50 MG	4	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1	
<i>mesalamine oral capsule, extended release 500 mg</i>	4	
<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>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	4	PA; ST
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	4	PA; ST
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	4	
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	4	
OALIVA ORAL TABLET 10 MG, 5 MG	4	PA; ST; SP; LA; QL (30 per 30 days)
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; ST; SP; LA
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; ST; SP; LA
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	
ONDANSETRON ORAL TABLET, DISINTEGRATING 16 MG	EX	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
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	EX	
<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	EX	
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	EX	
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	4	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 %	4	
PROCTOCORT RECTAL SUPPOSITORY 30 MG	4	ST
PROCTOFOAM HC RECTAL FOAM 1-1 %	EX	
<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)	4	
REGLAN ORAL TABLET 10 MG, 5 MG	4	
RELISTOR ORAL TABLET 150 MG	4	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	4	
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	4	
RELTONE ORAL CAPSULE 200 MG, 400 MG	4	

Drug Name	Drug Tier	Requirements / Limits
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML	4	ST
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	EX	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	
SFROWASA RECTAL ENEMA 4 GRAM/60 ML	4	
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	3	PA; ST; SP; LA
<i>sodium, potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	4	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	4	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	4	ACA PV
SYMPROIC ORAL TABLET 0.2 MG	4	
SYNDROS ORAL SOLUTION 5 MG/ML	4	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	4	
<i>trimethobenzamide oral capsule 300 mg</i>	1	
TRULANCE ORAL TABLET 3 MG	EX	
UCERIS ORAL TABLET, DELAYED AND EXT.RELEASE 9 MG	4	PA; ST
UCERIS RECTAL FOAM 2 MG/ACTUATION	4	PA
URSO FORTE ORAL TABLET 500 MG	4	
<i>ursodiol oral capsule 200 mg, 400 mg</i>	4	
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
VARUBI ORAL TABLET 90 MG	4	PA
VELSIPITY ORAL TABLET 2 MG	4	PA; ST; SP; LA
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	EX	

Drug Name	Drug Tier	Requirements / Limits
VOWST ORAL CAPSULE	4	PA; SP
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	2	
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	3	PA; ST; SP
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	3	PA; ST; SP
ULCER THERAPY		
ACIPHEX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG	EX	
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	1	
<i>bismuth subcit k-metronidz-ten oral capsule 140-125-125 mg</i>	4	PA
CARAFATE ORAL SUSPENSION 100 MG/ML	EX	
CARAFATE ORAL TABLET 1 GRAM	EX	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	EX	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	EX	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	4	
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEAS 30 MG, 60 MG	EX	
<i>dexlansoprazole oral capsule, biphasic delayed release 30 mg, 60 mg</i>	EX	
<i>esomeprazole magnesium oral capsule, delayed release (dr/ec) 40 mg</i>	EX	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg, 40 mg</i>	EX	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
KONVOMEF ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML	EX	
<i>lansoprazole oral capsule, delayed release (dr/ec) 15 mg, 30 mg</i>	EX	

Drug Name	Drug Tier	Requirements / Limits
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg</i>	EX	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG, 40 MG	EX	
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG	EX	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	EX	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	4	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>	EX	
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg</i>	EX	
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	4	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	1	
PEPCID ORAL TABLET 20 MG, 40 MG	EX	
PREVACID ORAL CAPSULE, DELAYED RELEASE (DR/EC) 30 MG	EX	
PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 15 MG, 30 MG	EX	
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG, 2.5 MG	EX	
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	EX	
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG, 40 MG	EX	
PYLERA ORAL CAPSULE 140-125-125 MG	4	PA
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG	EX	
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	EX	
<i>sucralfate oral suspension 100 mg/ml</i>	4	
<i>sucralfate oral tablet 1 gram</i>	1	

Drug Name	Drug Tier	Requirements / Limits
TALICIA ORAL CAPSULE, IR - DELAY REL, BIPHASE 10-250-12.5 MG	4	PA; ST
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	4	PA; ST
VOQUEZNA ORAL TABLET 10 MG, 20 MG	4	PA; ST
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	4	PA; ST
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM, 40-1.1 MG-GRAM	EX	
ZEGERID ORAL PACKET 20-1,680 MG, 40-1,680 MG	EX	

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

ANTIVIRALS

<i>ribavirin oral capsule 200 mg</i>	3	SP; LA
<i>ribavirin oral tablet 200 mg</i>	3	SP; LA

BIOTECHNOLOGY DRUGS

ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; SP; LA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	4	PA; SP; LA
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	4	PA; SP
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA; SP; LA
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML	4	PA; ST; SP; LA
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; ST; SP
FYLNTRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; ST; SP
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	3	SP
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	3	SP

Drug Name	Drug Tier	Requirements / Limits
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	4	PA; ST; SP; LA; QL (1 per 90 days)
LEUKINE INJECTION RECON SOLN 250 MCG	4	PA; SP
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 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	EX	SP
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	EX	SP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	PA; ST; SP
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; ST; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	3	SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	3	SP
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; ST; SP
<i>plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)</i>	4	SP
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	4	PA; SP; LA
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; ST; SP
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	4	PA; SP; LA
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; ST; SP
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	3	PA; ST; SP

Drug Name	Drug Tier	Requirements / Limits
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	3	PA; ST; SP
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	3	PA; ST; SP
XOLREMDI ORAL CAPSULE 100 MG	4	PA; SP
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; ST; SP
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	3	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	3	PA; ST; SP; LA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	3	PA; ST; SP; LA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	EX	SP; LA
NORDITROPIN FLEXPPO 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)	EX	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)	EX	SP; LA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	3	PA; ST; SP; LA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	3	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	EX	SP; LA

Drug Name	Drug Tier	Requirements / Limits
INTERFERONS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	4	PA; SP; LA
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	4	
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	3	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	3	PA; SP; LA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	3	PA; SP; LA
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO ORAL TABLET 14 MG, 7 MG	EX	SP; LA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	3	PA; SP; LA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	3	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	3	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 (14)- 240 mg (46)</i>	3	PA; SP; LA; QL (1 per 365 days)
<i>dimethyl fumarate oral capsule, delayed release (dr/ec) 120 mg, 240 mg</i>	3	PA; SP; LA; QL (60 per 30 days)
<i>fingolimod oral capsule 0.5 mg</i>	3	PA; SP; LA
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	4	PA; ST; SP; LA
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	3	PA; SP; LA
<i>glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	3	PA; SP; LA
KESIMPTA SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	3	PA; 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)

Drug Name	Drug Tier	Requirements / Limits
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	3	PA; ST; SP; LA
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (7 TABS)	3	PA; ST; SP; LA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (12 TABS)	3	PA; ST; SP; LA
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	3	PA; SP; LA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	3	PA; SP; LA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	3	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	3	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)	3	PA; SP; LA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	3	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 (120 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)

Drug Name	Drug Tier	Requirements / Limits
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	PA; SP; LA
VUMERITY ORAL CAPSULE, DELAYED RELEASE(DR/EC) 231 MG	4	PA; ST; SP; LA; QL (120 per 30 days)
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	2	PA; Vac; ACA PV
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	Vac; ACA PV
ADACEL (TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	Vac; ACA PV
ADACEL (TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	Vac; ACA PV
AFLURIA TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	Vac; ACA PV
AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	2	Vac; ACA PV
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	2	Vac; ACA PV
AUDENZ (NATIONAL STOCKPILE) INTRAMUSCULAR EMULSION 7.5 MCG/0.5 ML	2	Vac
AUDENZ(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SYRINGE 7.5 MCG/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; ACA PV
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	2	Vac; ACA PV
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	2	Vac; ACA PV
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML	2	Vac; ACA PV
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	2	Vac; ACA PV

Drug Name	Drug Tier	Requirements / Limits
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	2	Vac; ACA PV
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	2	Vac; ACA PV
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	2	Vac; ACA PV
FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	Vac; ACA PV
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	Vac; ACA PV
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	2	Vac; ACA PV
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	Vac; ACA PV
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	2	Vac; ACA PV
FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	Vac; ACA PV
FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	2	Vac; ACA PV
FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	2	Vac; ACA PV
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	Vac; ACA PV
FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	2	Vac; ACA PV
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	2	Vac; ACA PV
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	Vac; ACA PV
GRASTEK SUBLINGUAL TABLET 2,800 BAU	4	PA; ST
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1, 440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	2	Vac; ACA PV

Drug Name	Drug Tier	Requirements / Limits
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	2	Vac; ACA PV
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	Vac; ACA PV
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	2	Vac; ACA PV
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	2	Vac; ACA PV
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	2	Vac; ACA PV
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	4	Vac; ACA PV
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	Vac; ACA PV
JYNNEOS (PF) 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; ACA PV
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	4	Vac; ACA PV
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	2	Vac; ACA PV
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	4	Vac; ACA PV
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	2	Vac; ACA PV
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	2	Vac; ACA PV
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	4	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; QL (30 per 30 days)
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	4	PA; SP; QL (30 per 30 days)
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	4	PA; SP; QL (30 per 30 days)
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	4	PA; SP; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	4	PA; SP; QL (30 per 30 days)
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	4	PA; SP; QL (30 per 30 days)
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	4	PA; SP; QL (30 per 30 days)
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	4	PA; SP; QL (30 per 30 days)
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	4	PA; SP; QL (30 per 30 days)
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	4	PA; SP; QL (30 per 30 days)
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	4	PA; SP; QL (30 per 30 days)
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	4	PA; SP; QL (30 per 30 days)
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	Vac; ACA PV
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	2	Vac; ACA PV
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	2	Vac; ACA PV
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	2	Vac; ACA PV
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	2	Vac; ACA PV
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	Vac; ACA PV
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	2	Vac; ACA PV
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	2	Vac; ACA PV
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	Vac; ACA PV
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	Vac; ACA PV
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	2	Vac; ACA PV

Drug Name	Drug Tier	Requirements / Limits
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	4	PA; ST
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	2	Vac; ACA PV
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	2	Vac; ACA PV
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	2	ACA PV
ROTATEQ VACCINE ORAL SOLUTION 2 ML	2	ACA PV
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	2	Vac; ACA PV
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	4	Vac; ACA PV
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	2	Vac; ACA PV
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	2	Vac; ACA PV
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	2	Vac; ACA PV
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	4	ACA PV
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	2	Vac; ACA PV
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	2	Vac; ACA PV
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	2	Vac; ACA PV
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	2	Vac; ACA PV
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	2	Vac; ACA PV
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	2	Vac; ACA PV
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	2	Vac; ACA PV
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	2	ACA PV

Drug Name	Drug Tier	Requirements / Limits
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	4	Vac; ACA PV
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	4	Vac; ACA PV
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	4	Vac; ACA PV
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	2	Vac; ACA PV

IMMUNOLOGY

INTERLEUKINS

<i>imiquimod topical cream in metered-dose pump 3.75 %</i>	EX	
<i>imiquimod topical cream in packet 3.75 %</i>	4	ST
<i>imiquimod topical cream in packet 5 %</i>	1	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %, 3.75 %	EX	
ZYCLARA TOPICAL CREAM IN PACKET 3.75 %	EX	

MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>allopurinol oral tablet 200 mg</i>	EX	
<i>colchicine oral capsule 0.6 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	1	
COLCRYS ORAL TABLET 0.6 MG	4	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	4	
MITIGARE ORAL CAPSULE 0.6 MG	4	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	EX	
ZYLOPRIM ORAL TABLET 100 MG	4	PA; ST

OSTEOPOROSIS THERAPY

ACTONEL ORAL TABLET 150 MG, 35 MG	4	
<i>alendronate oral solution 70 mg/75 ml</i>	1	
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ATEL VIA ORAL TABLET, DELAYED RELEASE (DR/EC) 35 MG	4	
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	4	
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)	EX	SP; LA
EVISTA ORAL TABLET 60 MG	4	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	4	
FOSAMAX PLUS D ORAL TABLET 70 MG- 2, 800 UNIT, 70 MG- 5, 600 UNIT	4	
<i>ibandronate oral tablet 150 mg</i>	1	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	4	PA; ST; SP; LA
<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; QL (1 per 30 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	3	PA; ST; SP; LA; QL (30 per 30 days)
OTHER RHEUMATOLOGICALS		
ABRILADA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	EX	SP
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	EX	SP
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	3	PA; ST; SP; LA; QL (2 per 30 days)
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	3	PA; ST; SP; LA; QL (2 per 30 days)
ADALIMUMAB-AACF SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	EX	SP
ADALIMUMAB-AACF SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	EX	SP; LA
ADALIMUMAB-AACF(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	EX	SP

Drug Name	Drug Tier	Requirements / Limits
ADALIMUMAB-AACF(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	EX	SP
ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	EX	SP
ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	EX	SP
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	3	PA; ST; SP; LA
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	3	PA; ST; SP; LA
ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	3	PA; ST; SP; LA
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	3	PA; ST; SP; LA
ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	3	PA; ST; SP; LA
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	3	PA; ST; SP; LA
ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	EX	SP
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	EX	SP
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	3	PA; ST; SP; LA
ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	3	PA; ST; SP; LA
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML, 40 MG/0.8 ML, 80 MG/0.8 ML	EX	SP; LA
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	EX	SP; LA
ARAVA ORAL TABLET 10 MG, 20 MG	4	
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	3	PA; ST; SP; LA

Drug Name	Drug Tier	Requirements / Limits
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	3	PA; ST; SP; LA
CUPRIMINE ORAL CAPSULE 250 MG	EX	
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	3	PA; ST; SP; LA
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	3	PA; ST; SP; LA
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	3	PA; ST; SP; LA
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	3	PA; ST; SP; LA
DEPEN TITRATABS ORAL TABLET 250 MG	2	PA; ST
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	3	PA; ST; SP; LA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	3	PA; ST; SP; LA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	3	PA; ST; SP; LA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	3	PA; ST; SP; LA
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	EX	SP; LA
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	EX	SP; LA
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	EX	SP; LA
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	EX	SP; LA
HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	EX	SP; LA
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	EX	SP; LA
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	3	PA; ST; SP; LA
HUMIRA PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	3	PA; ST; SP; LA

Drug Name	Drug Tier	Requirements / Limits
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	3	PA; ST; SP; LA
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	3	PA; ST; SP; LA
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	3	PA; ST; SP; LA
HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	3	PA; ST; SP; LA
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	3	PA; ST; SP; LA
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	3	PA; ST; SP; LA
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2)	3	PA; ST; SP; LA
HYRIMOZ PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	EX	SP
HYRIMOZ SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	EX	SP
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML, 80 MG/0.8 ML- 40 MG/0.4 ML	3	PA; ST; SP; LA
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	3	PA; ST; SP; LA
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	3	PA; ST; SP; LA
IDACIO(CF) PEN CROHN-UC STARTR SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	EX	SP; LA
IDACIO(CF) PEN PSORIASIS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	EX	SP; LA
IDACIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	EX	SP; LA

Drug Name	Drug Tier	Requirements / Limits
IDACIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	EX	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	EX	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 20 MG, 30 MG	3	PA; ST; SP; LA
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	3	PA; ST; SP; LA
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	EX	
<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	2	PA; ST; QL (4 per 30 days)
RIDAURA ORAL CAPSULE 3 MG	4	
RINVOQ LQ ORAL SOLUTION 1 MG/ML	3	PA; ST; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	3	PA; ST; SP; LA
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	4	PA; ST
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	4	PA; ST
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	3	PA; ST; SP; LA

Drug Name	Drug Tier	Requirements / Limits
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
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	3	PA; ST; SP; LA
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	3	PA; ST; SP; LA
XELJANZ ORAL SOLUTION 1 MG/ML	3	PA; ST; SP; LA
XELJANZ ORAL TABLET 10 MG, 5 MG	3	PA; ST; SP; LA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	3	PA; ST; SP; LA
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	EX	SP
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	EX	SP
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	EX	SP
YUSIMRY(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	EX	SP

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	4	ACA PV
FEMCAP VAGINAL DEVICE 22 MM	4	ACA PV
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	4	SP; ACA PV
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	4	ST; SP; ACA PV
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	4	SP; ACA PV
PARAGARD T 380A INTRAUTERINE DEVICE 380 SQUARE MM	4	SP; ACA PV
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	4	SP; ACA PV
WIDE-SEAL VAGINAL DIAPHRAGM 60 MM	4	ACA PV

ESTROGENS & PROGESTINS

ACTIVELLA ORAL TABLET 1-0.5 MG	4	
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Drug Name	Drug Tier	Requirements / Limits
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	4	
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG	EX	
<i>camila oral tablet 0.35 mg</i>	1	ACA PV
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	EX	
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	4	
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 %	4	
<i>deblitane oral tablet 0.35 mg</i>	1	ACA PV
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML	4	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	4	ACA PV
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML	4	ACA PV
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	4	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%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %)	4	
<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	4	
<i>eemt hs oral tablet 0.625-1.25 mg</i>	1	
<i>eemt oral tablet 1.25-2.5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	EX	
<i>emzahh oral tablet 0.35 mg</i>	1	ACA PV
<i>errin oral tablet 0.35 mg</i>	1	ACA PV
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG	4	
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	EX	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal gel in metered-dose pump 1.25 gram/actuation</i>	EX	
<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	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	EX	
<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%)	4	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	EX	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>gallifrey oral tablet 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>heather oral tablet 0.35 mg</i>	1	ACA PV
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	4	
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	4	
<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	4	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	4	
<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	EX	
<i>nora-be oral tablet 0.35 mg</i>	1	ACA PV
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	ACA PV
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
OPILL ORAL TABLET 0.075 MG	2	ACA PV; QL (28 per 28 days)
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)	4	

Drug Name	Drug Tier	Requirements / Limits
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	4	
<i>progesterone intramuscular oil 50 mg/ml</i>	3	SP; LA
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	4	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	
<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	EX	
VIVELLE-DOT TRANSDERMAL PATCH SEMI-WEEKLY 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	EX	
<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	4	
CLEOCIN VAGINAL CREAM 2 %	4	PA
CLEOCIN VAGINAL SUPPOSITORY 100 MG	4	PA
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
CLINDESSE VAGINAL CREAM, EXTENDED RELEASE 2 %	4	PA
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA PV
<i>enilloring 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 %	4	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA PV
INTRAROSA VAGINAL INSERT 6.5 MG	4	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
<i>miconazole-3 vaginal suppository 200 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
MYFEMBREE ORAL TABLET 40-1-0.5 MG	4	PA; ST; QL (30 per 30 days)
NEXPLANON SUBDERMAL IMPLANT 68 MG	4	SP; ACA PV; LA
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA PV
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	4	ACA PV
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	4	PA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG (AM) /300 MG (PM)	4	PA; QL (90 per 30 days)
OSPHENA ORAL TABLET 60 MG	4	
PHEXXI VAGINAL GEL 1.8-1-0.4 %	2	ACA PV
PREPIDIL VAGINAL GEL 0.5 MG/3 G	4	
RELAGARD VAGINAL GEL 0.9-0.025 %	4	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
<i>tranexamic acid oral tablet 650 mg</i>	1	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	4	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	4	ACA PV
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
VCF CONTRACEPTIVE VAGINAL FILM 28 %	4	ACA PV
VCF CONTRACEPTIVE VAGINAL GEL 4 %	4	ACA PV
VEOZAH ORAL TABLET 45 MG	4	PA; QL (30 per 30 days)
XACIATO VAGINAL GEL 2 %	4	PA
<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>	4	ACA PV
AFTERA ORAL TABLET 1.5 MG	2	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

Drug Name	Drug Tier	Requirements / Limits
<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)/IRON (7)	4	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)	4	ACA PV
<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

Drug Name	Drug Tier	Requirements / Limits
<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>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	1	ACA PV
<i>curae oral tablet 1.5 mg</i>	4	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>dolishale oral tablet 90-20 mcg (28)</i>	1	ACA PV
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	4	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
<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
FEMLYV ORAL TABLET, DISINTEGRATING 1 MG- 20 MCG	4	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>	4	PA; ACA PV

Drug Name	Drug Tier	Requirements / Limits
<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>	4	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>joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)</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
<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.estradiol oral tablets, dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA 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

Drug Name	Drug Tier	Requirements / Limits
<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>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</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)	4	ACA PV
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	4	ACA PV
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	4	ACA PV
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	4	ACA PV
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	4	ACA PV
<i>lojaimiess oral tablets, dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	ACA PV
<i>loryna (28) oral tablet 3-0.02 mg</i>	1	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

Drug Name	Drug Tier	Requirements / Limits
<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 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
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	1	ACA PV
<i>my choice oral tablet 1.5 mg</i>	4	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	4	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
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	4	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

Drug Name	Drug Tier	Requirements / Limits
<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>ocella oral tablet 3-0.03 mg</i>	1	ACA PV
<i>opcicon one-step oral tablet 1.5 mg</i>	4	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
PLAN B ONE-STEP ORAL TABLET 1.5 MG	2	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	4	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)	4	ACA PV
<i>setlakin oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	1	ACA PV
<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)	2	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	2	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
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	4	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

Drug Name	Drug Tier	Requirements / Limits
<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-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
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA PV
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</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>	4	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	4	ACA PV
YAZ (28) ORAL TABLET 3-0.02 MG	4	ACA PV

Drug Name	Drug Tier	Requirements / Limits
<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>methylergonovine oral tablet 0.2 mg</i>	1	
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	4	
<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 %	4	
BETADINE PREP OPHTHALMIC (EYE) SOLUTION 5 %	2	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	EX	
<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>	4	
NATACYN OPHTHALMIC (EYE) DROPS, SUSPENSION 5 %	4	
<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 %	4	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
<i>povidone-iodine ophthalmic (eye) solution 5 %</i>	1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	4	
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	4	
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	4	
BETOPTIC S OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %	4	PA; ST
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 %	EX	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i>	4	
<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 %	EX	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	3	SP
CYCLOPLEGIC MYDRIATICS		
ATROPINE OPHTHALMIC (EYE) DROPS 0.01 %, 0.025 %, 0.05 %	EX	

Drug Name	Drug Tier	Requirements / Limits
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	1	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 %	2	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1	
<i>cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %</i>	4	
CYCLOPENT-TROPIC-PHEN-KETR-WAT OPHTHALMIC (EYE) DROPS 1 %-1 %-2.5 %-0.5 %	4	
<i>homatropaire ophthalmic (eye) drops 5 %</i>	1	
MYDRIACYL OPHTHALMIC (EYE) DROPS 1 %	4	
<i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>	EX	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	1	
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	4	PA
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	4	
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %	4	
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	EX	
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	EX	
<i>altacaine ophthalmic (eye) drops 0.5 %</i>	1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %	4	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	4	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	EX	
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	4	PA; ST
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %	4	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
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 %	4	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	1	
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 %	4	PA
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	4	PA; ST
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 %	4	
<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 %	4	
PREDNISOLN SP-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS 1-0.5-0.075 %	4	
PREDNISOLONE ACETATE-BROMFENAC OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.075 %	4	
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.1 %	4	
PREDNISOLONE-MOXIFLO-NEPAFENAC OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.5-0.1 %	4	
PREDNISOLONE-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.5-0.075 %	4	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	4	PA; ST
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	4	PA; ST; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 %	4	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	1	
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	4	PA; ST
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	4	PA; ST
VEVYE OPHTHALMIC (EYE) DROPS 0.1 %	4	PA; ST
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	4	PA; QL (60 per 30 days)
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	EX	
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	4	
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	4	
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	EX	
<i>bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %</i>	4	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	4	
<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 %	4	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	
NEVANAC OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 %	EX	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	4	
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>	4	
OTHER GLAUCOMA DRUGS		

Drug Name	Drug Tier	Requirements / Limits
AZOPT OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	EX	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	
BRIMONIDINE-DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 0.15-2 %	4	PA
BRIMONIDINE-DORZOLAMIDE OPHTHALMIC (EYE) DROPS 0.1-2 %	4	PA
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	4	
<i>brinzolamide ophthalmic (eye) drops, suspension 1 %</i>	4	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	4	
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	4	
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML	EX	
DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 2 %	4	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 %	4	PA; ST
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	4	PA; ST
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	4	PA; ST
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	4	PA; ST
SIMBRINZA OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.2 %	4	
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	EX	
TIMOLOL-BRIMONIDI-DORZOLAM(PF) OPHTHALMIC (EYE) DROPS 0.5-0.15-2 %	4	PA

Drug Name	Drug Tier	Requirements / Limits
TIMOLOL-DORZOLAM-BIMATOPRO(PF) OPHTHALMIC (EYE) DROPS 0.5-2-0.01 %	4	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	EX	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	EX	
XALATAN OPHTHALMIC (EYE) DROPS 0.005 %	EX	
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	EX	
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	EX	
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL OPHTHALMIC (EYE) DROPS, SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	4	
MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 %	4	
<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 %	4	
PREDNISOLONE-MOXIFLOXACIN HCL OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.5 %	4	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	4	ST
TOBRADEX ST OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3-0.05 %	4	ST
<i>tobramycin-dexamethasone ophthalmic (eye) drops, suspension 0.3-0.1 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ZYLET OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3-0.5 %	4	ST
STERIODS		
ALREX OPHTHALMIC (EYE) DROPS, SUSPENSION 0.2 %	EX	
CLOBETASOL OPHTHALMIC (EYE) DROPS, SUSPENSION 0.05 %	4	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
DEXTENZA INTRACANALICULAR INSERT 0.4 MG	4	PA
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	4	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	EX	
EYSUVIS OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %	4	PA; ST
FLAREX OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 %	EX	
<i>fluorometholone ophthalmic (eye) drops, suspension 0.1 %</i>	1	
FML FORTE OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %	EX	
FML LIQUIFILM OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 %	EX	
INVELTYS OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	4	
LOTEMAX OPHTHALMIC (EYE) DROPS, GEL 0.5 %	4	
LOTEMAX OPHTHALMIC (EYE) DROPS, SUSPENSION 0.5 %	4	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	4	
LOTEMAX SM OPHTHALMIC (EYE) DROPS, GEL 0.38 %	4	
<i>loteprednol etabonate ophthalmic (eye) drops, gel 0.5 %</i>	4	
<i>loteprednol etabonate ophthalmic (eye) drops, suspension 0.2 %</i>	EX	
<i>loteprednol etabonate ophthalmic (eye) drops, suspension 0.5 %</i>	4	

Drug Name	Drug Tier	Requirements / Limits
MAXIDEX OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 %	EX	
PRED FORTE OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	4	
PRED MILD OPHTHALMIC (EYE) DROPS, SUSPENSION 0.12 %	EX	
PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	4	
<i>prednisolone acetate ophthalmic (eye) drops, suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %, 0.15 %	4	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.1 %</i>	4	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	4	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	4	
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	1	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	4	PA; QL (30 per 30 days)
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	EX	
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	EX	
<i>carbinoxamine maleate oral tablet 4 mg, 6 mg</i>	EX	
<i>cetirizine oral solution 1 mg/ml</i>	1	
CLARINEX ORAL TABLET 5 MG	EX	
<i>clemastine oral syrup 0.5 mg/5 ml</i>	EX	
<i>clemastine oral tablet 2.68 mg</i>	EX	
<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)
<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>	EX	
DIPHEN ORAL ELIXIR 12.5 MG/5 ML	4	PA
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	2	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL (4 per 30 days)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	4	QL (4 per 30 days)
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	4	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	EX	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	1	
<i>levocetirizine oral tablet 5 mg</i>	1	
NEFFY NASAL SPRAY, NON-AEROSOL 2 MG/SPRAY (0.1 ML)	4	PA; QL (2 per 30 days)
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
RYCLORA ORAL SOLUTION 2 MG/5 ML	EX	
RYVENT ORAL TABLET 6 MG	EX	
VISTARIL ORAL CAPSULE 25 MG	4	
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	4	PA
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	4	
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	EX	
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	1	
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML	4	PA
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML	4	PA
<i>g tussin ac oral liquid 10-100 mg/5 ml</i>	1	
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML	2	
HYCODAN (WITH HOMATROPINE) ORAL SYRUP 5-1.5 MG/5 ML	2	
HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG	4	
<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	
<i>hydromet oral syrup 5-1.5 mg/5 ml</i>	1	
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML	4	
<i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>	4	
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML	4	
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML	4	
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	2	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	1	
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	4	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	4	
PULMONARY AGENTS		
ACCOLATE ORAL TABLET 10 MG, 20 MG	4	
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	4	
ADCIRCA ORAL TABLET 20 MG	EX	SP; LA
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	4	
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	4	
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	EX	
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	EX	
ALBUTEROL HFA 90 MCG INHALER 90 MCG/ACTUATION	3	QL
<i>albuterol hfa 90 mcg inhaler 90 mcg/actuation</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	

Drug Name	Drug Tier	Requirements / Limits
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	EX	
<i>alyq oral tablet 20 mg</i>	3	PA; SP
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	3	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>	4	
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	
ASMANEX HFA INHALATION AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	4	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)	4	PA; ST
ATROVENT HFA INHALATION AEROSOL INHALER 17 MCG/ACTUATION	4	
<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i>	4	
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	4	
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	3	PA; SP; LA
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	2	
<i>breyndra inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1	
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	4	
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	EX	
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1	
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	4	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	4	
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	EX	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	4	PA
<i>epinephrine hcl nasal solution 1 mg/ml</i>	4	
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 10 MG/0.5 ML, 30 MG/ML	4	PA; ST; SP; LA
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	EX	SP
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	EX	
FLUTICASONE FUROATE-VILANTEROL INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	EX	
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	4	
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	4	
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	1	

Drug Name	Drug Tier	Requirements / Limits
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	4	
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	
FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	4	
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	1	
FORMOTEROL FUMARATE-NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	4	
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	4	PA; ST; SP; LA
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %, 7 %	4	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	3	PA; ST; SP
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	EX	
<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 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	3	PA; SP; LA
KALYDECO ORAL TABLET 150 MG	3	PA; SP; LA
LETAIRIS ORAL TABLET 10 MG, 5 MG	EX	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>	EX	
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	EX	
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i>	EX	
<i>montelukast oral granules in packet 4 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>montelukast oral tablet 10 mg</i>	1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	1	
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	4	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	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; LA; QL (2 per 30 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	3	PA; SP; LA; QL (60 per 30 days)
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML	4	PA; SP; QL (60 per 30 days)
OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG	EX	
OPSUMIT ORAL TABLET 10 MG	4	PA; SP; LA
OPSYNVI ORAL TABLET 10-20 MG, 10-40 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)
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	4	
<i>pirfenidone oral capsule 267 mg</i>	3	PA; SP; LA; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	3	PA; SP; LA; QL (90 per 30 days)
PIRFENIDONE ORAL TABLET 534 MG	EX	SP
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 90 MCG/ACTUATION	EX	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	EX	

Drug Name	Drug Tier	Requirements / Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	4	PA; ST
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML	EX	
<i>pulmosal inhalation solution for nebulization 7 %</i>	4	
PULMOZYME INHALATION SOLUTION 1 MG/ML	3	PA; SP; LA
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION, 80 MCG/ACTUATION	EX	
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	
REVATIO ORAL TABLET 20 MG	4	PA; SP; LA
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	4	
RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY	4	PA; ST
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	3	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>	3	PA; SP
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	4	PA; SP
SINGULAIR ORAL GRANULES IN PACKET 4 MG	EX	
SINGULAIR ORAL TABLET 10 MG	EX	
SINGULAIR ORAL TABLET, CHEWABLE 4 MG, 5 MG	EX	
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	4	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	EX	

Drug Name	Drug Tier	Requirements / Limits
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	4	
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	3	PA; SP; LA
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	3	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	4	
<i>theophylline oral elixir 80 mg/15 ml</i>	1	
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i>	1	
TRACLEER ORAL TABLET 125 MG, 62.5 MG	4	PA; SP; LA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	3	PA; SP; LA
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	3	PA; SP; LA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	3	PA; SP; LA

Drug Name	Drug Tier	Requirements / Limits
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	4	PA
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) - 48(28) MCG, 32 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
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	4	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	EX	
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	4	PA; ST; SP; LA
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	4	PA; ST; SP; LA; QL (2 per 30 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; ST; SP; LA; QL (2 per 30 days)
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; ST; SP; LA
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	EX	
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	4	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	4	
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION	EX	
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	4	ST
ZYFLO ORAL TABLET 600 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
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	EX	
DETROL ORAL TABLET 1 MG, 2 MG	EX	
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	4	
<i>flavoxate oral tablet 100 mg</i>	1	
GEMTESA ORAL TABLET 75 MG	4	PA; ST
<i>mirabegron oral tablet extended release 24 hr 25 mg, 50 mg</i>	EX	
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML	4	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	EX	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG	4	
<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	EX	
<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	EX	
<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	4	
VESICARE ORAL TABLET 10 MG, 5 MG	EX	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
AVODART ORAL CAPSULE 0.5 MG	EX	
<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	4	PA
<i>finasteride oral tablet 5 mg</i>	1	
FLOMAX ORAL CAPSULE 0.4 MG	4	PA; ST
PROSCAR ORAL TABLET 5 MG	4	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	EX	
<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	EX	
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	3	PA; SP
ELMIRON ORAL CAPSULE 100 MG	2	PA; ST
K-PHOS NO 2 ORAL TABLET 305-700 MG	2	
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG	2	
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	1	
ORACIT ORAL SOLUTION 490-640 MG/5 ML	4	
<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	EX	SP; LA
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	EX	SP; LA
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	4	
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)	4	PA; SP
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML	4	PA; SP

Drug Name	Drug Tier	Requirements / Limits
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i>	4	
URELLE ORAL TABLET 81-10.8-40.8 MG	4	
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	1	
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG	4	
URIMAR-T ORAL CAPSULE 120-10.8-40.8 MG	4	
<i>urimar-t oral tablet 120-10.8-0.12 mg</i>	1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG)	4	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ	4	
<i>urogesic-blue oral tablet 81.6-40.8-0.12 mg</i>	4	
<i>uro-mp oral capsule 118-10-40.8-36 mg</i>	1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	4	
<i>uro-sp oral capsule 118-10-40.8-36 mg</i>	4	
<i>uryl oral tablet 81.6-40.8-0.12 mg</i>	1	
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
PYRIDIUM ORAL TABLET 100 MG, 200 MG	EX	
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)	4	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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>	4	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	4	
<i>lugols oral solution 5 %</i>	1	
POKONZA ORAL PACKET 10 MEQ	4	
<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	
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	2	
<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	4	PA
<i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>	4	
<i>b complex 100 injection solution 100-2-100-2-2 mg/ml</i>	4	
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG -374 MG	4	
<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	4	
CITRANATAL MEDLEY ORAL CAPSULE 27 MG IRON-1 MG -200 MG	4	
<i>c-nate dha oral capsule 28 mg iron-1 mg -200 mg</i>	4	

Drug Name	Drug Tier	Requirements / Limits
<i>complete natal dha oral combo pack 29 mg iron- 1 mg-200 mg</i>	1	
CONCEPT DHA ORAL CAPSULE 35-1-200 MG	4	
CONCEPT OB ORAL CAPSULE 85-1 MG	4	
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	1	
<i>cyanocobalamin (vitamin b-12) nasal spray, non-aerosol 500 mcg/spray</i>	4	PA; ST
<i>dodex injection solution 1,000 mcg/ml</i>	4	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG -400 MG	4	
<i>elite-ob oral tablet 50 mg iron- 1.25 mg</i>	4	
ENBRACE HR ORAL CAPSULE, IR - DELAY REL, BIPHASE 1.5 MG IRON- 8.73 MG-6.4 MG	4	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
FA-8 ORAL CAPSULE 0.8 MG	4	
FER-IN-SOL ORAL DROPS 15 MG IRON (75 MG)/ML	4	
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML	4	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	4	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>	4	ACA PV
<i>folic acid injection solution 5 mg/ml</i>	1	
<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	4	
<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>	4	ACA PV
MARNATAL-F ORAL CAPSULE 60 MG IRON- 1 MG	4	

Drug Name	Drug Tier	Requirements / Limits
MECOBALAMIN (VITAMIN B12) INJECTION RECON SOLN 10, 000 MCG	4	
<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>	4	ACA PV
<i>multi-vitamin with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	4	ACA PV
<i>mvc-fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	4	ACA PV
<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	EX	
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET, CHEWABLE 28 MG IRON -1 MG	4	
NATAL PNV ORAL TABLET 6 MG IRON- 833.5 MCG DFE	4	
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG-581.92 MG	4	
NEONATAL FE ORAL TABLET 90 MG-120 MG-12 MCG-1,000 MCG	4	
NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON- 1 MG	4	
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG	4	
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG	4	
NESTABS ONE ORAL CAPSULE 38-1-225 MG	4	
NESTABS ORAL TABLET 32-1,000 MG-MCG	4	
<i>newgen oral tablet 32-1,000 mg-mcg</i>	4	
NOVAFERRUM ORAL DROPS 15 MG IRON/ML	4	
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG	EX	
OB COMPLETE ORAL TABLET 50 MG IRON-1.25 MG	EX	
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	EX	
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG	EX	
<i>pnv-dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>pnv-omega oral capsule 28-1-300 mg</i>	1	
<i>pnv-select oral tablet 27-1 mg</i>	1	
<i>pr natal 400 ec oral combo pack, tablet and cap, dr 29-1-400 mg</i>	1	
<i>pr natal 400 oral combo pack 29-1-400 mg</i>	1	
<i>pr natal 430 ec oral combo pack, tablet and cap, dr 29-1-430 mg</i>	1	
<i>pr natal 430 oral combo pack 29 mg iron-1 mg -430 mg</i>	1	
PRENATA ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG	4	
<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	4	
<i>prenatal plus oral tablet 29 mg iron- 1 mg</i>	1	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG	4	
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	4	ACA PV
<i>prenatal-u oral capsule 106.5-1 mg</i>	1	
PRENATE AM ORAL TABLET 1-500 MG	4	
PRENATE CHEWABLE ORAL TABLET, CHEWABLE 1 MG	4	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG	4	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG	4	
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG	4	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG	4	

Drug Name	Drug Tier	Requirements / Limits
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG	4	
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG	4	
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG	4	
PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG	4	
PRIMACARE ORAL CAPSULE 30-1-300 MG	4	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG	4	
R-NATAL OB ORAL CAPSULE 20 MG IRON- 1 MG-320 MG	4	
SELECT-OB (FOLIC ACID) ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG	4	
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG	4	
SELECT-OB ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG	4	
<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	4	
TRICARE ORAL TABLET 27 MG IRON- 1 MG	4	
<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	EX	
TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG	4	
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	4	ACA PV
VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG	4	
VITAFOL GUMMIES ORAL TABLET, CHEWABLE 3.33 MG IRON- 0.33 MG	4	
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	4	
VITAFOL-OB ORAL TABLET 65-1 MG	4	

Drug Name	Drug Tier	Requirements / Limits
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG	4	
VITAFOL-ONE ORAL CAPSULE 29 MG IRON-1 MG-200 MG	4	
VITAMEDMD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG	4	
<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>	4	ACA PV
VITATRUE ORAL COMBO PACK 30 MG IRON- 1.4 MG-300 MG	4	
<i>wescap-c dha oral capsule 35-1-200 mg</i>	4	PA
<i>wescap-pn dha oral capsule 27 mg iron-1 mg -300 mg</i>	4	PA
<i>wesnatal dha complete oral combo pack 29 mg iron- 1 mg-200 mg</i>	1	
<i>wesnate dha oral capsule 28 mg iron-1 mg -200 mg</i>	4	PA
<i>westab plus oral tablet 27 mg iron- 1 mg</i>	4	PA
<i>westgel dha oral capsule 31 mg iron- 1 mg-200 mg</i>	4	PA
<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>	4	

Index

- A**
- abacavir*.....2
 - abacavir-lamivudine*.....2
 - ABILIFY48
 - ABILIFY MAINTENA.....47
 - ABILIFY MYCITE
 MAINTENANCE KIT48
 - ABILIFY MYCITE
 STARTER KIT48
 - abiraterone*15
 - ABRILADA(CF).....140
 - ABRILADA(CF) PEN140
 - ABRYSVO (PF).....134
 - ABSORICA.....81
 - ABSORICA LD81
 - acamprosate*94
 - ACANYA.....81
 - acarbose*113
 - ACCOLATE.....169
 - ACCRUFER.....180
 - ACCU-CHEK AVIVA PLUS
 TEST STRP.....102
 - ACCU-CHEK GUIDE TEST
 STRIPS.....102
 - ACCU-CHEK SMARTVIEW
 TEST STRIP102
 - ACCUPRIL61
 - ACCURETIC61
 - accutane*81
 - ACCU-TREND GLUCOSE
 TEST STRIPS102
 - acebutolol*.....61
 - acetaminophen-caff-*
 dihydrocod.....39
 - acetaminophen-codeine*.....39
 - acetazolamide*.....162
 - acetic acid*94, 99
 - acetylcysteine*169
 - ACIPHEX127
 - acitretin*77
 - ACTEMRA140
 - ACTEMRA ACTPEN.....140
 - ACTHAR100
 - ACTHAR SELFJECT100
 - ACTHIB (PF).....134
 - ACTICLATE.....12
 - ACTIMMUNE132
 - ACTIVELLA145
 - ACTONEL139
 - ACTOPLUS MET113
 - ACTOS113
 - ACULAR.....162
 - ACULAR LS162
 - ACUVAIL (PF).....162
 - acyclovir*2, 89
 - ACZONE.....81
 - ADACEL(TDAP
 ADOLESN/ADULT)(PF)
 134
 - ADALIMUMAB-AACF....140
 - ADALIMUMAB-AACF(CF)
 PEN CROHNS140
 - ADALIMUMAB-AACF(CF)
 PEN PS-UV141
 - ADALIMUMAB-AATY....141
 - ADALIMUMAB-ADAZ....141
 - ADALIMUMAB-ADBM..141
 - ADALIMUMAB-ADBM(CF)
 PEN CROHNS141
 - ADALIMUMAB-ADBM(CF)
 PEN PS-UV141
 - ADALIMUMAB-FKJP141
 - ADALIMUMAB-RYVK ..141
 - adapalene*81
 - ADAPALENE81
 - adapalene-benzoyl peroxide*.81
 - ADBRY79
 - ADCIRCA169
 - ADDERALL48
 - ADDERALL XR.....48
 - ADDYI48
 - adefovir*.....2
 - ADEMPAS.....169
 - ADLARITY.....36
 - ADMELOG SOLOSTAR U-
 100 INSULIN.....106
 - ADMELOG U-100 INSULIN
 LISPRO106
 - adrenalin*166
 - ADRENALIN.....169
 - adthyza*.....117
 - ADTHYZA.....117
 - adult aspirin regimen*43
 - ADVAIR DISKUS.....169
 - ADVAIR HFA169
 - ADVANCED GLUC METER
 TEST STRIP.....102
 - ADVOCATE REDI-CODE
 PLUS102
 - ADZENYS XR-ODT48
 - AEMCOLO8
 - AFINITOR15
 - AFINITOR DISPERZ15
 - afirmelle*.....150
 - AFLURIA TRIV 2024-2025
 134
 - AFLURIA TRIV 2024-2025
 (PF).....134
 - AFREZZA106
 - after pill*150
 - AFTERA.....150
 - AGAMATRIX AMP TEST
 STRIPS102
 - AGAMREE100
 - AGRYLIN94
 - AIMOVIG AUTOINJECTOR
 34
 - AIRDUO DIGIHALER.....169
 - AIRDUO RESPICLICK....169
 - AJOVY AUTOINJECTOR..34
 - AJOVY SYRINGE.....34
 - AKEEGA.....15
 - AKLIEF.....81
 - AKTEN (PF)160
 - AKYNZEO (NETUPITANT)
 120
 - ala-cort*89
 - ALA-SCALP89
 - albendazole*.....8
 - albuterol sulfate inhalation* 169
 - ALCAINE.....160
 - alclometasone*89
 - ALCORTIN A.....86
 - ALDACTONE.....61
 - ALECENSA15
 - alendronate*.....139
 - ALFERON N.....132
 - alfuzosin*.....177
 - ALINIA8
 - aliskiren*61
 - ALKERAN.....15
 - ALKINDI SPRINKLE100
 - allopurinol*.....139

<i>almotriptan malate</i>	34	<i>amlodipine-benazepril</i>	62	ARAVA.....	141
ALOCRIL	160	<i>amlodipine-olmesartan</i>	62	ARAZLO.....	81
ALOGLIPTIN	113	<i>amlodipine-valsartan</i>	62	ARCALYST	129
ALOGLIPTIN-METFORMIN		<i>amlodipine-valsartan-hcthiazyd</i>		AREXVY (PF)	134
.....	113	.....	62	<i>arformoterol</i>	170
ALOGLIPTIN-		<i>ammonium lactate</i>	80	ARICEPT	36
PIOGLITAZONE.....	114	<i>amnesteam</i>	81	ARIKAYCE	8
ALOMIDE	160	<i>amoxapine</i>	48	ARIMIDEX	15
<i>alose tron</i>	120	<i>amoxicil-clarithromy-</i>		<i>aripiprazole</i>	49
ALPHAGAN P.....	166	<i>lansopraz</i>	127	ARISTADA.....	49
<i>alprazolam</i>	48	<i>amoxicillin</i>	11	ARISTADA INITIO.....	49
<i>alprazolam intensol</i>	48	<i>amoxicillin-pot clavulanate</i> ..	11	ARIXTRA	70
ALREX	165	<i>amphetamine sulfate</i>	48	<i>armodafinil</i>	49
ALTABAX.....	86	<i>ampicillin</i>	11	ARMOUR THYROID.....	117
<i>altacaine</i>	160	AMPYRA.....	36	ARNUITY ELLIPTA	170
ALTACE.....	61	AMRIX.....	37	AROMASIN.....	15
ALTAFLUOR BENOX	160	AMZEEQ	81	ARTHROTEC 50	43
<i>altavera (28)</i>	150	ANAFRANIL.....	48	ARTHROTEC 75	43
ALTOPREV	73	<i>anagrelide</i>	94	<i>ascomp with codeine</i>	39
ALTRENO	81	ANA-LEX KIT.....	120	<i>ascorbic acid (vitamin c)</i>	180
ALUNBRIG	15	ANALPRAM-HC.....	77, 120	<i>asenapine maleate</i>	49
ALVAIZ.....	70	ANAPROX DS.....	43	<i>ashlyna</i>	151
ALVESCO	170	<i>anas paz</i>	118	ASMANEX HFA	170
<i>alvimopan</i>	120	<i>anastrozole</i>	15	ASMANEX TWISTHALER	
<i>alyacen 1/35 (28)</i>	150	ANCOBON	1	.....	170
<i>alyacen 7/7/7 (28)</i>	151	ANDROGEL.....	110	<i>aspirin</i>	43
<i>alyq</i>	170	ANGELIQ	146	<i>aspirin childrens</i>	43
<i>amantadine hcl</i>	2	ANNOVERA.....	149	<i>aspirin-dipyridamole</i>	70
AMBIEN	48	ANORO ELLIPTA.....	170	ASPIRIN-OMEPRAZOLE ..	70
AMBIEN CR.....	48	ANTIVERT	120, 121	ASPRUZYO SPRINKLE....	76
<i>ambrisentan</i>	170	<i>anucort-hc</i>	121	ASSURE 4 STRIPS.....	102
<i>amcinonide</i>	89	ANUSOL-HC.....	121	ASSURE PLATINUM TEST	
AMELUZ	80	<i>apexicon e</i>	89	STRIP	102
<i>amethia</i>	151	APIDRA SOLOSTAR U-100		ASSURE PRISM MULTI	
<i>amethyst (28)</i>	151	INSULIN	106	STRIP	102
AMICAR.....	70	APIDRA U-100 INSULIN.	106	ASTAGRAF XL.....	15
<i>amikacin</i>	8	APLENZIN	48	ATACAND.....	62
<i>amiloride</i>	61	APOKYN	32	ATACAND HCT.....	62
<i>amiloride-hydrochlorothiazide</i>		<i>apomorphine</i>	32	<i>atazanavir</i>	2
.....	62	<i>apraclonidine</i>	166	ATELVIA.....	140
<i>aminocaproic acid</i>	70	<i>aprepitant</i>	121	<i>atenolol</i>	62
<i>amidarone</i>	60	APRETUDE	2	<i>atenolol-chlorthalidone</i>	62
AMITIZA	120	<i>apri</i>	151	ATIVAN.....	49
<i>amitriptyline</i>	48	APRISO	121	<i>atomoxetine</i>	49
<i>amitriptyline-chlordiazepoxide</i>		APTENSIO XR	48	<i>atorvastatin</i>	73
.....	48	APTIOM.....	25	<i>atovaquone</i>	8
AMJEVITA(CF)	141	APTIVUS	2	<i>atovaquone-proguanil</i>	8
AMJEVITA(CF)		ARAKODA	8	ATRALIN.....	82
AUTOINJECTOR.....	141	<i>aranelle (28)</i>	151	ATRIPLA	2
<i>amlodipine</i>	62	ARANESP (IN		<i>atropine</i>	160
<i>amlodipine-atorvastatin</i>	73	POLYSORBATE).....	129	ATROPINE	159

ATROVENT HFA 170
 AUBAGIO 132
aubra 151
aubra eq 151
 AUDENZ (NATIONAL STOCKPILE) 134
 AUDENZ(PF)(NATIONAL STOCKPILE) 134
 AUGMENTIN 11
 AUGMENTIN XR 11
 AUGTYRO 15
aurovela 1.5/30 (21) 151
aurovela 1/20 (21) 151
aurovela 24 fe 151
aurovela fe 1.5/30 (28) 151
aurovela fe 1-20 (28) 151
 AURYXIA 120
 AUSTEDO 36
 AUSTEDO XR 36
 AUSTEDO XR TITRATION KT(WK1-4) 36
 AUVELITY 49
 AUVI-Q 167
 AVALIDE 62
 AVAPRO 62
avar 82
 AVAR LS 82
 AVAR-E 82
 AVEED 110
aviane 151
avidoxy 12
 AVIDOXY DK 12
 AVODART 178
 AVONEX 132
ayuna 151
 AYVAKIT 15
 AZASAN 15
 AZASITE 158
azathioprine 15
azelaic acid 82
azelastine 97, 160
azelastine-fluticasone 170
 AZELEX 82
 AZILECT 32
azithromycin 7
 AZOPT 163
 AZOR 62
 AZSTARYS 49
 AZULFIDINE 121
 AZULFIDINE EN-TABS .. 121
azurette (28) 151

B
b complex 100 180
bacitracin 158
bacitracin-polymyxin b 158
baclofen 38
 BACLOFEN 38
 BACTRIM 12
 BACTRIM DS 12
 BAFIERTAM 132
bal-care dha 180
 BAL-CARE DHA ESSENTIAL 180
 BALCOLTRA 151
balsalazide 121
 BALVERSA 15
balziva (28) 151
 BANZEL 25
 BAQSIMI 106
 BARACLUDGE 2
 BASAGLAR KWIKPEN U-100 INSULIN 107
 BASAGLAR TEMPO PEN(U-100)INSLN 107
 BAXDELA 12
bayer low dose aspirin 43
 BCG VACCINE, LIVE (PF) 134
 BELBUCA 39
belladonna alkaloids-opium 118
 BELSOMRA 49
benazepril 62
benazepril-hydrochlorothiazide 62
 BENICAR 62
 BENICAR HCT 62
 BENLYSTA 141, 142
 BENZAMYCIN 82
benzepro 82
 BENZEPRO (MICROSPHERES) 82
 BENZNIDAZOLE 9
benzonatate 168
benzoyl peroxide 82
benztropine 32
bepotastine besilate 160
 BEPREVE 160
beser 89
 BESIVANCE 158
 BESREMI 132

BETADINE OPHTHALMIC PREP 158
betaine 121
betamethasone acet,sod phos 100
betamethasone dipropionate 89
betamethasone valerate 89
betamethasone, augmented... 89
 BETAPACE 61
 BETAPACE AF 61
 BETASERON 132
betaxolol 62, 159
bethanechol chloride 178
 BETHKIS 9
 BETIMOL 159
 BETOPTIC S 159
 BEVESPI AEROSPHERE . 170
bexarotene 15
 BEXSERO 134
 BEYAZ 151
bicalutamide 15
 BICILLIN L-A 12
 BIDIL 62
 BIJUVA 146
 BIKTARVY 2
 BILTRICIDE 9
bimatoprost 163
 BIMZELX 77
 BIMZELX AUTOINJECTOR 77
 BINOSTO 140
 BIONIME RIGHTEST TEST STRIPS 102
 BIOTHRAX 134
bismuth subcit k-metronidz-ten 127
bisoprolol fumarate 62
bisoprolol-hydrochlorothiazide 62
blisovi 24 fe 151
blisovi fe 1.5/30 (28) 151
blisovi fe 1/20 (28) 151
 BLOOD GLUCOSE TEST 102
 BLULINK GLUCOSE TEST STRIP 102
 BONJESTA 121
 BOOSTRIX TDAP 134
bosentan 170
 BOSULIF 15
bp 10-1 82
 BRAFTOVI 15

BRENZAVVY	114	<i>cabergoline</i>	110	CARDURA XL	63
BREO ELLIPTA	170	CABLIVI.....	70	CARESENS N TEST STRIPS	
BREXAFEMME	1	CABOMETYX.....	16	.....	102
<i>breyna</i>	170	CABTREO	82	CARETOUCH TEST STRIP	
BREZTRI AEROSPHERE	170	CADUET.....	73	.....	102
<i>briellyn</i>	151	<i>caffeine citrate</i>	94	<i>carglumic acid</i>	94
BRILINTA	70	<i>calcipotriene</i>	77	<i>carisoprodol</i>	38
<i>brimonidine</i>	82, 166	CALCIPOTRIENE.....	77	<i>carisoprodol-aspirin</i>	38
BRIMONIDINE-		<i>calcipotriene-betamethasone</i>	77	<i>carisoprodol-aspirin-codeine</i>	
DORZOLAMIDE.....	163	<i>calcitonin (salmon)</i>	110, 111	.....	38
BRIMONIDINE-		<i>calcitriol</i>	77, 111	CARNITOR.....	94
DORZOLAMIDE (PF) ..	163	<i>calcium acetate(phosphat bind)</i>		CARNITOR (SUGAR-FREE)	
<i>brimonidine-timolol</i>	163	.....	179	.....	94
<i>brinzolamide</i>	163	CALQUENCE		CAROSPIR.....	63
BRIVIACT	25	(ACALABRUTINIB MAL)		<i>carteolol</i>	159
BROMFED DM	168	.....	16	<i>cartia xt</i>	63
<i>bromfenac</i>	162	CAMBIA	43	<i>carvedilol</i>	63
<i>bromocriptine</i>	32	CAMCEVI (6 MONTH)	16	<i>carvedilol phosphate</i>	63
<i>brompheniramine-pseudoeph-</i>		<i>camila</i>	146	CASODEX	16
<i>dm</i>	168	<i>camrese</i>	151	CATAPRES-TTS-1	63
BROMSITE.....	162	<i>camrese lo</i>	151	CATAPRES-TTS-2.....	63
BROVANA	170	CAMZYOS	76	CATAPRES-TTS-3.....	63
BRUKINSA	15	CANASA.....	121	CAYA CONTOURED	145
BRYHALI.....	89	<i>candesartan</i>	62	CAYSTON	9
<i>budesonide</i>	121, 170	<i>candesartan-</i>		<i>caziant (28)</i>	152
<i>budesonide-formoterol</i>	171	<i>hydrochlorothiazid</i>	63	<i>cefaclor</i>	6
<i>bumetanide</i>	62	CANTHARIDIN IN		<i>cefadroxil</i>	6
BUPHENYL.....	94	ACETONE	80	<i>cefazolin</i>	7
<i>buprenorphine</i>	39	<i>capecitabine</i>	16	<i>cefdinir</i>	7
<i>buprenorphine hcl</i>	39	CAPEX.....	89	<i>cefixime</i>	7
<i>buprenorphine-naloxone</i>	43	CAPLYTA.....	49	<i>cefpodoxime</i>	7
<i>bupropion hcl</i>	49	CAPRELSA.....	16	<i>cefprozil</i>	7
BUPROPION HCL	49	<i>captopril</i>	63	<i>ceftriaxone</i>	7
<i>bupropion hcl (smoking deter)</i>		<i>captopril-hydrochlorothiazide</i>		<i>cefuroxime axetil</i>	7
.....	97	.....	63	CELEBREX	43
<i>bupirone</i>	49	CAPVAXIVE.....	134	<i>celecoxib</i>	43
<i>butalbital-acetaminop-caf-cod</i>		CARAC	80	CELEXA	49
.....	39	CARAFATE.....	127	CELLCEPT	16
<i>butalbital-acetaminophen</i>	39,	CARBAGLU	94	CELONTIN	25
40		<i>carbamazepine</i>	25	CENTANY	86
<i>butalbital-acetaminophen-caff</i>		CARBAMAZEPINE	25	CENTANY AT.....	86
.....	40	CARBATROL.....	25	<i>cephalexin</i>	7
<i>butalbital-aspirin-caffeine</i>	40	<i>carbidopa</i>	32	CEQUA	160
<i>butorphanol</i>	43	<i>carbidopa-levodopa</i>	32	CERDELGA.....	111
BUTRANS	40	<i>carbidopa-levodopa-</i>		CERVIDIL	149
BYDUREON BCISE	114	<i>entacapone</i>	32	<i>cetirizine</i>	167
BYETTA	114	<i>carbinoxamine maleate</i>	167	CETRAXAL.....	99
BYLVAY	121	CARDIZEM	63	<i>cevimeline</i>	94
BYSTOLIC	62	CARDIZEM CD.....	63	CHANTIX	97
C		CARDIZEM LA.....	63	CHANTIX CONTINUING	
CABENUVA.....	2	CARDURA	63	MONTH BOX.....	97

CHANTIX STARTING	CLENPIQ.....	122	COBENFY	50
MONTH BOX.....	CLEOCIN.....	149	COBENFY STARTER PACK	
<i>charlotte 24 fe</i>	CLEOCIN HCL.....	9	.....	50
<i>chateal (28)</i>	CLEOCIN PEDIATRIC.....	9	COCAINE	85
<i>chateal eq (28)</i>	CLEOCIN T	82	<i>codeine sulfate</i>	40
CHEMET	CLEVER CHOICE MICRO		<i>codeine-butalbital-asa-caff</i> ...40	
CHENODAL.....	TEST STRIP.....	102	<i>codeine-guaifenesin</i>	168
<i>chlordiazepoxide hcl</i>	CLEVER CHOICE PRO...102		CODITUSSIN AC.....	168
<i>chlordiazepoxide-clidinium</i> 118	CLEVER CHOICE TALK		CODITUSSIN DAC.....	168
<i>chlorhexidine gluconate</i>	TEST	102	COLAZAL	122
<i>chloroquine phosphate</i>	CLEVER CHOICE TEST		<i>colchicine</i>	139
<i>chlorpromazine</i>	STRIPS.....	102	COLCRYS.....	139
<i>chlorthalidone</i>	CLEVER CHOICE VOICE		<i>colesevelam</i>	73
<i>chlorzoxazone</i>	PLUS TEST.....	102	COLESTID.....	73
CHOLBAM.....	CLIMARA.....	146	<i>colestipol</i>	73
<i>cholestyramine (with sugar)</i> .73	CLIMARA PRO.....	146	<i>colistin (colistimethate na)</i>	9
<i>cholestyramine light</i>	<i>clindacin</i>	82	COLY-MYCIN M	
CIBINQO	<i>clindacin etz</i>	82	PARENTERAL	9
<i>ciclodan</i>	CLINDACIN ETZ.....	82	COMBIGAN	163
CICLODAN KIT	<i>clindacin p</i>	82	COMBIPATCH.....	146
<i>ciclopirox</i>	CLINDACIN PAC	82	COMBIVENT RESPIMAT171	
<i>ciclopirox-ure-camph-menth-</i>	CLINDAGEL	82	COMETRIQ	16
<i>euc</i>	<i>clindamycin hcl</i>	9	COMPAZINE.....	122
<i>cilostazol</i>	<i>clindamycin pediatric</i>	9	COMPLERA	2
CILOXAN.....	<i>clindamycin phosphate</i> .82, 149		<i>complete natal dha</i>	181
CIMDUO.....	<i>clindamycin-benzoyl peroxide</i>		<i>compro</i>	122
<i>cimetidine</i> .....	.....	82	CONCEPT DHA	181
<i>cimetidine hcl</i>	<i>clindamycin-tretinoin</i>	83	CONCEPT OB	181
CIMZIA.....	CLINDESSE	149	CONCERTA.....	50
CIMZIA POWDER FOR	CLINPRO 5000.....	97	CONDYLOX.....	80
RECONST.....	<i>clobazam</i>	25	CONJUPRI	63
<i>cinacalcet</i>	<i>clobetasol</i>	89, 90	CONSENSI.....	63
CIPRO	CLOBETASOL	165	<i>constulose</i>	122
CIPRO HC	<i>clobetasol-emollient</i>	90	CONTOUR NEXT TEST	
<i>ciprofloxacin</i>	CLOBEX	90	STRIPS	102
<i>ciprofloxacin hcl</i> 12, 99, 158	<i>clocortolone pivalate</i>	90	CONTOUR PLUS TEST	
<i>ciprofloxacin-dexamethasone</i>	<i>clodan</i>	90	STRIP	102
.....	CLODAN KIT.....	90	CONTOUR TEST STRIPS 102	
CIPROFLOXACIN-	<i>clomipramine</i>	50	CONZIP.....	43
FLUOCINOLONE	<i>clonazepam</i>	25	COPAXONE	132
<i>citalopram</i>	<i>clonidine</i>	63	COPIKTRA	16
CITALOPRAM.....	<i>clonidine hcl</i>	50, 63	CORDRAN.....	90
CITRANATAL B-CALM (FE	CLONIDINE HCL	63	CORDRAN TAPE LARGE	
GLUC).....	<i>clopidogrel</i>	71	ROLL.....	90
CITRANATAL MEDLEY .180	<i>clorazepate dipotassium</i>	50	COREG.....	64
<i>claravis</i>	<i>clotrimazole</i>	1, 87	COREG CR	64
CLARINEX.....	<i>clotrimazole-betamethasone</i> .87		CORLANOR	76
CLARINEX-D 12 HOUR ..168	<i>clozapine</i>	50	CORTANE-B	80
<i>clarithromycin</i>	CLOZARIL	50	CORTEF.....	100
<i>clemastine</i>	<i>c-nate dha</i>	180	CORTENEMA	122
CLENIA PLUS	COARTEM	9	CORTIFOAM.....	122

<i>cortisone</i>	100	CYMBALTA.....	50	<i>dentagel</i>	98
CORTISPORIN-TC	99	<i>cyproheptadine</i>	167	DEPAKOTE	26
CORTROPHIN GEL.....	100	<i>cyred</i>	152	DEPAKOTE ER.....	25
COSENTYX.....	78	<i>cyred eq</i>	152	DEPAKOTE SPRINKLES...26	
COSENTYX (2 SYRINGES)		CYSTADANE.....	122	DEPEN TITRATABS	142
.....	77	CYSTADROPS	161	DEPO-ESTRADIOL	146
COSENTYX PEN	78	CYSTAGON	178	DEPO-MEDROL	100
COSENTYX PEN (2 PENS)77		CYSTARAN	161	DEPO-PROVERA.....	146
COSOPT	163	CYTOMEL.....	117	DEPO-SUBQ PROVERA 104	
COSOPT (PF)	163	CYTOTEC.....	127	.....	146
COTELLIC.....	16	D		DEPO-TESTOSTERONE..111	
COTEMPLA XR-ODT	50	<i>dabigatran etexilate</i>	71	<i>dermacinrx lidocan</i>	85
<i>covaryx</i>	146	<i>dalfampridine</i>	36	DERMA-SMOOTH/FS	
<i>covaryx h.s.</i>	146	DALIRESP	171	BODY OIL	90
COXANTO	43	<i>danazol</i>	111	DERMA-SMOOTH/FS	
COZAAR	64	DANTRIUM	38	SCALP OIL.....	90
CREON	122	<i>dantrolene</i>	38	DERMOTIC OIL.....	99
CRESEMBA	1	DAPAGLIFLOZ		DESCOVY	2, 3
CRESTOR.....	73	PROPANED-METFORMIN		<i>desipramine</i>	50
CRINONE	146	.....	114	<i>desloratadine</i>	167
<i>cromolyn</i>	122, 160, 171	DAPAGLIFLOZIN		<i>desmopressin</i>	111
<i>crotan</i>	93	PROPANEDIOL	114	DESMOPRESSIN	111
<i>cryselle (28)</i>	152	<i>dapsone</i>	9, 83	<i>desog-e.estradiol/e.estradiol</i>	
CUPRIMINE.....	142	DAPTACEL (DTAP		.....	152
<i>curae</i>	152	PEDIATRIC) (PF).....	134	<i>desonide</i>	90
CUVPOSA	118	DARAPRIM.....	9	<i>desoximetasone</i>	90
CUVRIOR.....	94	<i>darifenacin</i>	177	DESOXYN	50
<i>cyanocobalamin (vitamin b-12)</i>		DARTISLA	118	DESVENLAFAXINE	50
.....	181	<i>darunavir</i>	2	<i>desvenlafaxine succinate</i>	50
<i>cyclobenzaprine</i>	38	DARZALEX FASPRO	16	DETROL	177
CYCLOGYL	160	<i>dasatinib</i>	16	DETROL LA.....	177
CYCLOMYDRIL	166	<i>dasetta 1/35 (28)</i>	152	<i>dexabliss</i>	100
<i>cyclopentolate</i>	160	<i>dasetta 7/7/7 (28)</i>	152	<i>dexamethasone</i>	100
<i>cyclophen-tropic-phenyleph-</i>		DAURISMO.....	16	<i>dexamethasone intensol</i>	100
<i>watr</i>	160	DAYBUE	36	<i>dexamethasone sodium phos</i>	
CYCLOPENT-TROPIC-		DAYPRO.....	43	(<i>pf</i>)	100
PHEN-KETR-WAT	160	<i>daysee</i>	152	<i>dexamethasone sodium</i>	
<i>cyclophosphamide</i>	16	DAYTRANA.....	50	<i>phosphate</i>	100, 165
CYCLOPHOSPHAMIDE....	16	DAYVIGO	50	<i>dexchlorpheniramine maleate</i>	
<i>cycloserine</i>	9	DDAVP	111	.....	167
CYCLOSET	114	<i>deblitane</i>	146	DEXEDRINE SPANSULE..51	
<i>cyclosporine</i>	16, 160	<i>deferasirox</i>	94	DEXILANT.....	127
CYCLOSPORINE IN		<i>deferiprone</i>	94	<i>dexlansoprazole</i>	127
KLARITY	160	<i>deflazacort</i>	100	<i>dexmethylphenidate</i>	51
<i>cyclosporine modified</i>	16	DELESTROGEN	146	DEXTENZA.....	165
CYLTEZO(CF)	142	DELSTRIGO.....	2	<i>dextroamphetamine sulfate</i> ...51	
CYLTEZO(CF) PEN	142	DELZICOL	122	<i>dextroamphetamine-</i>	
CYLTEZO(CF) PEN		<i>demeclocycline</i>	13	<i>amphetamine</i>	51
CROHN'S-UC-HS.....	142	DEM SER.....	64	DHIVY	32
CYLTEZO(CF) PEN		DENAVIR.....	89	DIACOMIT	26
PSORIASIS-UV	142	<i>denta 5000 plus</i>	98		

DIATRUE PLUS TEST STRIP	102	<i>dolishale</i>	152	DYRENIUM.....	64
<i>diazepam</i>	26, 51	DOLOBID	44	E	
<i>diazepam intensol</i>	51	<i>donepezil</i>	36	<i>e.e.s. 400</i>	7
<i>diazoxide</i>	106	DONNATAL.....	118	E.E.S. GRANULES.....	7
DIBENZYLINE	64	DOPTELET	71	EASY PLUS II TEST.....	102
<i>dichlorphenamide</i>	36	DORAL	51	EASY STEP	102
DICLEGIS.....	122	DORYX.....	13	EASY TALK GLUCOSE TEST.....	102
DICLOFENAC EPOLAMINE	43	DORYX MPC	13	EASY TALK PLUS II TEST STRIP	103
<i>diclofenac potassium</i>	43	<i>dorzolamide</i>	163	EASY TOUCH BLULINK TEST STRIP.....	103
<i>diclofenac sodium</i> ... 44, 80, 162		DORZOLAMIDE (PF).....	163	EASY TOUCH TEST STRIP	103
DICLOFENAC SUBMICRONIZED	44	<i>dorzolamide-timolol</i>	163	EASY TRAK GLUCOSE TEST.....	103
<i>diclofenac-misoprostol</i>	44	<i>dorzolamide-timolol (pf)</i>	163	EASY TRAK II TEST STRIP	103
<i>dicloxacillin</i>	12	<i>dotti</i>	146	EASYGLUCO TEST	103
<i>dicyclomine</i>	118	DOVATO	3	EASYMAX	103
DIFFERIN.....	83	<i>doxazosin</i>	64	EBGLYSS PEN.....	80
DIFICID	7	<i>doxepin</i>	51, 80	EC-NAPROSYN	44
<i>diflorasone</i>	90	<i>doxercalciferol</i>	111	<i>econazole</i>	87
DIFLUCAN.....	1	<i>doxycycline hyclate</i>	13	<i>econtra ez</i>	152
<i>diflunisal</i>	44	DOXYCYCLINE HYCLATE	13	<i>econtra one-step</i>	152
<i>difluprednate</i>	165	<i>doxycycline monohydrate</i>	13	<i>ecotrin low strength</i>	44
<i>digoxin</i>	70	<i>doxylamine-pyridoxine (vit b6)</i>	122	ECOZA	87
<i>dihydroergotamine</i>	34	DRIZALMA SPRINKLE.....	51	EDARBI	64
DILANTIN.....	26	<i>dronabinol</i>	122	EDARBYCLOR	64
DILANTIN EXTENDED ...	26	<i>drospirenone-e.estradiol-lm.fa</i>	152	EDECIN.....	64
DILANTIN INFATABS	26	<i>drospirenone-ethinyl estradiol</i>	152	EDLUAR.....	51
DILANTIN-125	26	DROXIA	16	<i>ed-spaz</i>	118
DILAUDID	40	<i>droxidopa</i>	94	EDURANT	3
<i>diltiazem</i>	64	DRYSOL DAB-O-MATIC ..	80	<i>eemt</i>	146
<i>dilt-xr</i>	64	DSUVIA.....	40	<i>eemt hs</i>	146
<i>dimethyl fumarate</i>	132	DUAKLIR PRESSAIR	171	<i>efavirenz</i>	3
DIOVAN	64	DUA VEE.....	146	<i>efavirenz-emtricitabin-tenofov</i> 3	
DIOVAN HCT	64	DUET DHA WITH OMEGA-3	181	<i>efavirenz-lamivu-tenofov disop</i>	3
DIPENTUM	122	DUETACT	114	<i>effe-k</i>	179
DIPHEN	167	DUEXIS	44	EFFER-K.....	179
<i>diphenoxylate-atropine</i>	118	DULERA	171	EFFEXOR XR.....	51
DIPROLENE (AUGMENTED).....	90	<i>duloxetine</i>	51	EFFIENT	71
<i>dipyridamole</i>	71	DUOBRII	90	EFUDEX	80
DISALCID	44	DUOPA	33	ELEMENT COMPACT TEST STRIPS	103
<i>diskets</i>	40	DUPIXENT PEN	80	ELEMENT TEST STRIPS .	103
<i>disopyramide phosphate</i>	61	DUPIXENT SYRINGE.....	80	ELEPSIA XR.....	26
<i>disulfiram</i>	94	DUREZOL	165	ELESTRIN	147
DIURIL	64	<i>dutasteride</i>	178	<i>eletriptan</i>	34
<i>divalproex</i>	26	<i>dutasteride-tamsulosin</i>	178	ELIDEL	80
DIVIGEL.....	146	DUVYZAT.....	94		
<i>dodex</i>	181	DYANAVEL XR	51		
<i>dofetilide</i>	61	DYMISTA.....	171		
DOJOLVI.....	180				

ELIGARD	17	ENSTILAR.....	78	ESGIC.....	40
ELIGARD (3 MONTH).....	16	<i>entacapone</i>	33	<i>esomeprazole magnesium</i> ...	127
ELIGARD (4 MONTH).....	16	ENTADFI.....	178	<i>estarylla</i>	152
ELIGARD (6 MONTH).....	16	<i>entecavir</i>	3	<i>estazolam</i>	52
ELIMITE.....	93	ENTRESTO.....	76	ESTRACE	147
<i>elimest</i>	152	ENTRESTO SPRINKLE	76	<i>estradiol</i>	147
ELIQUIS	71	<i>enulose</i>	122	<i>estradiol valerate</i>	147
ELIQUIS DVT-PE TREAT		ENVARBUS XR	17	<i>estradiol-norethindrone acet</i>	
30D START	71	EPANED	65	.....	147
<i>elite-ob</i>	181	EPCLUSA	3	ESTRING	147
ELIXOPHYLLIN.....	171	EPIDIOLEX.....	26	ESTROGEL.....	147
ELLA.....	152	EPIDUO FORTE.....	83	<i>estrogens-methyltestosterone</i>	
ELMIRON.....	178	EPIFOAM	78	.....	147
<i>eluryng</i>	149	<i>epinastine</i>	161	<i>eszopiclone</i>	52
ELYXYB.....	34	<i>epinephrine</i>	167	<i>ethacrynic acid</i>	65
EMBRACE BLOOD		EPINEPHRINE	167	<i>ethambutol</i>	9
GLUCOSE SYSTEM.....	103	<i>epinephrine hcl</i>	171	<i>ethosuximide</i>	26
EMBRACE EVO TEST		EPIPEN	167	<i>ethynodiol diac-eth estradiol</i>	
STRIPS.....	103	EPIPEN JR	167	.....	152
EMBRACE PRO TEST		<i>epitol</i>	26	<i>etodolac</i>	44
STRIPS.....	103	EPIVIR	3	<i>etonogestrel-ethinyl estradiol</i>	
EMBRACE TALK TEST		<i>eplerenone</i>	65	.....	149
STRIPS.....	103	EPOGEN	129	<i>etoposide</i>	17
EMEND.....	122	EPRONTIA	26	<i>etravirine</i>	3
EMFLAZA	100	<i>eprosartan</i>	65	EUCRISA	80
EMGALITY PEN	34	EPSOLAY	83	EULEXIN.....	17
EMGALITY SYRINGE.....	34	EQUETRO	26	EURAX	93
EMPAVELI.....	94	<i>ergocalciferol (vitamin d2)</i> ..	181	<i>euthyrox</i>	117
EMSAM	52	<i>ergoloid</i>	52	EVAMIST	147
<i>emtricitabine</i>	3	ERGOMAR.....	34	EVEKEO	52
<i>emtricitabine-tenofovir (tdf)</i> ...	3	<i>ergotamine-caffeine</i>	34	EVENCARE G2.....	103
EMTRIVA.....	3	ERIVEDGE.....	17	EVENCARE G3 TEST	103
EMVERM	9	ERLEADA	17	EVENCARE MINI	
<i>emzahn</i>	147	<i>erlotinib</i>	17	GLUCOSE TEST STR...103	
<i>enalapril maleate</i>	64	ERMEZA.....	117	EVENCARE PROVIEW	
<i>enalapril-hydrochlorothiazide</i>		<i>errin</i>	147	TEST STRIP.....	103
.....	64	ERTACZO.....	87	EVENITY	140
ENBRACE HR.....	181	<i>ery pads</i>	83	<i>everolimus (antineoplastic)</i> ..	17
ENBREL	142	<i>erygel</i>	83	<i>everolimus</i>	
ENBREL MINI	142	ERYPED 200	7	(<i>immunosuppressive</i>).....	17
ENBREL SURECLICK	142	ERYPED 400	8	EVERSENSE 365	
ENDARI.....	94	<i>ery-tab</i>	8	TRANSMITTER.....	106
<i>endocet</i>	40	ERY-TAB.....	8	EVISTA.....	140
ENGERIX-B (PF).....	135	<i>erythrocine (as stearate)</i>	8	EVOCLIN.....	83
ENGERIX-B PEDIATRIC		<i>erythromycin</i>	8, 158	EVOLUTION TEST STRIPS	
(PF).....	135	<i>erythromycin ethylsuccinate</i> ...8		.....	103
<i>enilloring</i>	149	<i>erythromycin with ethanol</i>....83		EVOTAZ	3
<i>enoxaparin</i>	71	<i>erythromycin-benzoyl peroxide</i>		EVOXAC	94
<i>enpresse</i>	152	.....	83	EVRYSDI.....	36
<i>enskyce</i>	152	ESBRIET.....	171	EXELDERM	87
ENSPRYNG.....	17	<i>escitalopram oxalate</i>	52	EXELON PATCH.....	36

<i>exemestane</i>	17	FERRIPROX	95	FLUMADINE.....	3
EXFORGE	65	FERRIPROX (2 TIMES A DAY)	95	FLUMIST TRIVALENT 2024-2025	135
EXFORGE HCT	65	<i>fesoterodine</i>	177	<i>flunisolide</i>	171
EXJADE.....	94	FETZIMA.....	52	<i>fluocinolone</i>	90, 91
EXTENCILLINE	12	FEXMID.....	38	<i>fluocinolone acetonide oil</i> ...	99
EXTINA	87	FIASP FLEXTOUCH U-100 INSULIN	107	<i>fluocinolone and shower cap</i>	90
EYSUVIS	165	FIASP PENFILL U-100 INSULIN	107	<i>fluocinonide</i>	91
EZ SMART PLUS TEST ...	103	FIASP PUMPCART.....	107	<i>fluocinonide-e</i>	91
EZ SMART TEST.....	103	FIASP U-100 INSULIN....	107	FLUORESC EIN- BENOXINATE	161
EZALLOR SPRINKLE	73	FIBRICOR.....	74	<i>fluorescein-proparacaine</i> ...	161
<i>ezetimibe</i>	73	FILSPARI.....	76	<i>fluoride (sodium)</i>	98, 181
EZETIMIBE- ROSUVASTATIN	73	FINACEA.....	83	FLUORIDEX DAILY DEFENSE.....	98
<i>ezetimibe-simvastatin</i>	73	<i>finasteride</i>	178	FLUORIDEX SENSITIVITY RELIEF.....	98
F		<i> fingolimod</i>	132	FLUORIMAX 5000	98
FA-8	181	FINTEPLA	26	FLUORIMAX 5000 SENSITIVE	98
FABHALTA.....	95	<i>finzala</i>	152	<i>fluorometholone</i>	165
FABIOR	83	FIORICET	40	FLUROPLEX	80
FACTIVE	12	FIORICET WITH CODEINE	40	<i>fluorouracil</i>	80
<i>falmina (28)</i>	152	FIRAZYR.....	171	FLUROURACIL	80
<i>famciclovir</i>	3	FIRDAPSE	36	<i>fluoxetine</i>	52
<i>famotidine</i>	127	FIRVANQ	14	<i>fluphenazine hcl</i>	52
FANAPT	52	<i>flac otic oil</i>	99	<i>flurandrenolide</i>	91
FARESTON	17	FLAGYL	9	<i>flurazepam</i>	52
FARXIGA	114	FLAREX	165	<i>flurbiprofen</i>	44
FASENRA.....	171	<i>flavoxate</i>	177	<i>flurbiprofen sodium</i>	162
FASENRA PEN	171	<i>flecainide</i>	61	FLUTICASONE FUROATE- VILANTEROL.....	171
<i>febuxostat</i>	139	FLECTOR	44	<i>fluticasone propionate</i> ..	91, 171
<i>felbamate</i>	26	FLEQSUVY	38	FLUTICASONE PROPIONATE	171
FELBATOL	26	FLOLIPID	74	<i>fluticasone propion-salmeterol</i>	172
<i>felodipine</i>	65	FLOMAX	178	FLUTICASONE PROPION- SALMETEROL.....	172
<i>fem ph</i>	149	FLORIVA (FLUORIDE- VITAMIN D3)	181	<i>fluvastatin</i>	74
FEMARA	17	FLUAD TRIV 2024-25(65Y UP)(PF)	135	<i>fluvoxamine</i>	52
FEMCAP.....	145	FLUARIX TRIV 2024-2025 (PF).....	135	FLUZONE HIGH-DOSE TRIV 24-25	135
FEMLYV	152	FLUBLOK TRIV 2024-2025 (PF).....	135	FLUZONE TRIV 2024-2025	135
FEMRING.....	147	FLUCELVAX TRIV 2024- 2025	135	FLUZONE TRIV 2024-2025 (PF).....	135
<i>fenofibrate</i>	74	FLUCELVAX TRIV 2024- 2025 (PF).....	135	FML FORTE	165
FENOFIBRATE.....	74	<i>fluconazole</i>	1	FML LIQUIFILM	165
<i>fenofibrate micronized</i>	74	<i>flucytosine</i>	1	FOCALIN.....	52
FENOFIBRATE MICRONIZED.....	74	<i>fludrocortisone</i>	100	FOCALIN XR	52
<i>fenofibrate nanocrystallized</i>	74	FLULAVAL TRIV 2024-2025 (PF).....	135		
<i>fenofibric acid</i>	74				
<i>fenofibric acid (choline)</i>	74				
FENOGLIDE	74				
<i>fenoprofen</i>	44				
FENOPROFEN	44				
FENSOLVI	17				
<i>fentanyl</i>	40				
<i>fentanyl citrate</i>	40				
FER-IN-SOL.....	181				

<i>folic acid</i>	181	FREESTYLE LITE STRIPS		GIVLAARI.....	95
<i>folivane-ob</i>	181	.....	104	<i>glatiramer</i>	132
<i>fondaparinux</i>	71	FREESTYLE PRECISION		<i>glatopa</i>	132
FORA 6 CONNECT		NEO STRIPS.....	104	GLEEVEC.....	18
GLUCOSE STRIP	103	FREESTYLE TEST	104	GLEOSTINE.....	18
FORA 6CONN-GTEL-TN'G		FROVA	34	<i>glimepiride</i>	114
ADV STRIP	103	<i>frovatriptan</i>	34	GLIMEPIRIDE.....	114
FORA D15G STRIPS	103	FRUZAQLA.....	17	<i>glipizide</i>	114
FORA D20	103	FULPHILA.....	129	GLIPIZIDE.....	114
FORA D40-G31 TEST		FURADANTIN	14	<i>glipizide-metformin</i>	114
STRIPS.....	103	<i>furosemide</i>	65	GLUCAGON (HCL)	
FORA G20	103	FUZEON	3	EMERGENCY KIT.....	106
FORA G30-PREMIUM V10		<i>fyavolv</i>	147	<i>glucagon emergency kit</i>	
TEST STRP.....	103	FYCOMPA.....	26, 27	(<i>human</i>).....	106
FORA GD50 TEST STRIPS		FYLNETRA	129	GLUCO NAVII TEST STRIP	
.....	103	G		.....	104
FORA GTEL GLUCOSE		<i>g tussin ac</i>	168	GLUCOCARD 01 SENSOR	
TEST STRIP	103	<i>gabapentin</i>	27	PLUS	104
FORA TEST STRIP.....	103	GALAFOLD	111	GLUCOCARD EXPRESSION	
FORA TN'G ADVAN PRO		<i>galantamine</i>	36	.....	104
TEST STRIP	103	<i>gallifrey</i>	147	GLUCOCARD SHINE TEST	
FORA TN'G VOICE TEST		GALZIN.....	179	STRIPS	104
STRIPS.....	103	GARDASIL 9 (PF).....	135	GLUCOCARD VITAL	
FORA V10	103	GASTROCROM	122	SENSOR.....	104
FORA V10-V12-D10-D20		<i>gatifloxacin</i>	158	GLUCOCARD VITAL TEST	
STRIPS.....	103	GATTEX 30-VIAL	122	STRIPS	104
FORA V12 GLUCOSE.....	104	<i>gavilyte-c</i>	122	GLUCOCOM GLUCOSE..	104
FORA V20	104	<i>gavilyte-g</i>	123	GLUCOTROL XL.....	114
FORACARE GD20.....	104	<i>gavilyte-n</i>	123	GLUMETZA	114
FORACARE GD40 TEST		GAVRETO.....	17	<i>glutamine (sickle cell)</i>	95
STRIPS.....	104	GE100 BLOOD GLUCOSE		<i>glyburide</i>	114
FORFIVO XL	52	TEST STRIP.....	104	<i>glyburide micronized</i>	114
<i>formoterol fumarate</i>	172	GE333 BLOOD GLUCOSE		<i>glyburide-metformin</i>	114
FORMOTEROL		TEST STRIP.....	104	GLYCATE	118
FUMARATE-NEBULIZER		<i>gefitinib</i>	17	<i>glycopyrrolate</i>	118
.....	172	GELCLAIR	98	GLYXAMBI.....	114
FORTEO	140	<i>gemfibrozil</i>	74	GM100.....	104
FOSAMAX	140	<i>gemmily</i>	152	GOCOVRI.....	33
FOSAMAX PLUS D.....	140	GEMTESA	177	GOJJI BLOOD GLUCOSE	
<i>fosamprenavir</i>	3	<i>generlac</i>	123	TEST STRIP	104
<i>fosfomycin tromethamine</i>	14	<i>gengraf</i>	17	GOLYTELY	123
<i>fosinopril</i>	65	GENOTROPIN	131	GONITRO	76
<i>fosinopril-hydrochlorothiazide</i>		GENOTROPIN MINIQUICK		GOPRELTO	86
.....	65	.....	131	GRALISE	27
FOSRENOL	120	GENSTRIP TEST STRIP ..	104	<i>granisetron hcl</i>	123
FOTIVDA	17	<i>gentamicin</i>	9, 86, 158	GRANIX.....	129
FRAGMIN	71	GENVOYA	3	GRASTEK.....	135
FREESTYLE INSULINX..	104	GEODON	53	<i>griseofulvin microsize</i>	1
FREESTYLE INSULINX		GILENYA	132	<i>griseofulvin ultramicrosize</i>	1
TEST STRIPS	104	GILOTRIF.....	17	<i>guanfacine</i>	53, 65
		GIMOTI.....	123	GVOKE	106

GVOKE HYPOPEN 2-PACK 106	HUMALOG KWIKPEN INSULIN 107	HUMULIN R U-500 (CONC) KWIKPEN.....108
GVOKE PFS 2-PACK SYRINGE 106	HUMALOG MIX 50-50 KWIKPEN.....107	HYCANTIN.....18
GYNAZOLE-1 149	HUMALOG MIX 75-25 KWIKPEN.....107	HYCODAN (WITH HOMATROPINE).....168
H	HUMALOG MIX 75-25(U- 100)INSULN 107	<i>hydralazine</i> .....65
HADLIMA 142	HUMALOG TEMPO PEN(U- 100)INSULN .....107	HYDREA .....18
HADLIMA PUSH TOUCH 142	HUMALOG U-100 INSULIN 107	<i>hydrochlorothiazide</i>.....65
HADLIMA(CF) 142	HUMATIN .....9	<i>hydrocodone bitartrate</i> .....40
HADLIMA(CF) PUSH TOUCH..... 142	HUMATROPE .....131	<i>hydrocodone-acetaminophen</i>.....40, 41
HAEGARDA 172	HUMIRA (ONLY NDCS STARTING WITH 00074) .....142	<i>hydrocodone-</i> <i>chlorpheniramine</i> .....168
<i>hailey</i> 153	HUMIRA PEN (ONLY NDCS STARTING WITH 00074) .....142	<i>hydrocodone-homatropine</i> .168
<i>hailey 24 fe</i> 153	HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) .....143	<i>hydrocodone-ibuprofen</i> .....41
<i>hailey fe 1.5/30 (28)</i> 153	HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074).....143	<i>hydrocortisone</i> .....91, 101, 123
<i>hailey fe 1/20 (28)</i> 153	HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074).....143	<i>hydrocortisone acetate</i> .....123
<i>halcinonide</i> .....91	HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074).....143	<i>hydrocortisone butyrate</i>.....91
HALCION.....53	HUMULIN 70/30 U-100 INSULIN .....107	<i>hydrocortisone valerate</i>.....91
HALDOL DECANOATE....53	HUMULIN 70/30 U-100 KWIKPEN.....107	<i>hydrocortisone-acetic acid</i> ..99
<i>halobetasol propionate</i>.....91	HUMULIN N NPH INSULIN KWIKPEN.....108	<i>hydrocortisone-pramoxine</i> ..78, 123
<i>haloette</i> 149	HUMULIN N NPH U-100 INSULIN .....108	HYDROCORTISONE- PRAMOXINE .....123
HALOG.....91	HUMULIN R REGULAR U- 100 INSULN 108	<i>hydromet</i> .....168
<i>haloperidol</i> .....53	HUMULIN R U-500 (CONC) INSULIN .....108	<i>hydromorphone</i>.....41
<i>haloperidol decanoate</i>.....53		<i>hydroxocobalamin</i> .....181
<i>haloperidol lactate</i> .....53		<i>hydroxychloroquine</i> .....9
HARMONY GLUCOSE TEST STRIP 104		<i>hydroxyurea</i> .....18
HARVONI .....3		<i>hydroxyzine hcl</i> .....167
HAVRIX (PF) 135		<i>hydroxyzine pamoate</i> .....167
HEALTHPRO TEST STRIPS 104		<i>hyoscyamine sulfate</i>....118, 119
<i>heather</i> 148		<i>hyosyne</i> .....119
HEMADY 100		HYPER-SAL .....172
HEMANGEOL 65		HYRIMOZ .....143
HEMLIBRA 71		HYRIMOZ PEN .....143
<i>hemmorex-hc</i> 123		HYRIMOZ PEN CROHN'S- UC STARTER.....143
<i>heparin (porcine)</i> .....71		HYRIMOZ PEN PSORIASIS STARTER .....143
<i>heparin, porcine (pf)</i> .....71		HYRIMOZ(CF).....143
HEPARIN, PORCINE (PF) .71		HYRIMOZ(CF) PEDI CROHN STARTER .....143
HEPLISAV-B (PF) 136		HYRIMOZ(CF) PEN .....143
<i>her style</i> 153		HYSINGLA ER.....41
HETLIOZ .....53		HYZAAR .....65
HETLIOZ LQ.....53		I
HIBERIX (PF) 136		<i>ibandronate</i>.....140
HISTEX-AC.....168		IBRANCE.....18
<i>homatropaire</i> .....160		IBSRELA .....123
HORIZANT .....36		<i>ibu</i> .....44
HULIO(CF).....142		
HULIO(CF) PEN .....142		
HUMALOG JUNIOR KWIKPEN U-100 107		

<i>ibuprofen</i>	44	INGREZZA SPRINKLE	36	ISTALOL	159
<i>ibuprofen-famotidine</i>	44	INLYTA	18	ISTURISA	111
<i>icatibant</i>	172	INNOPRAN XL	65	<i>itraconazole</i>	1
<i>iclevia</i>	153	INPEFA	114	<i>ivabradine</i>	76
ICLUSIG	18	INQOVI	18	<i>ivermectin</i>	9, 83
<i>icosapent ethyl</i>	74	INREBIC	18	IWILFIN	18
IDACIO(CF)	144	INSPRA	65	IXCHIQ (PF)	136
IDACIO(CF) PEN	143	INSULIN ASP PRT-INSULIN		IXIARO (PF)	136
IDACIO(CF) PEN CROHN-		ASPART	108	IYUZEH (PF)	163
UC STARTR	143	INSULIN ASPART U-100	108	J	
IDACIO(CF) PEN		INSULIN DEGLUDEC	108	JADENU	95
PSORIASIS START	143	INSULIN GLARGINE U-300		JADENU SPRINKLE	95
IDHIFA	18	CONC	108	<i>jaimiess</i>	153
IGALMI	53	INSULIN GLARGINE-YFGN		JAKAFI	18
IHEALTH GLUCOSE TEST		.....	108	<i>jantoven</i>	71
STRIP	104	INSULIN LISPRO	108, 109	JANUMET	115
ILARIS (PF)	130	INSULIN LISPRO		JANUMET XR	115
ILEVRO	162	PROTAMIN-LISPRO	108	JANUVIA	115
ILUMYA	78	INTELENCE	3	JARDIANCE	115
<i>imatinib</i>	18	INTRAROSA	149	<i>jasmiel (28)</i>	153
IMBRUVICA	18	INTUNIV ER	53	JATENZO	111
<i>imipramine hcl</i>	53	INVEGA	53	<i>javygtor</i>	111
<i>imipramine pamoate</i>	53	INVEGA HAFYERA	53	<i>jencycla</i>	148
<i>imiquimod</i>	139	INVEGA SUSTENNA	53	JENTADUETO	115
IMITREX	34	INVEGA TRINZA	53	JENTADUETO XR	115
IMITREX STATDOSE PEN34		INVELTYS	165	JESDUVROQ	95
IMITREX STATDOSE		INVOKAMET	114	<i>jinteli</i>	148
REFILL	34	INVOKAMET XR	115	JOENJA	95
IMOVAX RABIES VACCINE		INVOKANA	115	<i>jolessa</i>	153
(PF)	136	IODOFLEX	80	JORNAY PM	53
IMPAVIDO	9	IODOSORB	80	<i>joyeaux</i>	153
IMPOYZ	91	IOPIDINE	166	JUBLIA	87
IMURAN	18	IPOL	136	<i>juleber</i>	153
IMVEXXY MAINTENANCE		<i>ipratropium bromide</i>	98, 172	JULUCA	4
PACK	148	<i>ipratropium-albuterol</i>	172	<i>junel 1.5/30 (21)</i>	153
IMVEXXY STARTER PACK		IQIRVO	123	<i>junel 1/20 (21)</i>	153
.....	148	<i>irbesartan</i>	65	<i>junel fe 1.5/30 (28)</i>	153
INBRIJA	33	<i>irbesartan-hydrochlorothiazide</i>		<i>junel fe 1/20 (28)</i>	153
<i>incassia</i>	148	.....	65	<i>junel fe 24</i>	153
INCRELEX	95	IRESSA	18	JUST RIGHT 5000	98
INCRUSE ELLIPTA	172	ISENTRESS	3, 4	JUXTAPID	74
<i>indapamide</i>	65	ISENTRESS HD	3	JYLAMVO	18
INDERAL LA	65	<i>isibloom</i>	153	JYNARQUE	111
INDERAL XL	65	<i>isoniazid</i>	9	JYNNEOS (PF)	136
INDOCIN	44	ISORDIL	76	K	
<i>indomethacin</i>	44, 45	ISORDIL TITRADOSE	76	<i>kaitlib fe</i>	153
INFANRIX (DTAP) (PF) ..	136	<i>isosorbide dinitrate</i>	76	KALBITOR	172
INFINITY TEST STRIPS ..	104	<i>isosorbide mononitrate</i>	76	KALETRA	4
INGREZZA	36	<i>isosorbide-hydralazine</i>	65	<i>kalliga</i>	153
INGREZZA INITIATION		<i>isotretinoin</i>	83	KALYDECO	172
PK(TARDIV)	36	<i>isradipine</i>	66	KAPSPARGO SPRINKLE ..	66

KARBINAL ER	167	KYLEENA	145	LEDIPASVIR-SOFOSBUVIR	
<i>kariva</i> (28).....	153	KYZATREX	111	.....	4
KATERZIA.....	66	L		<i>leena</i> 28	154
KAZANO	115	<i>l norgest/e.estradiol-e.estrad</i>		<i>leflunomide</i>	144
<i>kelnor 1/35</i> (28).....	153	.....	153	<i>lenalidomide</i>	19
<i>kelnor 1/50</i> (28).....	153	<i>labetalol</i>	66	LENVIMA.....	19
KENALOG.....	91, 101	<i>lacosamide</i>	27	LESCOL XL.....	74
KEPPRA	27	<i>lactated ringers</i>	93	<i>lessina</i>	154
KEPPRA XR.....	27	<i>lactulose</i>	123	LETAIRIS	172
KERENDIA	66	LAMICTAL	27	<i>letrozole</i>	19
KESIMPTA PEN	132	LAMICTAL ODT	27	<i>leucovorin calcium</i>	14
<i>ketoconazole</i>	1, 87, 88	LAMICTAL ODT STARTER		LEUKERAN.....	19
<i>ketodan</i>	88	(BLUE).....	27	LEUKINE.....	130
<i>ketodan kit</i>	88	LAMICTAL ODT STARTER		<i>leuprolide</i>	19
<i>ketoprofen</i>	45	(GREEN).....	27	LEUPROLIDE (3 MONTH) 19	
<i>ketorolac</i>	45, 162	LAMICTAL ODT STARTER		<i>levabuterol hcl</i>	172
KEVEYIS.....	36	(ORANGE).....	27	LEVALBUTEROL	
KEVZARA.....	144	LAMICTAL STARTER		TARTRATE	172
KINERET.....	144	(BLUE) KIT	27	LEVAMLODIPINE	66
KINRIX (PF).....	136	LAMICTAL STARTER		LEVBID	119
<i>kiprofen</i>	45	(GREEN) KIT	28	LEVEMIR U-100 INSULIN	
KISQALI.....	18	LAMICTAL STARTER		.....	109
KITABIS PAK	9	(ORANGE) KIT	28	<i>levetiracetam</i>	28
KLARITY (CHONDROITIN)		LAMICTAL XR.....	28	<i>levobunolol</i>	159
(PF).....	161	LAMICTAL XR STARTER		<i>levocarnitine</i>	95
KLARON	86	(BLUE).....	28	<i>levocarnitine (with sugar)</i>	95
<i>klayesta</i>	88	LAMICTAL XR STARTER		<i>levocetirizine</i>	167
KLISYRI	18	(GREEN).....	28	<i>levofloxacin</i>	12, 158
KLONOPIN	27	LAMICTAL XR STARTER		<i>levonest</i> (28)	154
<i>klor-con</i>	180	(ORANGE).....	28	<i>levonorgest-eth.estradiol-iron</i>	
<i>klor-con 10</i>	179	<i>lamivudine</i>	4	.....	154
<i>klor-con 8</i>	179	<i>lamivudine-zidovudine</i>	4	<i>levonorgestrel</i>	154
<i>klor-con m10</i>	179	<i>lamotrigine</i>	28	<i>levonorgestrel-ethinyl estrad</i>	
<i>klor-con m15</i>	179	LAMPIT	10	.....	154
<i>klor-con m20</i>	180	LANOXIN.....	70	<i>levonorg-eth estrad triphasic</i>	
<i>klor-con/ef</i>	180	<i>lanreotide</i>	19	.....	154
KLOXXADO	45	<i>lansoprazole</i>	127, 128	<i>levora-28</i>	154
KONVOMEPI	127	<i>lanthanum</i>	120	<i>levorphanol tartrate</i>	41
KORLYM	111	LANTUS SOLOSTAR U-100		<i>levo-t</i>	117
KOSELUGO	18	INSULIN	109	<i>levothyroxine</i>	117
KOSHER PRENATAL PLUS		LANTUS U-100 INSULIN 109		LEVOTHYROXINE	117
IRON.....	181	<i>lapatinib</i>	19	<i>levoxyl</i>	117
<i>kourzeq</i>	98	<i>larin 1.5/30</i> (21)	153	LEVSIN.....	119
K-PHOS NO 2.....	178	<i>larin 1/20</i> (21)	153	LEVSIN/SL	119
K-PHOS ORIGINAL	178	<i>larin 24 fe</i>	154	LEVULAN	80
KRAZATI	18	<i>larin fe 1.5/30</i> (28).....	154	LEXAPRO.....	54
KRINTAFEL.....	9	<i>larin fe 1/20</i> (28).....	154	LIALDA	123
KRISTALOSE	123	LASIX	66	LIBERVANT	28
K-TAB.....	180	<i>latanoprost</i>	163	LIBRAX (WITH	
<i>kurvelo</i> (28)	153	LATUDA.....	53	CLIDINIUM)	119
KUVAN	111	<i>layolis fe</i>	154	LICART.....	45

<i>lidocaine</i>	86	<i>lojaimiess</i>	154	LUPRON DEPOT-PED	20
<i>lidocaine hcl</i>	86	LOKELMA	120	LUPRON DEPOT-PED (3	
<i>lidocaine hcl-hydrocortison ac</i>		LOMOTIL	119	MONTH)	19
.....	86, 123	LONSURF.....	19	<i>lurasidone</i>	54
LIDOCAINE HCL-		<i>loperamide</i>	119	<i>lutera (28)</i>	154
HYDROCORTISON AC	123	LOPID	74	LUZU	88
<i>lidocaine viscous</i>	86	<i>lopinavir-ritonavir</i>	4	LYBALVI.....	54
<i>lidocaine-hydrocortisone-aloe</i>		LOPRESSOR	66	<i>lyleq</i>	148
.....	123	LOPROX (AS OLAMINE)..	88	<i>lyllana</i>	148
<i>lidocaine-prilocaine</i>	86	LOPROX KIT	88	LYNPARZA	20
LIDOCAINE-TETRACAINE		<i>lorazepam</i>	54	LYRICA	29
.....	86	<i>lorazepam intensol</i>	54	LYRICA CR.....	28
<i>lidocan iii</i>	86	LORBRENA	19	LYSODREN.....	20
<i>lidocan iv</i>	86	LOREEV XR.....	54	LYTGOBI.....	20
<i>lidocan v</i>	86	<i>loryna (28)</i>	154	LYUMJEV KWIKPEN U-100	
<i>lidocort</i>	86	LORZONE	38	INSULIN	109
LIDODERM.....	86	<i>losartan</i>	66	LYUMJEV KWIKPEN U-200	
LIKMEZ.....	10	<i>losartan-hydrochlorothiazide</i>		INSULIN	109
LILETTA	145	.....	66	LYUMJEV TEMPO PEN(U-	
<i>linezolid</i>	10	LOTEMAX	165	100)INSULN	109
LINZESS.....	123	LOTEMAX SM.....	165	LYUMJEV U-100 INSULIN	
<i>liothyronine</i>	117	LOTENSIN	66	.....	109
LIPITOR	74	LOTENSIN HCT	66	LYVISPAH	38
LIPOFEN	74	<i>loteprednol etabonate</i>	165	<i>lyza</i>	148
<i>lisdexamfetamine</i>	54	LOTREL.....	66	M	
<i>lisinopril</i>	66	LOTREXONE.....	45	MACROBID.....	14
<i>lisinopril-hydrochlorothiazide</i>		LOTRONEX	124	<i>mafenide acetate</i>	86
.....	66	<i>lovastatin</i>	74	MALARONE	10
LITFULO	95	LOVAZA.....	74	MALARONE PEDIATRIC..	10
<i>lithium carbonate</i>	54	LOVENOX.....	72	<i>malathion</i>	93
<i>lithium citrate</i>	54	<i>low-ogestrel (28)</i>	154	<i>maraviroc</i>	4
LITHOBID.....	54	<i>loxapine succinate</i>	54	MAR-COF CG	168
LITHOSTAT.....	95	<i>lo-zumandimine (28)</i>	154	MARINOL	124
LIVALO.....	74	<i>lubiprostone</i>	124	<i>marlissa (28)</i>	154
LIVDELZI.....	124	LUCEMYRA.....	45	MARNATAL-F.....	181
LIVMARLI	124	<i>ludent fluoride</i>	181	MARPLAN.....	54
LIVTENCITY	4	<i>lugols</i>	86, 180	MATULANE.....	20
LO LOESTRIN FE	154	LULICONAZOLE	88	<i>matzim la</i>	66
LOCOID.....	92	LUMAKRAS.....	19	MAVENCLAD (10 TABLET	
LOCOID LIPOCREAM.....	91	LUMIGAN	163	PACK)	132
LODINE.....	45	LUMRYZ STARTER PACK		MAVENCLAD (4 TABLET	
LODOCO	76	.....	54	PACK)	132
LODOSYN.....	33	LUNESTA.....	54	MAVENCLAD (5 TABLET	
LOESTRIN 1.5/30 (21).....	154	LUPKYNIS	19	PACK)	132
LOESTRIN 1/20 (21).....	154	LUPRON DEPOT	19	MAVENCLAD (6 TABLET	
LOESTRIN FE 1.5/30 (28-		LUPRON DEPOT (3		PACK)	133
DAY).....	154	MONTH)	19	MAVENCLAD (7 TABLET	
LOESTRIN FE 1/20 (28-DAY)		LUPRON DEPOT (4		PACK)	133
.....	154	MONTH)	19	MAVENCLAD (8 TABLET	
<i>lofena</i>	45	LUPRON DEPOT (6		PACK)	133
<i>lofexidine</i>	45	MONTH)	19		

MAVENCLAD (9 TABLET PACK).....	133	<i>methadone</i>	41	MICRODOT XTRA BLOOD GLUCOSE.....	104
MAVYRET.....	4	<i>methamphetamine</i>	54	<i>microgestin 1.5/30 (21)</i>	155
MAXALT.....	34	<i>methazolamide</i>	162	<i>microgestin 1/20 (21)</i>	155
MAXALT-MLT.....	34	<i>methenamine hippurate</i>	14	<i>microgestin fe 1.5/30 (28)</i>	155
MAXIDEX.....	166	<i>methenamine mandelate</i>	14	<i>microgestin fe 1/20 (28)</i>	155
MAXITROL.....	164	<i>methen-sod phos-meth blue- hyos</i>	178	<i>midazolam</i>	55
<i>maxi-tuss ac</i>	168	<i>methimazole</i>	102	<i>midodrine</i>	95
MAXI-TUSS CD.....	168	METHITEST.....	111	MIEBO (PF).....	161
MAYZENT.....	133	<i>methocarbamol</i>	38	<i>mifepristone</i>	112
MAYZENT STARTER(FOR 1MG MAINT).....	133	<i>methotrexate sodium</i>	20	<i>migergot</i>	34
MAYZENT STARTER(FOR 2MG MAINT).....	133	<i>methotrexate sodium (pf)</i>	20	<i>miglitol</i>	115
<i>meclizine</i>	124	<i>methoxsalen</i>	80	<i>miglustat</i>	112
MECLIZINE.....	124	<i>methscopolamine</i>	119	MIGRANAL.....	34
<i>meclofenamate</i>	45	<i>methsuximide</i>	29	<i>mili</i>	155
MECOBALAMIN (VITAMIN B12).....	182	<i>methyl salicylate</i>	80	<i>millipred</i>	101
MEDROL.....	101	<i>methyl dopa</i>	66	<i>millipred dp</i>	101
MEDROL (PAK).....	101	<i>methyl dopa- hydrochlorothiazide</i>	66	<i>mimvey</i>	148
<i>medroxyprogesterone</i>	148	<i>methylergonovine</i>	158	MINIVELLE.....	148
<i>mefenamic acid</i>	45	METHYLIN.....	54	<i>minocycline</i>	13
<i>mefloquine</i>	10	<i>methylphenidate</i>	55	MINOCYCLINE.....	13
<i>megestrol</i>	20	<i>methylphenidate hcl</i>	54, 55	<i>minoxidil</i>	67
MEKINIST.....	20	METHYLPHENIDATE HCL	55	<i>mirabegron</i>	177
MEKTOVI.....	20	<i>methylprednisolone</i>	101	MIRAPEX ER.....	33
<i>meloxicam</i>	45	<i>methylprednisolone acetate</i>	101	MIRCERA.....	130
MELOXICAM.....	45	<i>methyltestosterone</i>	111	MIRENA.....	145
<i>meloxicam submicronized</i>	45	<i>metoclopramide hcl</i>	124	<i>mirtazapine</i>	55
<i>memantine</i>	37	<i>metolazone</i>	66	MIRVASO.....	83
MEMANTINE.....	37	METOPIRONE.....	95	<i>misoprostol</i>	128
MENEST.....	148	<i>metoprolol succinate</i>	66	MITIGARE.....	139
MENOSTAR.....	148	<i>metoprolol ta-hydrochlorothiaz</i>	66	MKO (MIDAZOLAM- KETAMINE-ONDAN).....	55
MENQUADFI (PF).....	136	<i>metoprolol tartrate</i>	66	M-M-R II (PF).....	136
MENVEO A-C-Y-W-135-DIP (PF).....	136	METROCREAM.....	83	<i>m-natal plus</i>	182
<i>meperidine</i>	41	METROGEL.....	83	<i>modafinil</i>	55
<i>meprobamate</i>	38	<i>metronidazole</i>	10, 83, 149	<i>moexipril</i>	67
MEPRON.....	10	<i>metyrosine</i>	66	<i>molindone</i>	55
<i>mercaptapurine</i>	20	<i>mexiletine</i>	61	<i>mometasone</i>	92, 172
<i>merzee</i>	154	MIACALCIN.....	112	<i>mondoxyne nl</i>	13
<i>mesalamine</i>	124	<i>mibelas 24 fe</i>	155	MONODOX.....	13
MESNEX.....	14	MICARDIS.....	67	<i>mono-linyah</i>	155
MESTINON.....	38	MICARDIS HCT.....	67	<i>montelukast</i>	172, 173
MESTINON TIMESPAN.....	38	MICONAZOLE NITRATE- ZINC OX-PET.....	88	MORGIDOX 1X 50.....	13
METADATE CD.....	54	<i>miconazole-3</i>	149	MORGIDOX 1X100.....	13
<i>metaxalone</i>	38	MICRO BLOOD GLUCOSE	104	<i>morphine</i>	41
<i>metformin</i>	115	MICRODOT BLOOD GLUCOSE SYSTEM.....	104	<i>morphine concentrate</i>	41
METFORMIN.....	115			MOTTEGRITY.....	124
<i>methadone</i>	41			MOTOFEN.....	119
				MOTPOLY XR.....	29
				MOUNJARO.....	115
				MOVANTIK.....	124

MOVIPREP.....	124	<i>naproxen</i>	46	NEUAC KIT.....	83
MOXATAG	12	<i>naproxen sodium</i>	46	NEULASTA	130
<i>moxifloxacin</i>	12, 158	<i>naproxen-esomeprazole</i>	46	NEULASTA ONPRO	130
MOZOBIL.....	130	<i>naratriptan</i>	34	NEUPOGEN.....	130
MRESVIA (PF).....	136	NARCAN	46	NEUPRO	33
MS CONTIN	42	NARDIL.....	55	NEURONTIN.....	29
MUGARD	98	NASCOBAL	182	NEUTEK 2TEK TEST	
MULPLETA.....	72	NATACHEW (FE BIS-		STRIPS	104
MULTAQ.....	61	GLYCINATE).....	182	NEVANAC.....	162
<i>multi-vitamin with fluoride</i> .	182	NATACYN	158	<i>nevirapine</i>	4
<i>mupirocin</i>	86	NATAL PNV	182	<i>new day</i>	155
<i>mupirocin calcium</i>	86	NATAZIA	155	<i>newgen</i>	182
<i>myc-fluoride</i>	182	<i>nateglinide</i>	115	NEXAVAR.....	21
<i>my choice</i>	155	NATESTO.....	112	NEXICLON XR	67
<i>my way</i>	155	NATROBA.....	93	NEXIUM	128
MYALEPT	112	NAYZILAM.....	29	NEXIUM PACKET.....	128
MYCAPSSA	20	<i>nebivolol</i>	67	NEXLETOL	74
MYCOBUTIN.....	10	NEBUPENT	10	NEXLIZET	74
<i>mycophenolate mofetil</i>	20	<i>nebusal</i>	173	NEXOBRID	93
<i>mycophenolate sodium</i>	20	NEBUSAL.....	173	NEXPLANON.....	150
MYDAYIS	55	<i>necon 0.5/35 (28)</i>	155	NEXTSTELLIS.....	155
MYDRIACYL.....	160	NEEVODHA (WITH ALGAL		<i>niacin</i>	74, 75
MYDRIATIC4(TROP-PROP-		OIL).....	182	NIACOR.....	75
PE-KTRLC)	161	<i>nefazodone</i>	55	<i>nicardipine</i>	67
MYFEMBREE	150	NEFFY	167	<i>nicorette</i>	97
MYFORTIC	20	<i>neomycin</i>	10	NICORETTE.....	97
MYGLUCOHEALTH.....	104	<i>neomycin-bacitracin-poly-hc</i>		<i>nicotine</i>	97
MYHIBBIN.....	20	.....	164	<i>nicotine (polacrilex)</i>	97
MYLERAN	20	<i>neomycin-bacitracin-</i>		NICOTROL NS.....	97
<i>mynatal</i>	182	<i>polymyxin</i>	158	<i>nifedipine</i>	67
<i>mynatal plus</i>	182	<i>neomycin-polymyxin b gu</i>	93	<i>nikki (28)</i>	155
<i>mynatal-z</i>	182	<i>neomycin-polymyxin b-</i>		NILANDRON	21
MYRBETRIQ	177	<i>dexameth</i>	164	<i>nilutamide</i>	21
MYSOLINE	29	<i>neomycin-polymyxin-</i>		<i>nimodipine</i>	67
MYTESI.....	119	<i>gramicidin</i>	158	NINJACOF-XG.....	168
N		<i>neomycin-polymyxin-hc 99</i> ,	164	NINLARO	21
<i>nabumetone</i>	45	NEONATAL FE.....	182	<i>nisoldipine</i>	67
<i>nadolol</i>	67	NEONATAL PLUS		<i>nitazoxanide</i>	10
<i>naftifine</i>	88	VITAMIN.....	182	<i>nitisinone</i>	95
NAFTIN	88	<i>neo-polycin</i>	158	<i>nitro-bid</i>	76
NALFON.....	45	<i>neo-polycin hc</i>	164	NITRO-DUR	77
NALOCET	42	NEORAL.....	21	<i>nitrofurantoin</i>	14
<i>naloxone</i>	45	NEO-SYNALAR.....	87	NITROFURANTOIN.....	14
NALTREX	45	NEO-SYNALAR KIT	87	<i>nitrofurantoin macrocrystal</i> .	14
<i>naltrexone</i>	45	NERLYNX.....	21	<i>nitrofurantoin monohyd/m-</i>	
NAMENDA TITRATION		NESINA	115	<i>cryst</i>	14
PAK.....	37	NESTABS	182	<i>nitroglycerin</i>	77, 124
NAMENDA XR.....	37	NESTABS ABC	182	NITROLINGUAL	77
NAMZARIC.....	37	NESTABS DHA.....	182	NITROMIST	77
NAPRELAN CR	45	NESTABS ONE.....	182	NITROSTAT	77
NAPROSYN	46	<i>neuac</i>	83	<i>nitro-time</i>	77

NITYR.....	95	NOVOLOG PENFILL U-100		<i>olmesartan</i>	67
<i>niva thyroid</i>	117	INSULIN	109	<i>olmesartan-amlodipin-</i>	
NIVESTYM	130	NOVOLOG U-100 INSULIN		<i>hctiazid</i>	67
<i>nizatidine</i>	128	ASPART.....	109	<i>olmesartan-</i>	
NOCDURNA (MEN).....	112	NOXAFIL	1	<i>hydrochlorothiazide</i>	67
NOCDURNA (WOMEN)..	112	<i>np thyroid</i>	117	<i>olopatadine</i>	98, 161
<i>nora-be</i>	148	NUBEQA	21	OLPRUVA	95
NORDITROPIN FLEXP		NUCALA	173	OLUMIANT.....	144
RO.....	131	NUCORT.....	92	OLUX.....	92
<i>norelgestromin-ethin.estradiol</i>		NUCYNTA	46	OMECLAMOX-PAK.....	128
RO.....	150	NUCYNTA ER	46	<i>omega-3 acid ethyl esters</i>	75
<i>noreth-ethinyl estradiol-iron</i>		NUDEXTA	37	<i>omeprazole</i>	128
RO.....	155	NULEV	119	<i>omeprazole-sodium</i>	
<i>norethindrone (contraceptive)</i>		NUPLAZID	55	<i>bicarbonate</i>	128
RO.....	148	NURTEC ODT.....	35	OMNARIS.....	173
<i>norethindrone acetate</i>	148	NUTROPIN AQ NUSPIN..	131	OMNIPOD 5 (G6/LIBRE 2	
<i>norethindrone ac-eth estradiol</i>		NUVARING.....	150	PLUS).....	106
RO.....	148, 155	NUVESSA.....	150	OMNIPOD 5	
<i>norethindrone-e.estradiol-iron</i>		NUVIGIL	55	INTRO(G6/LIBRE2PLUS)	
RO.....	155	NUZYRA	13	.....	106
NORGESIC.....	38	<i>nyamyc</i>	88	OMNITROPE.....	131
NORGESIC FORTE.....	38	<i>nylia 1/35 (28)</i>	156	OMVOH	124
<i>norgestimate-ethinyl estradiol</i>		<i>nylia 7/7/7 (28)</i>	156	OMVOH PEN	124
RO.....	155	NYMALIZE	67	ON CALL EXPRESS TEST	
NORITATE.....	83	NYNUTEY.....	86	STRIP	104
NORLIQVA.....	67	<i>nystatin</i>	1, 88	<i>ondansetron</i>	124
NORPACE	61	<i>nystatin-triamcinolone</i>	88	ONDANSETRON	124
NORPACE CR.....	61	<i>nystop</i>	88	<i>ondansetron hcl</i>	124
NORTHERA	95	NYVEPRIA.....	130	ONETOUCH ULTRA TEST	
<i>nortrel 0.5/35 (28)</i>	155	O		.....	104
<i>nortrel 1/35 (21)</i>	155	OB COMPLETE	182	ONETOUCH VERIO TEST	
<i>nortrel 1/35 (28)</i>	155	OB COMPLETE ONE.....	182	STRIPS	104
<i>nortrel 7/7/7 (28)</i>	155	OB COMPLETE PETITE..	182	ONEXTON.....	83
<i>nortriptyline</i>	55	OB COMPLETE PREMIER		ONFI.....	29
NORVASC.....	67	.....	183	ONGENTYS.....	33
NORVIR	4	OB COMPLETE WITH DHA		ONUREG	21
NOURIANZ.....	33	.....	183	ONYDA XR	56
NOVA MAX GLUCOSE		OCALIVA	124	ONZETRA XSAIL.....	35
TEST	104	<i>ocella</i>	156	<i>opcicon one-step</i>	156
NOVAFERRUM.....	182	<i>octreotide acetate</i>	21	OPFOLDA.....	112
NOVOLIN 70-30 FLEXPEN		OCUFLOX	158	OPILL.....	148
U-100.....	109	ODACTRA.....	136	<i>opium tincture</i>	119
NOVOLIN N FLEXPEN ...	109	ODEFSEY	4	OPSUMIT.....	173
NOVOLIN R FLEXPEN ...	109	ODOMZO	21	OPSYNVI.....	173
NOVOLOG FLEXPEN U-100		OFEV.....	173	<i>option-2</i>	156
INSULIN.....	109	<i>ofloxacin</i>	12, 99, 158	OPTIUM EZ.....	105
NOVOLOG MIX 70-30 U-100		OGSIVEO	21	OPTIUM TEST	105
INSULN	109	OHTUVAYRE	173	OPVEE	46
NOVOLOG MIX 70-		OJEMDA.....	21	OPZELURA	80
30FLEXPEN U-100	109	<i>olanzapine</i>	55, 56	ORACEA.....	13
		<i>olanzapine-fluoxetine</i>	56	ORACIT	178

ORALAIR.....	136	<i>oxycodone</i>	42	PEGASYS.....	132
<i>oralone</i>	98	OXYCODONE.....	42	<i>peg-electrolyte soln</i>	125
ORAMAGICRX.....	98	<i>oxycodone-acetaminophen</i> ...42		PEMAZYRE.....	21
ORAPRED ODT.....	101	OXYCONTIN.....	42	PENBRAYA (PF).....	137
ORAVIG.....	1	<i>oxymorphone</i>	42	<i>peniclovir</i>	89
ORENCIA.....	144	OXYTROL.....	177	<i>penicillamine</i>	144
ORENCIA CLICKJECT... 144		OZEMPIC.....	115	<i>penicillin v potassium</i>	12
ORENITRAM.....	68	OZOBAX.....	39	PENNSAID.....	46
ORENITRAM MONTH 1		OZOBAX DS.....	39	PENTACEL (PF).....	137
TITRATION KT.....	67	P		<i>pentamidine</i>	10
ORENITRAM MONTH 2		<i>pacerone</i>	61	PENTASA.....	125
TITRATION KT.....	67	PACNEX.....	83	<i>pentazocine-naloxone</i>	46
ORENITRAM MONTH 3		PALFORZIA (LEVEL 1)..136		<i>pentoxifylline</i>	72
TITRATION KT.....	67	PALFORZIA (LEVEL 2)..136		PEPCID.....	128
ORFADIN.....	95	PALFORZIA (LEVEL 3)..136		PERCOCET.....	42
ORGOVYX.....	21	PALFORZIA (LEVEL 4)..136		PERFOROMIST.....	173
ORIAHNN.....	150	PALFORZIA (LEVEL 5)..137		PERIDEX.....	98
ORILISSA.....	112	PALFORZIA (LEVEL 6)..137		<i>perindopril erbumine</i>	68
ORKAMBI.....	173	PALFORZIA (LEVEL 7)..137		<i>perio gard</i>	98
ORLADEYO.....	173	PALFORZIA (LEVEL 8)..137		<i>permethrin</i>	93
<i>ormalvi</i>	37	PALFORZIA (LEVEL 9)..137		<i>perphenazine</i>	56
<i>orphenadrine citrate</i>	38	PALFORZIA (LEVEL 10).137		<i>perphenazine-amitriptyline</i> ...56	
<i>orphenadrine-asa-caffeine</i> ...38		PALFORZIA INITIAL DOSE		PERSERIS.....	56
<i>orphengesic forte</i>	38	.....	137	PERTZYE.....	125
ORSERDU.....	21	PALFORZIA LEVEL 11		PHARMACIST CHOICE..105	
<i>oscimin</i>	119	MAINTENANCE.....	137	PHEBURANE.....	95
<i>oscimin sl</i>	119	<i>paliperidone</i>	56	<i>phenazopyridine</i>	179
<i>oseltamivir</i>	4	PALYNZIQ.....	112	<i>phenelzine</i>	56
OSENI.....	115	PAMELOR.....	56	<i>phenobarb-hyoscy-atropine-</i>	
OSMOLEX ER.....	33	PANCREAZE.....	125	<i>scop</i>	119
OSPHENA.....	150	PANDEL.....	92	<i>phenobarbital</i>	29
OTEZLA.....	144	PANRETIN.....	80	<i>phenohydro</i>	119
OTEZLA STARTER.....	144	<i>pantoprazole</i>	128	<i>phenoxybenzamine</i>	68
OTOVEL.....	100	PARAGARD T 380A.....	145	<i>phenylephrine hcl</i>	166
OTREXUP (PF).....	144	<i>paricalcitol</i>	112	<i>phenyleph-tropicamide in</i>	
OVACE.....	78	PARNATE.....	56	<i>water</i>	160
OVACE PLUS.....	78	<i>paroex oral rinse</i>	98	PHENYTEK.....	29
OVACE PLUS SHAMPOO.78		<i>paromomycin</i>	10	<i>phenytoin</i>	29
OVACE PLUS WASH.....	78	<i>paroxetine hcl</i>	56	<i>phenytoin sodium extended</i> ...29	
OVIDE.....	93	<i>paroxetine</i>		PHEXXI.....	150
<i>oxaprozin</i>	46	<i>mesylate(menop.sym)</i>	56	<i>philith</i>	156
OXAPROZIN.....	46	PASER.....	10	PHOSPHOLINE IODIDE..159	
<i>oxazepam</i>	56	PAXIL.....	56	PHOTREXA CROSS-	
<i>oxcarbazepine</i>	29	PAXIL CR.....	56	LINKING KIT.....	161
OXERVATE.....	161	PAXLOVID.....	4	PHYSIOLYTE.....	93
<i>oxiconazole</i>	88	<i>pazopanib</i>	21	PHYSIOSOL IRRIGATION93	
OXISTAT.....	88	PEDIARIX (PF).....	137	<i>phytonadione (vitamin k1)</i> ...72	
OXTELLAR XR.....	29	PEDVAX HIB (PF).....	137	PHYTONADIONE	
<i>oxybutynin chloride</i>	177	<i>peg 3350-electrolytes</i>	125	(VITAMIN K1).....	72
OXYBUTYNIN CHLORIDE		<i>peg3350-sod sul-nacl-kcl-asb-c</i>		PIFELTRO.....	4
.....	177	.....	125	<i>pilocarpine hcl</i>	95, 98, 160

<i>pimecrolimus</i>	80	<i>pr natal 430 ec</i>	183	PRENATA.....	183
<i>pimozide</i>	56	PRADAXA.....	72	<i>prenatabs fa</i>	183
<i>pimtree (28)</i>	156	PRALUENT PEN.....	75	<i>prenatabs rx</i>	183
<i>pindolol</i>	68	<i>pramipexole</i>	33	<i>prenatal plus</i>	183
<i>pioglitazone</i>	116	PRAMOSONE	78	<i>prenatal plus (calcium carb)</i>	
<i>pioglitazone-glimepiride</i>	116	<i>prasugrel</i>	72	.....	183
<i>pioglitazone-metformin</i>	116	<i>pravastatin</i>	75	PRENATAL PLUS DHA...183	
PIP BLOOD GLUCOSE TEST		<i>praziquantel</i>	10	PRENATAL PLUS	
STRIP	105	<i>prazosin</i>	68	VITAMIN-MINERAL ...183	
PIQRAY	21	PRECISION PCX PLUS TEST		<i>prenatal vitamin</i>	183
<i>pirfenidone</i>	173	.....	105	<i>prenatal-u</i>	183
PIRFENIDONE.....	173	PRECISION PCX TEST ...	105	PRENATE AM.....	183
<i>piroxicam</i>	46	PRECISION POINT OF		PRENATE CHEWABLE...183	
<i>pitavastatin calcium</i>	75	CARE TEST.....	105	PRENATE DHA (FERR ASP	
PLAN B ONE-STEP.....	156	PRECISION Q-I-D TEST ..	105	GLYCIN).....	183
PLAQUENIL	10	PRECISION XTRA TEST .	105	PRENATE ELITE (IRON ASP	
PLATINUM TEST STRIP .	105	PRECOSE	116	GLYC).....	183
PLAVIX	72	PRED FORTE	166	PRENATE ENHANCE.....	183
PLEGRIDY	133	PRED MILD.....	166	PRENATE	
PLENVU	125	<i>prednicarbate</i>	92	ESSENTIAL(IRON-ASP-	
<i>plerixafor</i>	130	PREDNISOLN SP-		GL)	183
PLEXION.....	84	MOXIFLOX-BROMFEN		PRENATE MINI (FERR ASP	
PLEXION CLEANSING		.....	161	GLYCIN).....	184
CLOTHS	83	<i>prednisolone</i>	101	PRENATE PIXIE.....	184
PLEXION NS.....	78	<i>prednisolone acetate</i>	166	PRENATE RESTORE	184
PLIAGLIS	86	PREDNISOLONE ACETATE		PRENATE STAR.....	184
PNEUMOVAX-23	137	(PF).....	166	PREPIDIL.....	150
<i>pnv-dha</i>	183	PREDNISOLONE ACETATE-		PRESTALIA.....	68
<i>pnv-omega</i>	183	BROMFENAC	161	PRETOMANID	10
<i>pnv-select</i>	183	PREDNISOLONE ACETATE-		PREVACID	128
<i>podofilox</i>	81	NEPAFENAC	161	PREVACID SOLUTAB....	128
POKONZA.....	180	PREDNISOLONE SOD PH-		<i>prevalite</i>	75
<i>polycin</i>	159	MOXIFLOX.....	164	PREVIDENT	99
<i>polymyxin b sulf-trimethoprim</i>		<i>prednisolone sodium</i>		PREVIDENT 5000 BOOSTER	
.....	159	<i>phosphate</i>	101, 166	PLUS	98
POLY-TUSSIN AC	168	PREDNISOLONE-		PREVIDENT 5000 ENAMEL	
POMALYST	21	MOXIFLO-NEPAFENAC		PROTECT	98
PONVORY	133	.....	161	PREVIDENT 5000 ORTHO	
PONVORY 14-DAY		PREDNISOLONE-		DEFENSE.....	98
STARTER PACK	133	MOXIFLOXACIN HCL	164	PREVIDENT 5000 PLUS ...	98
<i>portia 28</i>	156	PREDNISOLONE-		PREVIDENT 5000	
<i>posaconazole</i>	1	MOXIFLOX-BROMFEN		SENSITIVE.....	99
<i>potassium chloride</i>	180	.....	161	PREVIDENT KIDS.....	99
POTASSIUM CHLORIDE	180	<i>prednisone</i>	101	PREVNAR 20 (PF)	137
<i>potassium citrate</i>	178	<i>prednisone intensol</i>	101	PREVYMIS	4
<i>potassium iodide</i>	102	<i>pregabalin</i>	29	PREZCOBIX.....	4
<i>povidone-iodine</i>	159	PREMARIN	148	PREZISTA	4, 5
PR BENZOYL PEROXIDE.	84	PREMIER TEST STRIP ...	105	PRIFTIN	10
<i>pr natal 400</i>	183	PREMIUM V10	105	PRILOSEC	128
<i>pr natal 400 ec</i>	183	PREMPHASE	148	PRIMACARE.....	184
<i>pr natal 430</i>	183	PREMPRO	149	<i>primaquine</i>	10

<i>primidone</i>	30	<i>protriptyline</i>	56	R	
PRIMIDONE.....	30	PROVERA	149	RABAVERT (PF)	137
PRIMLEV	42	PROVIDA OB.....	184	<i>rabeprazole</i>	128
PRIMSOL	14	PROVIGIL	56	RABEPRAZOLE	128
PRIORIX (PF).....	137	PROZAC	57	RADICAVA ORS STARTER	
PRISTIQ.....	56	<i>prudoxin</i>	81	KIT SUSP.....	37
PRO VOICE V8-V9 TEST		PULMICORT	174	RADIOGARDASE.....	96
STRIP	105	PULMICORT FLEXHALER		RAGWITEK.....	138
PROAIR DIGIHALER	173	.....	174	<i>raloxifene</i>	140
PROAIR RESPICLICK	173	<i>pulmosal</i>	174	<i>ramelteon</i>	57
<i>probenecid</i>	139	PULMOZYME.....	174	<i>ramipril</i>	68
<i>probenecid-colchicine</i>	139	PURIXAN	22	<i>ranolazine</i>	76
PROCARDIA XL	68	PYLERA	128	RAPAFLO.....	178
<i>procentra</i>	56	<i>pyrazinamide</i>	10	<i>rasagiline</i>	33
<i>prochlorperazine</i>	125	PYRIDIUM	179	RASUVO (PF).....	144
<i>prochlorperazine maleate</i> ..	125	<i>pyridostigmine bromide</i>	39	RAVICTI.....	96
PROCORT	125	PYRIDOSTIGMINE		RAYALDEE.....	112
PROCRT	130	BROMIDE.....	39	RAYOS.....	101
PROCTOCORT	92, 125	<i>pyrimethamine</i>	10	REBIF (WITH ALBUMIN)	
PROCTOFOAM HC	125	PYRUKYND.....	96	.....	133
<i>procto-med hc</i>	125	Q		REBIF REBIDOSE	133
<i>proctosol hc</i>	125	QBRELIS	68	REBIF TITRATION PACK	
<i>proctozone-hc</i>	125	QBREXZA	81	.....	133
PROCYSBI	178	QDOLO	46	<i>reclipsen (28)</i>	156
PRODIGY NO CODING... 105		QELBREE	57	RECOMBIVAX HB (PF)... 138	
<i>progesterone</i>	149	QINLOCK	22	RECORLEV	112
<i>progesterone micronized</i> ...	149	QNASL.....	174	RECTIV	125
PROGLYCEM	106	QTERN.....	116	REFUAH PLUS	105
PROGRAF	21	QUADRACEL (PF)	137	REGLAN.....	125
<i>prolate</i>	42	QUALAQUIN	10	REGRANEX	81
PROLATE.....	42	QUARTETTE	156	RELAFEN DS	46
PROLENSA	162	QUAZEPAM.....	57	RELAGARD	150
PROLIA	140	QUDEXY XR.....	30	RELENZA DISKHALER	5
PROMACTA.....	72	QUESTRAN.....	75	RELEUKO	130
<i>promethazine</i>	167	QUESTRAN LIGHT.....	75	RELEXXII.....	57
<i>promethazine-codeine</i>	168	<i>quetiapine</i>	57	RELION CONFIRM-MICRO	
<i>promethazine-dm</i>	169	QUETIAPINE	57	.....	105
<i>promethazine-phenylephrine</i>		QUILLICHEW ER.....	57	RELION NOVOLIN 70/30 110	
.....	169	QUILLIVANT XR.....	57	RELION NOVOLIN N	110
<i>promethegan</i>	168	<i>quinapril</i>	68	RELION NOVOLIN R.....	110
PROMETRIUM	149	<i>quinapril-hydrochlorothiazide</i>		RELION PRIME TEST	
<i>propafenone</i>	61	.....	68	STRIPS	105
<i>proparacaine</i>	161	<i>quinidine gluconate</i>	61	RELION ULTIMA	105
<i>propranolol</i>	68	<i>quinidine sulfate</i>	61	RELISTOR	125
<i>propranolol-</i>		<i>quinine sulfate</i>	10	RELPAK.....	35
<i>hydrochlorothiazid</i>	68	QUINTET AC	105	RELTONE.....	125
<i>propylthiouracil</i>	102	<i>quit 2</i>	97	REMERON.....	57
PROQUAD (PF)	137	<i>quit 4</i>	97	REMERON SOLTAB	57
PROSCAR.....	178	QULIPTA.....	35	RENACIDIN	178
PROTHELIAL	99	QUVIVIQ.....	57	REVELA	120
PROTONIX.....	128	QVAR REDHALER.....	174	<i>repaglinide</i>	116

REPATHA PUSHTRONEX	75	RIVFLOZA	178	SCALACORT DK	92
REPATHA SURECLICK	75	<i>rizatriptan</i>	35	SCEMBLIX	22
REPATHA SYRINGE	75	R-NATAL OB	184	SCENESSE	81
RESPA-AR	169	ROBINUL	119	<i>scopolamine base</i>	126
RESTASIS	161	ROBINUL FORTE	119	SECUADO	58
RESTASIS MULTIDOSE	161	ROCALTROL	112	SEGLENTIS	42
RESTORIL	57	ROCKLATAN	163	SEGLUROMET	116
RETACRIT	130	<i>roflumilast</i>	174	SELECT-OB	184
RETEVMO	22	<i>ropinirole</i>	33	SELECT-OB (FOLIC ACID)	184
RETIN-A	84	<i>rosadan</i>	84	.....	184
RETIN-A MICRO	84	ROSADAN	84	SELECT-OB + DHA	184
RETIN-A MICRO PUMP	84	ROSULA	84	<i>selegiline hcl</i>	33
RETROVIR	5	<i>rosula cleansing cloths</i>	84	<i>selenium sulfide</i>	78
REVATIO	174	<i>rosuvastatin</i>	75	SELZENTRY	5
REVEAL TEST STRIP	105	ROSZET	75	SEMGLEE(INSULIN	
REVLIMID	22	ROTARIX	138	GLARGINE-YFGN)	110
REXTOVY	46	ROTATEQ VACCINE	138	SEMGLEE(INSULIN	
REXULTI	57	ROWASA	126	GLARG-YFGN)PEN	110
REYATAZ	5	<i>roweepra</i>	30	<i>se-natal 19 chewable</i>	184
REYVOW	35	ROXICODONE	42	<i>se-natal-19</i>	184
REZLIDHIA	22	ROXYBOND	42	SENSIPAR	112
REZUROCK	22	ROZEREM	58	SEREVENT DISKUS	174
REZVOGLAR KWIKPEN	110	ROZLYTREK	22	SERNIVO	92
RHOFADE	84	RUBRACA	22	SEROQUEL	58
RHOPRESSA	163	<i>rufinamide</i>	30	SEROQUEL XR	58
<i>ribavirin</i>	5, 129	RUKOBIA	5	SEROSTIM	131
RIDAURA	144	RYALTRIS	174	<i>sertraline</i>	58
<i>rifabutin</i>	10	RYBELSUS	116	SERTRALINE	58
<i>rifampin</i>	10	RYCLORA	168	<i>setlakin</i>	156
RIGHTEST GS550 TEST		RYDAPT	22	<i>sevelamer carbonate</i>	120
STRIPS	105	RYTARY	33	<i>sevelamer hcl</i>	120
RIGHTEST GT333 TEST		RYVENT	168	SEYSARA	13
STRIP	105	S		<i>sf 99</i>	
RILUTEK	96	SABRIL	30	<i>sf 5000 plus</i>	99
<i>riluzole</i>	96	SAFYRAL	156	SFROWASA	126
<i>rimantadine</i>	5	<i>sajazir</i>	174	<i>sharobel</i>	149
<i>ringer's</i>	93	SALAGEN (PILOCARPINE)	96, 99	SHINGRIX (PF)	138
RINVOQ	144	<i>salsalate</i>	46	SIGNIFOR	22
RINVOQ LQ	144	SAMSCA	112	SIKLOS	22
RIOMET	116	SANCUSO	126	<i>sildenafil (pulm.hypertension)</i>	174
<i>risedronate</i>	96, 140	SANDIMMUNE	22	SILENOR	58
RISPERDAL	57	SANDOSTATIN	22	SILIQ	78
RISPERDAL CONSTA	57	SANTYL	93	<i>silodosin</i>	178
<i>risperidone</i>	58	SAPHRIS	58	SILVADENE	79
<i>risperidone microspheres</i>	58	<i>sapropterin</i>	112	<i>silver sulfadiazine</i>	79
RITALIN	58	SAVAYSA	72	SIMBRINZA	163
RITALIN LA	58	SAVELLA	144	SIMLANDI(CF)	
<i>ritonavir</i>	5	<i>saxagliptin</i>	116	AUTOINJECTOR	144
<i>rivastigmine</i>	37	<i>saxagliptin-metformin</i>	116	<i>simliya (28)</i>	156
<i>rivastigmine tartrate</i>	37	<i>scalacort</i>	92	<i>simpesse</i>	156
<i>rivelsa</i>	156				

SIMPONI	145	<i>spinosad</i>	93	<i>sulfacleanse 8-4</i>	85
<i>simvastatin</i>	75	SPIRIVA RESPIMAT	174	<i>sulfadiazine</i>	12
SINEMET	33	SPIRIVA WITH		<i>sulfamethoxazole-trimethoprim</i>	
SINGULAIR	174	HANDIHALER.....	174	.....	12
SINUVA.....	174	<i>spironolactone</i>	68	SULFAMYLON.....	87
<i>sirolimus</i>	22	<i>spironolacton-</i>		<i>sulfasalazine</i>	126
SIRTURO.....	10	<i>hydrochlorothiaz</i>	68	<i>sulfatrim</i>	12
SIVEXTRO	10	SPORANOX	1	<i>sulindac</i>	47
SKYCLARYS	37	SPRAVATO	58	SUMADAN.....	85
SKYLA	145	<i>sprintec (28)</i>	156	SUMADAN XLT	85
SKYRIZI.....	78, 126	SPRITAM.....	30	<i>sumatriptan</i>	35
SKYTROFA.....	131	SPRIX.....	46	<i>sumatriptan succinate</i>	35
SLYND	156	SPRYCEL	22	<i>sumatriptan-naproxen</i>	35
SMART SENSE TEST		<i>sps (with sorbitol)</i>	120	SUMAXIN	85
STRIPS.....	105	<i>sronyx</i>	156	SUMAXIN CP.....	85
SMARTEST TEST	105	<i>ssd</i>	79	SUMAXIN TS.....	85
SOAANZ.....	68	SSKI	102	<i>sunitinib malate</i>	22
<i>sodium chlor 0.9% bacteriostat</i>		<i>sss 10-5</i>	84	SUNLENCA.....	5
.....	96	<i>st joseph aspirin</i>	46	SUNOSI.....	58
<i>sodium chloride</i>	96, 174	<i>st. joseph aspirin</i>	46	SUPREP BOWEL PREP KIT	
<i>sodium chloride 0.9 %</i>	96	STAMARIL (PF)	138	.....	126
<i>sodium citrate-citric acid</i> ...	179	STEGLATRO.....	116	SURE-TEST EASYPLUS	
<i>sodium fluoride 5000 plus</i> ...	99	STEGLUJAN	116	MINI.....	105
<i>sodium fluoride-pot nitrate</i> ...	99	STELARA	78	SUTAB	126
SODIUM OXYBATE.....	58	STIMUFEND	130	SUTENT.....	22
<i>sodium phenylbutyrate</i>	96	STIOLTO RESPIMAT.....	174	<i>syeda</i>	156
<i>sodium polystyrene sulfonate</i>		STIVARGA.....	22	SYMAX DUOTAB	119
.....	120	<i>stop smoking aid</i>	97	<i>symax fastabs</i>	119
<i>sodium,potassium,mag sulfates</i>		STRATTERA.....	58	<i>symax-sl</i>	120
.....	126	STRENSIQ.....	112	<i>symax-sr</i>	120
SOFDRA	81	STRIBILD	5	SYMBICORT	175
SOFOSBUVIR-		STRIVERDI RESPIMAT ..	174	SYMBYAX	58
VELPATASVIR.....	5	STROMEKTOL	10	SYMDEKO	175
<i>solifenacin</i>	177	<i>strong iodine</i>	87, 180	SYMFI.....	5
SOLIQUA 100/33	110	SUBOXONE	46, 47	SYMFI LO.....	5
SOLTAMOX.....	22	<i>subvenite</i>	30	SYMLINPEN 120	116
SOLUS V2 TEST STRIPS.	105	<i>subvenite starter (blue) kit</i>	30	SYMLINPEN 60	116
SOMA	39	<i>subvenite starter (green) kit</i> .	30	SYMPAZAN	30
SOMATULINE DEPOT	22	<i>subvenite starter (orange) kit</i>	30	SYMPROIC.....	126
SOMAVERT	112	SUCRAID	126	SYMTUZA	5
SOOLANTRA.....	84	<i>sucrafate</i>	128	SYNALAR	92
<i>sorafenib</i>	22	SULAR.....	68	SYNALAR CREAM KIT ...	92
SORBITOL	93	SULCONAZOLE.....	88	SYNALAR OINTMENT KIT	
SORBITOL-MANNITOL....	93	<i>sulfacetamide sodium</i>	78, 79,	.....	92
SORILUX	78	166		SYNALAR TS.....	92
<i>sotalol</i>	61	<i>sulfacetamide sodium (acne)</i> 87		SYNAREL.....	112
<i>sotalol af</i>	61	<i>sulfacetamide sodium-sulfur</i>	84,	SYNDROS	126
SOTYKTU	78	85		SYNJARDY	116
SOTYLIZE.....	61	SULFACETAMIDE		SYNJARDY XR.....	116
SOVALDI	5	SODIUM-SULFUR....	84, 85	SYNTHROID	117
SOVUNA	10	<i>sulfacetamide-prednisolone</i>	166	SYPRINE	96

T		
TABLOID	22	
TABRECTA.....	23	
TACLONEX	79	
<i>tacrolimus</i>	23, 81	
<i>tadalafil (pulm. hypertension)</i>	175	
TAFINLAR	23	
<i>tafluprost (pf)</i>	163	
TAGRISSE	23	
TAKE ACTION	156	
TAKHZYRO.....	175	
TALICIA.....	129	
TALTZ AUTOINJECTOR ..	79	
TALTZ AUTOINJECTOR (2 PACK).....	79	
TALTZ AUTOINJECTOR (3 PACK).....	79	
TALTZ SYRINGE.....	79	
TALZENNA.....	23	
TAMIFLU	5	
<i>tamoxifen</i>	23	
<i>tamsulosin</i>	178	
<i>tanlor</i>	39	
TAPERDEX	101	
TARCEVA	23	
TARGADOX	14	
TARGRETIN	23	
<i>tarina 24 fe</i>	156	
<i>tarina fe 1/20 (28)</i>	156	
<i>taron-c dha</i>	184	
TARPEYO	101	
TASCENSO ODT	133	
TASIGNA	23	
<i>tasimelteon</i>	58	
TASMAR	33	
<i>tavaborole</i>	88	
TAVALISSE.....	72	
TAVNEOS	96	
TAYTULLA.....	156	
<i>tazarotene</i>	85	
TAZAROTENE	85	
TAZORAC	85	
TAZVERIK.....	23	
TDVAX.....	138	
TECFIDERA.....	133, 134	
TEGLUTIK	96	
TEGRETOL	30	
TEGRETOL XR.....	31	
TEKTURNA	68	
TELCARE TEST STRIPS .	105	
<i>telmisartan</i>	68	
<i>telmisartan-amlodipine</i>	68	
<i>telmisartan-hydrochlorothiazid</i>	68	
<i>temazepam</i>	58	
TEMBEXA.....	5	
<i>temozolomide</i>	23	
<i>tencon</i>	42	
TENIVAC (PF)	138	
<i>tenofovir disoproxil fumarate</i> .	5	
TENORETIC 100.....	68	
TENORETIC 50.....	69	
TENORMIN.....	69	
TEPMETKO.....	23	
<i>terazosin</i>	69	
<i>terbinafine hcl</i>	1	
<i>terbutaline</i>	175	
<i>terconazole</i>	150	
<i>teriflunomide</i>	134	
TERIPARATIDE	140	
TERSI FOAM	79	
TEST N'GO TEST	105	
TESTIM.....	112	
<i>testosterone</i>	113	
<i>testosterone cypionate</i>	112	
<i>testosterone enanthate</i>	113	
<i>tetrabenazine</i>	37	
<i>tetracaine hcl</i>	162	
TETRACAINE HCL (PF)..	162	
<i>tetracycline</i>	14	
TEXACORT.....	92	
TEZSPIRE.....	175	
THALITONE	69	
THALOMID.....	23	
THEO-24	175	
<i>theophylline</i>	175	
THIOLA	96	
THIOLA EC	96	
<i>thioridazine</i>	59	
<i>thiothixene</i>	59	
THRIVITE RX.....	184	
THYQUIDITY	117	
<i>thyroid (pork)</i>	117	
<i>tiadylt er</i>	69	
<i>tiagabine</i>	31	
TIAZAC	69	
TIBSOVO.....	23	
TICOVAC	138	
TIGLUTIK	96	
TIKOSYN	61	
<i>tilia fe</i>	156	
<i>timolol maleate</i>	69, 159	
<i>timolol maleate (pf)</i>	159	
TIMOLOL-BRIMONIDI- DORZOLAM(PF)	163	
TIMOLOL-DORZOLAM- BIMATOPRO(PF)	164	
TIMOPTIC OCUDOSE (PF)	159	
<i>tinidazole</i>	11	
<i>tiopronin</i>	96	
<i>tiotropium bromide</i>	175	
TIROSINT.....	118	
TIROSINT-SOL.....	118	
<i>tis-u-sol pentalyte</i>	93	
TIVICAY.....	5	
TIVICAY PD.....	5	
<i>tizanidine</i>	39	
TLANDO.....	113	
TOBI.....	11	
TOBI PODHALER	11	
TOBRADEX	164	
TOBRADEX ST.....	164	
<i>tobramycin</i>	11, 159	
<i>tobramycin in 0.225 % nacl</i> ..	11	
<i>tobramycin sulfate</i>	11	
TOBRAMYCIN WITH NEBULIZER.....	11	
<i>tobramycin-dexamethasone</i> .	164	
TOBREX	159	
TOLAK.....	81	
<i>tolcapone</i>	33	
TOLECTIN 600.....	47	
<i>tolmetin</i>	47	
TOLSURA.....	1	
<i>tolterodine</i>	177	
<i>tolvaptan</i>	113	
TOPAMAX	31	
TOPICORT.....	92	
<i>topiramate</i>	31	
TOPROL XL	69	
<i>toremifene</i>	23	
<i>torpenz</i>	23	
<i>torsemide</i>	69	
TOSYMRA.....	35	
TOUJEO MAX U-300 SOLOSTAR	110	
TOUJEO SOLOSTAR U-300 INSULIN	110	
<i>tovet emollient</i>	92	
TOVIAZ	177	
TRACLEER	175	

TRADJENTA.....	116	<i>tri-lo-mili</i>	157	TYPHIM VI.....	138
<i>tramadol</i>	47	<i>tri-lo-sprintec</i>	157	TYRVAYA.....	162
TRAMADOL	47	<i>trimethobenzamide</i>	126	TYVASO.....	176
<i>tramadol-acetaminophen</i>	47	<i>trimethoprim</i>	14	TYVASO DPI	176
<i>trandolapril</i>	69	<i>tri-mili</i>	157	TYVASO REFILL KIT.....	176
<i>trandolapril-verapamil</i>	69	<i>trimipramine</i>	59	TYVASO STARTER KIT .	176
<i>tranexamic acid</i>	150	TRIMO-SAN JELLY	150	U	
TRANSDERM-SCOP.....	126	<i>trinatal rx 1</i>	184	UBRELVY	35
<i>tranylcpromine</i>	59	<i>trinate</i>	184	UCERIS.....	126
TRAVATAN Z	164	TRINAZ	184	UDENYCA.....	131
<i>travoprost</i>	164	TRINTELLIX.....	59	UDENYCA AUTOINJECTOR	
<i>trazodone</i>	59	<i>tri-sprintec (28)</i>	157	.....	130
TRECTOR.....	11	TRISTART DHA	184	UDENYCA ONBODY	131
TRELEGY ELLIPTA	175	TRIUMEQ.....	6	ULESFIA.....	93
TREMFYA.....	79	TRIUMEQ PD.....	6	ULORIC	139
TREMFYA PEN	79	<i>tri-vitamin with fluoride</i>	184	ULTRATRAK.....	105
TRESIBA FLEXTOUCH U-		<i>trivora (28)</i>	157	ULTRATRAK ULTIMATE	
100.....	110	<i>tri-vylibra</i>	157	.....	105
TRESIBA FLEXTOUCH U-		<i>tri-vylibra lo</i>	157	ULTRAVATE	93
200.....	110	TROKENDI XR	31	UNDECATREX	113
TRESIBA U-100 INSULIN		<i>tropicamide</i>	160	UNISTRIP1 TEST STRIP..	105
.....	110	<i>tropium</i>	177	<i>unithroid</i>	118
<i>tretinoin</i>	85	TRUDHESA.....	35	UPNEEQ (PF)	166
<i>tretinoin (antineoplastic)</i>	23	TRUE METRIX GLUCOSE		UPTRAVI.....	69
<i>tretinoin microspheres</i>	85	TEST STRIP.....	105	URELLE.....	179
TREXALL.....	23	TRUETEST TEST STRIPS	105	<i>uretron d-s</i>	179
TREXIMET.....	35	TRUETRACK TEST	105	URIBEL TABS	179
TREZIX.....	42	TRULANCE.....	126	<i>urimar-t</i>	179
<i>triamcinolone acetonide 92, 93,</i>		TRULICITY	116	URIMAR-T	179
<i>99, 101</i>		TRUMENBA.....	138	UROCIT-K 10	179
<i>triamterene</i>	69	TRUQAP	23	UROCIT-K 15	179
<i>triamterene-hydrochlorothiazid</i>		TRUVADA	6	<i>urogesic-blue</i>	179
.....	69	TRYVIO.....	76	<i>uro-mp</i>	179
<i>triazolam</i>	59	TUDORZA PRESSAIR	176	UROQID-ACID NO.2.....	179
TRIBENZOR	69	TUKYSA.....	23	<i>uro-sp</i>	179
TRICARE.....	184	<i>tulana</i>	149	UROXATRAL	178
TRICOR	75	TURALIO	23	URSO FORTE.....	126
<i>triderm</i>	93	<i>turqoz (28)</i>	157	<i>ursodiol</i>	126
<i>trientine</i>	96	TUXARIN ER.....	169	<i>uryl</i>	179
<i>tri-estarylla</i>	156	TWIIST STARTER KIT	106	V	
<i>trifluoperazine</i>	59	TWINRIX (PF).....	138	VAFSEO.....	96
<i>trifluridine</i>	159	TWIRLA	150	VAGIFEM.....	149
<i>trihexyphenidyl</i>	33	TWYNEO.....	85	<i>valacyclovir</i>	6
TRIJARDY XR.....	116	TYBLUME.....	157	VALCHLOR	81
TRIKAFTA.....	175	TYBOST	6	VALCYTE	6
<i>tri-legest fe</i>	157	<i>tydemy</i>	157	<i>valganciclovir</i>	6
TRILEPTAL.....	31	TYENNE.....	145	VALIUM	59
<i>tri-linyah</i>	157	TYENNE AUTOINJECTOR		<i>valproic acid</i>	31
TRILIPIX	75	.....	145	<i>valproic acid (as sodium salt)</i>	
<i>tri-lo-estarylla</i>	157	TYKERB	23	.....	31
<i>tri-lo-marzia</i>	157	TYMLOS.....	140	<i>valsartan</i>	69

VALSARTAN.....	69	VESICARE	177	VOQUEZNA TRIPLE PAK	
<i>valsartan-hydrochlorothiazide</i>		VESICARE LS.....	177	.....	129
.....	69	<i>vestura (28)</i>	157	<i>voriconazole</i>	2
VALTOCO.....	31	VEVYE	162	VOSEVI	6
VALTREX	6	VFEND.....	2	VOTRIENT	24
<i>vanadom</i>	39	VIBERZI	126	VOWST.....	127
VANCOGIN.....	14	VIBRAMYCIN	14	VOXZOGO	113
<i>vancomycin</i>	14	VICTOZA 2-PAK	116	VOYDEYA	96
<i>vandazole</i>	150	VICTOZA 3-PAK	116	VRAYLAR.....	59
VANFLYTA	23	<i>vienva</i>	157	VTAMA	79
VANOS	93	<i>vigabatrin</i>	31	VUITY.....	160
VANOXIDE-HC.....	85	<i>vigadrone</i>	31	VUMERITY	134
VAQTA (PF).....	138	VIGAFYDE.....	31	VUSION	88
<i>varenicline</i>	97	VIGAMOX.....	159	<i>vyfemla (28)</i>	157
VARIVAX (PF)	138	<i>vigpoder</i>	31	VYLEESI	59
VARUBI	126	VIIBRYD	59	<i>vylibra</i>	157
VASCEPA.....	75	VIJOICE.....	24	VYNDAMAX	76
VASERETIC.....	69	<i>vilazodone</i>	59	VYNDAQEL.....	76
VASOTEC	69	VIMOVO.....	47	VYTORIN 10-10.....	75
VAXCHORA VACCINE ..	138	VIMPAT.....	31, 32	VYTORIN 10-20.....	75
VAXELIS (PF).....	139	VIOKACE	126	VYTORIN 10-40.....	75
VAXNEUVANCE (PF)	139	<i>violele (28)</i>	157	VYTORIN 10-80.....	75
VCF CONTRACEPTIVE		VIRACEPT	6	VYVANSE.....	59
FILM	150	VIRAZOLE	6	VYZULTA	164
VCF CONTRACEPTIVE GEL		VIREAD.....	6	W	
.....	150	VISTARIL.....	168	WAINUA	37
VECTICAL	79	VISTOGARD.....	14	WAKIX	59
<i>velivet triphasic regimen (28)</i>		VITAFOL FE PLUS	184	<i>warfarin</i>	72
.....	157	VITAFOL GUMMIES	184	<i>water for irrigation, sterile</i> ...96	
VELPHORO.....	120	VITAFOL ULTRA.....	184	WAVESENSE JAZZ.....	106
VELSIPITY.....	126	VITAFOL-OB	184	WAVESENSE PRESTO ...	106
VELTASSA	120	VITAFOL-OB+DHA	185	WELCHOL.....	75
VELTIN	85	VITAFOL-ONE	185	WELIREG	24
VEMLIDY	6	VITAMEDMD ONE RX ..	185	WELLBUTRIN SR	59
VENCLEXTA.....	23	<i>vitamin k</i>	72	WELLBUTRIN XL.....	59
VENCLEXTA STARTING		<i>vitamin k1</i>	72	<i>wera (28)</i>	157
PACK	24	<i>vitamins a,c,d and fluoride</i> .	185	<i>wescap-c dha</i>	185
<i>venlafaxine</i>	59	VITATRUE.....	185	<i>wescap-pn dha</i>	185
VENLAFAXINE BESYLATE		VITRAKVI.....	24	<i>wesnatal dha complete</i>	185
.....	59	VIVAGUARD INO TEST		<i>wesnate dha</i>	185
VENTAVIS.....	176	STRIP	105	<i>westab plus</i>	185
VENTOLIN HFA.....	176	VIVELLE-DOT.....	149	<i>westgel dha</i>	185
VEOZAH	150	VIVITROL	47	WIDE-SEAL DIAPHRAGM	
<i>verapamil</i>	70	VIVJOA.....	2	.....	145
VERDESO	93	VIVLODEX	47	WINLEVI	85
VEREGEN	81	VIZIMPRO.....	24	<i>wixela inhub</i>	176
VERELAN PM	70	VOGELXO.....	113	<i>wymzya fe</i>	157
VERKAZIA	162	<i>volnea (28)</i>	157	WYNZORA.....	79
VERQUVO	76	VONJO	24	X	
VERSACLOZ	59	VOQUEZNA.....	129	XACIATO	150
VERZENIO.....	24	VOQUEZNA DUAL PAK.	129	XADAGO.....	33

XALATAN.....	164	YOSPRALA.....	73	<i>zingiber</i>	185
XALKORI.....	24	YUFLYMA(CF).....	145	ZIOPTAN (PF).....	164
XANAX.....	60	YUFLYMA(CF) AI		<i>ziprasidone hcl</i>	60
XANAX XR.....	60	CROHN'S-UC-HS.....	145	<i>ziprasidone mesylate</i>	60
XARELTO.....	72, 73	YUFLYMA(CF)		ZIPSOR.....	47
XARELTO DVT-PE TREAT		AUTOINJECTOR.....	145	ZIRGAN.....	159
30D START.....	72	YUPELRI.....	176	ZITHROMAX.....	8
XATMEP.....	24	YUSIMRY(CF) PEN.....	145	ZITHROMAX TRI-PAK.....	8
XCOPRI.....	32	<i>yuvafem</i>	149	ZITHROMAX Z-PAK.....	8
XCOPRI MAINTENANCE		Z		ZMA CLEAR.....	85
PACK.....	32	<i>zafemy</i>	150	ZOCOR.....	76
XCOPRI TITRATION PACK		<i>zafirlukast</i>	176	ZOKINVY.....	96
.....	32	<i>zaleplon</i>	60	ZOLINZA.....	25
XELJANZ.....	145	ZANAFLEX.....	39	<i>zolmitriptan</i>	35
XELJANZ XR.....	145	<i>zarah</i>	158	ZOLMITRIPTAN.....	35
XELODA.....	24	ZARONTIN.....	32	ZOLOFT.....	60
XELPROS.....	164	ZARXIO.....	131	<i>zolpidem</i>	60
XELSTRYM.....	60	<i>zatean-pn dha</i>	185	ZOMACTON.....	131
XENAZINE.....	37	<i>zatean-pn plus</i>	185	ZOMIG.....	35
XENLETA.....	11	ZCORT.....	102	ZONALON.....	81
XEPI.....	87	ZEGERID.....	129	ZONEGRAN.....	32
XERESE.....	89	ZEJULA.....	24	ZONISADE.....	32
XERMELO.....	24	ZELAPAR.....	34	<i>zonisamide</i>	32
XHANCE.....	176	ZELBORAF.....	24	ZONTIVITY.....	73
XIFAXAN.....	11	ZEMBRACE SYMTOUCH.....	35	ZORTRESS.....	25
XIGDUO XR.....	117	ZEMPLAR.....	113	ZORVOLEX.....	47
XIIDRA.....	162	<i>zenatane</i>	85	ZORYVE.....	79
XIMINO.....	14	ZENPEP.....	127	<i>zovia 1-35 (28)</i>	158
XOFLUZA.....	6	<i>zenzedi</i>	60	ZOVIRAX.....	89
XOLAIR.....	176	ZENZEDI.....	60	ZTALMY.....	32
XOLEGEL.....	88	ZEPATIER.....	6	ZTLIDO.....	86
XOLREMDI.....	131	ZEPOSIA.....	37	ZUBSOLV.....	47
XOPENEX HFA.....	176	ZEPOSIA STARTER KIT (28-		<i>zumandimine (28)</i>	158
XOSPATA.....	24	DAY).....	37	ZURZUVAE.....	60
XPOVIO.....	24	ZEPOSIA STARTER PACK		ZYCLARA.....	139
XTAMPZA ER.....	43	(7-DAY).....	37	ZYDELIG.....	25
XTANDI.....	24	ZERVIAE.....	162	ZYFLO.....	176
<i>xulane</i>	150	ZESTORETIC.....	70	ZYKADIA.....	25
XULTOPHY 100/3.6.....	110	ZESTRIL.....	70	ZYLET.....	165
XURIDEN.....	96	ZETIA.....	76	ZYLOPRIM.....	139
XYOSTED.....	113	ZETONNA.....	176	ZYMFENTRA.....	127
XYREM.....	60	ZIAGEN.....	6	ZYPITAMAG.....	76
XYWAV.....	60	ZIANA.....	85	ZYPREXA.....	60
Y		<i>zidovudine</i>	6	ZYPREXA RELPREVV.....	60
YASMIN (28).....	157	ZIEXTENZO.....	131	ZYPREXA ZYDIS.....	60
YAZ (28).....	157	ZILBRYSQ.....	39	ZYTIGA.....	25
YF-VAX (PF).....	139	<i>zileuton</i>	176	ZYVOX.....	11
YONSA.....	24	ZILXI.....	85		
YORVIPATH.....	113	ZIMHI.....	47		